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EDUCATIONAL BULLETIN

A PROGRAM OF HEALTH SERVICES FOR KENTUCKY SCHOOLS

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WENDELL P. BUTLER
Superintendent of Public Instruction
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FOREWORD

The purpose of this bulletin is to assist local school and public health officials in the joint planning and administration of local school health programs. It has been prepared jointly by the State Department of Education and the State Department of Health as a guide and is not to be considered a rigid plan. It is recognized that adjustments and changes will be necessary to meet varying local situations and needs.

Local education and health officials are urged to work closely with all the interested official, professional, and voluntary agencies and groups in the county to achieve the best possible local school health program.

Consultation service is available from the State Department of Education and from the State Department of Health in planning and administering local school health programs and should be used as needed.

It is recognized that revisions of this bulletin will be necessary from time to time as needed. Comments and suggestions for its improvement are invited.

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CHAPTER I

ORGANIZATION OF THE SCHOOL HEALTH SERVICE PROGRAM

Children of school age are a part of the total community and the school health program should be thought of as a part of the total community health program. It is therefore essential that school officials, public health officials, and representatives of other official agencies, professional groups, voluntary agencies and the public plan together to provide an adequate health service for the children of the community.

GENERAL POLICIES

1. Parents are primarily responsible for the health of their children but school authorities, health departments, physicians, dentists, nurses, other social and welfare agencies, as well as medical, dental, and nursing societies, are all rightfully concerned with school health activities in their communities.

2. The school health program in each county is planned and administered jointly by the local school and health officials with the participation of other local official agencies, voluntary agencies, professional groups and the public. The close cooperation of all concerned is essential to the best possible program.

3. School health services should be organized so as to utilize fully the resources of the schools, the health department, medical, dental and nursing professions, and other agencies and groups without duplication of facilities or services. School health and community health services should complement and supplement each other.

OBJECTIVES

Some of the objectives of the school health program are:

1. To teach children the rudiments of personal and community health, establishing good clean health habits in the child, and instilling in the child the desire for a clean, healthy life, both for himself and others.

2. To protect the child from communicable diseases.

3. Insofar as possible, to give assurance that each child is physically and mentally fit for the school routine.

4. To detect diseases or physical defects that may impede normal growth and development.

5. To provide follow-up services by nurses and teachers, to promote the health of the child, apply preventive measures, and secure corrections of physical and mental defects.

6. To assure frequent dental examinations to disclose any early dental defects.

(a) Secure corrections of these defects in their early stages.

(b) Teach the child good dental health habits.

7. To provide a clean, sanitary, safe and wholesome environment.

8. To determine that the teachers and other school employees are free of communicable diseases.

9. To promote the nutritional status of the school child, school personnel, and the community.

DISTRICT SCHOOL HEALTH COMMITTEE

Each school district should have a school health committee to function as a coordinating agency for all health activities in a school system.

The committee should be as representative and comprehensive as possible and should include school health officials, and members of the medical, dental and teaching professions, as well as representatives from the various community health organizations and the public. Where proper leadership is provided, school health committees can do much to improve health instruction, health services, and school environment.

Functions of the district school health committee are to:

1. Serve in an advisory capacity to school and health officials.
2. Assist in coordinating all the health activities in the school system it represents.
3. Assist in coordinating the school health activities with the health activities of the community.
4. Study local school and community needs, problems, and available local and state resources so that any policies recommended are reasonable, sound and feasible.
5. Study school health problems in the district and appraise health needs of children as a basis for program recommendations.

6. Provide schools with a roster of available professional resource people and materials to implement their health program.
7. Aid schools in obtaining follow-up and correction, when possible, of defects found and aid in securing medical attention for medically indigent children.
8. Make a periodic evaluation of the program to see what has been accomplished and what remains to be done.

INDIVIDUAL SCHOOL HEALTH COMMITTEE

Each community may benefit from a school health committee composed of school and health officials, teachers, representative students, and interested lay and professional individuals in the community. This committee may vary in size from two or three members in small rural schools to fifteen or twenty members in larger schools: Where Parent-Teacher Associations exist, this committee may be the health committee of the Association.

Some of the duties and responsibilities of this committee are to:

1. Make an evaluation study to determine the health needs of their school.
2. Interpret and carry out the general policies and plans of the district school health council.
3. Assist in coordinating the school health activities of the community.
4. Make recommendations to the district school health council on the basis of findings in that particular school.
5. Provide volunteers for school health activities in which they are needed, such as vision screening, hearing screening, community work days for the improvement of school environment, summarizing food habit records, interpretation of nutrition needs to the community, and participation in program planning.
6. Make periodic evaluations of the actual development of the school's health program.
7. Provide a plan for the correction of defects found in medically indigent children.
8. Other follow-up activities.

COUNTY CITIZENS HEALTH COMMITTEE

The purpose of the county citizens health committee is to work with the local health department in developing, initiating and conducting health activities for the benefit of everyone in the county, based on the recognized health needs of the county. The district school health committee can and will often be a branch of the citizens health committee. As a minimum, they should be affiliated organizations working together to coordinate school and community health activities.

The citizens health committee may:

1. Advise and counsel the school health committee in the development of more adequate school health programs as related to the total community health program.

2. Assist in coordinating various community health agency activities with the school health program.

3. Aid in making the various health services and facilities of the community available to the schools.

SCHOOL HEALTH COORDINATOR

A member of each school's faculty with approved preparations should be designated as health coördinator, in order that the entire faculty may cooperate in realizing the potential health teaching values of the school program In the larger schools this person should be allowed to spend full time with the school program. In small schools, the coordinator may have other duties in addition to the administration of the health program. It is suggested that county systems having small one to four room schools employ a county school health coordinator to serve several schools.

Among the responsibilities of the school health coordinator are the following:

1. Cooperate with the local health department staff in all matters pertaining to the school health program in which the local health department has responsibilities.

2. Present to the school administrator for his consideration any measures which may be needed to bring the school health program up to currently accepted standards of adequacy and quality.

3. Represent the school administrator at committee meetings in the school and at community meetings and functions having to do with health.

4. Represent the school on school health councils or citizens health committees.

5. Help to secure an integrated and functional program of health teaching suited to the needs of all children.

6. Work with committees and with individual teachers on needed revisions of the health curriculum.

7. Secure background materials in health for use by teachers and students.

8. Secure audio-visual aids on health topics and assist in their use.

9. Assist in arranging student field trips on health and for student participation in community health projects.

10. Assist in the conducting of workshops in health education.

11. Assist the staff in planning a unified, sequential program.

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CHAPTER II

SCHOOL HEALTH SERVICES

This chapter deals with school health services which are necessary to attain the objectives listed in Chapter I. With the exception of first aid in emergencies, diagnostic and treatment services are provided through the family or community by physicians and dentists in private offices, hospitals, community clinics and other local facilities established for the purpose. The school's responsibility is in aiding the individual child or family in obtaining such services. Plans for the promotion and execution of school health services will vary from one county to another because of differences in local resources and needs.

CONTROL OF COMMUNICABLE DISEASE

Every school should provide adequate means for protecting the health of pupils and school personnel. Every effort should be made to reduce the possible spread of communicable disease.

A school's program for the prevention and control of communicable disease should be based on the most recent and authoritative public health practices.

School health personnel should become familiar with state health policies regarding communicable diseases. The State Department of Health and all local health departments are legally authorized to take whatever steps are necessary to control the spread of these diseases.

1. SCHOOL RESPONSIBILITIES

   The school's chief responsibilities in the control of communicable diseases are:

   a. Encourage parents to make full use of all available preventive measures and immunization procedures.

   b. See that sick children do not come to school. Children who are ill cannot learn at full capacity.

   c. Arrange to return to their homes children who become sick at school.

   d. Protect pupils as far as possible from exposure to communicable diseases through isolation of suspect cases. This is a responsibility of the teacher in charge.

e. Report promptly to the health department all suspected cases of communicable disease.

All the above measures require close cooperation between schools, parents, and local health departments.

2. TEACHERS' ROLE

Teachers should be constantly alert to the possibility of pupils displaying signs and symptoms of communicable disease at any time. The teacher may refer to the communicable disease wall chart published by the State Department of Health, and available at the local health department, as a guide in observing for symptoms of communicable disease. Observation should be continuous and is far more important than a routine morning inspection.

The teacher does not diagnose, but, when suspicious that a communicable disease may be present, she should refer the child to the nurse or school physician, if available. If not, the child should be isolated and arrangements made to send or take him home. Parents should be notified promptly.

3. LOCAL HEALTH DEPARTMENT

Community control of communicable disease is the special and legally designated responsibility of the local health officer, or administrator, and his staff who are in the best position to know and understand the application of the latest approved practices.

4. NECESSARY CONTROL MEASURES

All schools and local health departments should adopt joint policies to implement the entire communicable disease control program in schools. The local responsibilities of all the school personnel and public health personnel will depend on these policies. Policies should include the following:

a. Provision for a place of isolation.
b. Notification of parents or guardians of the illness.
c. Methods of transporting a sick child to his home. A suspect child should not be sent home alone, nor transported home on the school bus. The nurse, if available, the teacher, or the school administrator should determine when to take the child home.

d. Procedure for excluding from school non-immunized contacts, in accordance with the current public health recommendations.

e. Standing orders should be set up for handling communicable diseases.

f. Policies concerning readmission of a child to school after absence for communicable disease.

5. IMMUNIZATION PROGRAM

a. Immunity to certain communicable diseases can be developed through the use of proven vaccines, toxoids, and other substances. Every child should be protected against those diseases for which dependable immunization is available.

b. All preschool and school children should be immunized against smallpox, diphtheria, tetanus, and whooping cough. Protection against typhoid is highly desirable and should be provided as the need and demand arises.

c. Smallpox vaccination is mandatory in Kentucky for infants before they are one year of age. Re-vaccination should be done before entry to school.

d. Triple toxoid can be used for diphtheria, whooping cough, and tetanus. Primary immunizations are usually given in three doses at one month intervals beginning at the age of two or three months. Booster doses should be given one year after the completion of the primary series and again when the child enters school. Thereafter, booster doses should be given at two to three year intervals through age twelve.

e. Parents should be encouraged to take their children to their family physician for immunization who should make proper certification to school authorities for recording.

f. Immunization services should be provided by the school, medical society, or health department as indicated by local policies. Definite planning not only for the time, but also for the routine of such clinics, is essential. The best method of providing immunization should be decided jointly between the local medical society, school officials, the local health department, and the local board of health.

g. No child should be immunized in the school without the consent of the parent or guardian.

HEALTH APPRAISAL OF SCHOOL CHILDREN

One of the objectives of the school health program is the periodic appraisal of each child's health condition. Such appraisals are obtained and recorded in order to discover children's health needs and to initiate steps for meeting these needs.

1. PRESCHOOL AND SCHOOL HEALTH EXAMINATIONS

Quality, thoroughness, and adequacy of health examinations should be emphasized rather than quantity or frequency.

The Code for Health and Physical Education, published by the State Department of Education, states that "schools must provide for . . . medical examination of each pupil prior to entering or upon entering school for the first time, and physical examinations at least every fourth year thereafter."

The medical examination should be done before the pupil enters school for the first time and should be made early enough to permit adequate follow-through and any needed treatment before opening of the school.

The examination should be a community project supported by the schools, health department, and lay and professional groups in the community. Schools should supply physicians and dentists with forms to be used in reporting the results of the examinations to the schools. This information is to become a part of the child's permanent record.

The pupils preferably should be examined by their family physicians. In examining first grade children, it is recommended that a tuberculin test be done and that a chest X-ray film be made on any children who show positive. The local health department should screen family contacts to locate the source of any positive tuberculin reactions.

Children should receive a dental examination at least once a year. Non-indigent children needing dental care should receive such treatment from their local dentist.

Parents should be present during medical and dental examinations of preschool or grade-school children. Their presence is essential to give the doctor the child's health history or to supplement a previous health history Also, the nurse can gather information from the parent as to the child's health and food habits. The parent's presence also allows the doctor to point out any condition that needs treatment, and indicate possible results of neglect. This is also a good

time to point out the need of proper dental care and to discourage sweets in a child's diet as much as possible since this is a big cause of dental caries.

The medical and dental examinations should be an educational experience for both the parent and the child. Parents and teachers should carefully prepare younger children for the examinations by describing what the doctor and dentist will do, and the reason for the various steps in the examinations.

If the findings of the health examination are recorded on forms other than the school health record, the results should be transferred to the pupil's school health record by the teacher. (See Exhibit I.)

Vaccination, immunization, and screening tests should be done when indicated and noted on the child's permanent record.

2. TEACHER OBSERVATION AND SCREENING

There should be continuous observation by the teacher of all pupils in the classroom. Teachers must be alert to changes in behavior or appearance that may indicate something is wrong with the health of the child. Total growth and development of the child should be as carefully watched as his academic achievement.

Throughout each day, the teacher, in her strategic position, should observe all her pupils for personal cleanliness and health practices, possible signs of communicable disease, evidence of emotional or social problems, and any deviations from normal appearance and behavior. The Teacher's Observation Check List will aid in making these observations. (See Exhibit 2.)

The teacher's role is not to make a medical diagnosis but simply to detect signs and symptoms of possible defects and to make proper referrals through the parents to the physician or dentist when the need is indicated.

Preliminary screening of all pupils should be conducted by the teacher or volunteer health worker. Local health departments should inform schools of recommended screening procedures and devices. The public health nurse should assist in the techniques of properly carrying out the screening procedures. In most instances, the nurse will rescreen children suspected of having a defect as the result of the screening by the teacher or volunteer before she refers them for medical attention.

As a minimum, screening programs should include:

a. WEIGHING AND MEASURING

During the period of growth, a child should periodically show gains in height and weight. As part of teacher observation and screening, the teacher should weigh and measure the pupils at intervals determined by the health council on the advice of the school physician or health officer. This will probably be three or four times annually in the elementary grades and at least annually in the secondary school. The results should be recorded on the health record. Such information will help the physician in determining the health status of a child. If the teacher observes that a child is not making normal gains, or if a child appears too much overweight or underweight—always allowing for known individual differences—the condition should be discussed with the nurse or with the child's parents.

b. VISION TESTING

Eye health is essential to success at school. The teacher and the public health nurse need to keep watch to see if children in school show signs of eye strain or faulty vision.

The teacher may suspect difficulties in vision if a child:

(1) Rubs his eyes frequently.

(2) Squints and strains to see the blackboard.

(3) Holds a book too close or too far away from his eyes.

(4) Complains of headaches, or blurred print.

(5) Appears cross-eyed.

A child with any of these difficulties should be referred to the nurse, and the parents should be advised to secure professional service for the child.

Each child's visual acuity should be tested at least once a year with a Snellen chart. Use of the Snellen chart by teachers, combined with teacher observation, is a recommended method of mass vision screening. It must be remembered that the chart has certain limitations. Nevertheless, this simple test, together with observation for symptoms, will help to discover most visual difficulties that may be starting in one or both eyes and will indicate to teachers those children who should be referred for further check.

c. HEARING TESTING

Many conditions may indicate hearing difficulties in children. (See Exhibit 3.) The most common are a cold or sore throat, running ear, mouth breathing, frequent earaches, etc. Difficulty in understanding conversational speech is often a clue.

All elementary school children should have their hearing tested annually. Students in secondary schools should be tested individually in alternate years. Since both trained personnel and adequate equipment are limited, it is recommended that each year in a school, as a minimum, grades 2, 4, and 6 be screened and all children in other grades be referred by their teachers when certain symptoms are noted. Teachers should learn to do the preliminary hearing screening.

Various screening methods for the detection of hearing losses are in wide use. The most reliable, if properly applied, and the most highly recommended procedure is the "Individual Pure Tone Sweep Check Test," which is administered by means of a specially constructed electronic instrument called the Pure Tone Audiometer. After training and practice, volunteer testers from the school health council or other civic groups can readily administer the preliminary test.

In brief, the test simply involves the child's responding to tones of various pitches at a predetermined level of loudness. If the child fails to hear the tones at that setting he should be scheduled for a retest at a later date. At the time the retest is given, an audiogram will be made if the child still appears to have a hearing loss. Further recommendations will be made on the basis of the information recorded on the audiogram, (medical treatment, speech and/or hearing therapy).

3. HEALTH RECORDS

Cumulative and uniform health records on each pupil are a necessity if the health program is to be complete and effective, (See Exhibit 1). Some of the characteristics of good school health records are as follows:

a. The record is started when the child enters school and includes as much of the child's previous medical history as is pertinent. The responsibility for obtaining the initial health history remains with the school authorities.

b. The record contains findings significant to the school, whether made in the school or elsewhere, and thereafter is filed with the child's cumulative school record, accessible for use by teachers and health department personnel.

c. Records are kept current and used for effective guidance of pupils.

d. Screening and observation tests by the teacher or volunteers are recorded periodically.

e. Pertinent medical data are kept up to date.

f. The information contained on school health records is confidential and when used by the teacher, nurse, physician, dentist, or other authorized person, is treated in a confidential, professional manner.

g. The health record of the pupil is forwarded to the new school when he transfers from one school to another.

h. All school health records are kept for as long a period as scholastic records are kept.

4. FOLLOW-UP ACTIVITIES

The school and health department are responsible for maintaining constant follow-up of children whose screening test, or medical examination indicate that they need further medical attention including correction of defects found.

a. TEACHER-NURSE CONFERENCES

Conferences between the classroom teacher and the nurse are important in that they provide an excellent opportunity for understanding and joint planning to meet the individual needs of each child.

Four major objectives of teacher-nurse conferences are:

(1) To emphasize the total health needs of each child and the importance of health guidance.

(2) To develop the child's responsibility for his own health.

(3) To broaden the public health and social understanding of both the teacher and nurse through their participation in the total planning for the individual as well as the group.

(4) To seek methods of encouraging and obtaining medical attention for defects found.

Teacher-nurse conferences should be planned jointly by the teacher and nurse. As a guide to planning, most conferences can be grouped under one of the following headings:

(1) Pre-examination, screening, or inspection conference. Discussion in this conference will center on selection of children to be included, procedures to be followed, preliminary educational preparation of pupils, etc.

(2) Post-examination, screening or inspection conference. The nurse summarizes and interprets the physician's findings and recommendations for the teacher and checks to see that the information is recorded on the child's permanent health record. Further discussion is also given to follow-up of the physician's recommendations.

(3) Conference on individual's health. This conference is to deal with those children who, in the opinion of the teacher, constitute potential health problems. A detailed discussion of the individual problems and a proposed method of follow-up should be covered.

(4) Conference on social problems. This will be a discussion of environmental factors tin the home that may influence the child's health.

(5) Health information conference. This will give the nurse and the teacher an opportunity to discuss what kind of public health information is of real and timely value to the class, whether or not it is current with other community health activities, and whether or not it can feasibly be integrated with the lesson plan. This will provide for functional health instruction based on current public health problems.

b. TEACHER-PARENT-NURSE CONFERENCE

In addition to teacher-nurse conferences, it is important to promptly and regularly schedule conferences between the parent, teacher, and nurse to discuss health observations of the teacher, results of screening tests, or findings of the medical examination. These conferences are usually most valuable if devoted largely to review and exchange of information regarding specific cases of children who seem to be in serious need of medical care, follow-up, or special study. At such conferences the teacher should be concerned primarily with interpreting educational

implications and the nurse with clarifying any health problems suspected or discovered. The fully informed teacher can be most helpful both in adjusting the classroom program to the pupil's needs and in influencing him and his parents to obtain correction of remedial conditions as recommended by the physician.

c. CORRECTION OF REMEDIAL DEFECTS AND ADJUSTMENT TO IRREMEDIABLE DEFECTS

No school health program reaches its full value unless it includes a plan for intensive follow-up of defects found. The teacher and nurse will accomplish much in their conferences with parents. However, in most schools it will also be necessary to make home visits. Plans for these visits should be worked out by the teacher and the nurse, outlining the responsibility of each.

Arrangements should be made for assistance from public and private sources to correct defects of children from homes of low economic status. School and local health department personnel should know the facilities available for such referrals. The health department is responsible for arranging channels for referral and making them known to the school.

The school program should be modified to meet the needs of children with irremediable defects, and also those of children under treatment or convalescing from injury or illness. The school has the responsibility to make needed adjustments such as providing required rest periods, allowing time for care of defects, seating to compensate for visual and/or hearing defects, modifying programs of study, and assigning such children to special schools or classes. Health personnel have the responsibility for interpreting the health needs of children to the school to permit educational adjustments to meet these needs.

MENTAL HEALTH

Preservation of mental health in the schools is not a health service in the usual sense; rather it is a part of the total environment and the education program.

All personnel in the school who may in any way influence the emotional and personality development of the child have some responsibility for this function and should be well informed in the fundamentals of child growth and development. The classroom teacher has the major responsibility.

The superintendent of schools, representing the board of education, is responsible or the coordination of all activities conducted within a school system to the end that optimum conditions for mental health exist.

The health officer or health administrator, who is responsible for public health services for all people in the community, should cooperate in marshaling the aid of all community agencies which share responsibility with school personnel in meeting mental health needs of the staff and pupils.

The daily school program should be designed to synchronize the nature of the activities with the developmental level of the child—physical, mental, emotional, and social. There is need for thoughtful scheduling of the school day, and attention to extra rest for young children, democratic relationships among pupils and teachers, avoidance of excessive competition, elimination of overemphasis on attendance records and abatement of unnecessary noise.

It is also essential to plan thoughtfully for children with physical, mental, or emotional handicaps, so that school pressures are minimized for these children.

The school should assume active leadership in providing experiences that develop good human relations both in the classroom and in connection with other school activties. School staff members who work as pupil personel officers should have adequate preparation in this field.

NUTRITION

There is an increasing recognition of the importance of good nutrition to the total health of the child. Much of the school nutrition program comes under the heading of health instruction. However, it should be mentioned here that evaluation of the nutritional status of a child is also a health service. Consultive and guidance services to school nutrition programs are offered by the State Department of Health through the local health departments, and by the Department of Education through its Division of Home Economics.

Evaluation of the nutritional status of a child should come as the result of:

1. Medical examinations
2. Teacher observations

3. Weighing and measuring and growth records
4. Diet surveys
5. Laboratory tests when possible

Once the nutritional status of the child has been determined, the nurse and the teacher should work hand in hand to change the food habits of children for whom changes are recommended. Some children will require more than a change in food habits. They should be referred for medical attention.

The school lunch room is a natural laboratory for teaching good food habits. Administrators, teachers and lunchroom workers need to work together to utilize the school lunchroom for this purpose.

HEALTH OF TEACHERS AND OTHER SCHOOL PERSONNEL

Children are greatly influenced by their associations with adults. So much in the field of health is taught incidentally and by imitation of others that it becomes of great importance that children have mentally and physically healthy teachers. Plans for employing and retaining such personnel should include the following provisions:

1. A program of screening followed by selection upon the basis of physical and mental health attributes which will assure protection and inspiration to the mental, emotional, and physical development of children.

2. A continuous program of pre-employment and in-service appraisal and elimination from active contact with pupils of those members of the staff whose mental and physical conditions are likely to be harmful to the health of children. A State Department of Education regulation requires a periodic medical examination. The Code For Health and Physical Education states that "—all Boards of Education of county and independent school districts, shall under the general direction of the Superintendent of Public Instruction, provide for medical examinations of each teacher and other school employees upon employment, and physical examination every third year thereafter—."

CHAPTER III

EMERGENCY CARE OF ACCIDENTS AND SUDDEN ILLNESSES

Every school should have written policies for the care of emergencies. These policies should be developed through cooperative effort of teachers, parents, physicians and nurses and should be known by all school personnel and parents.

In case of an accident or sudden illness the school has the responsibility for:

1. Giving immediate care.
2. Notifying parents.
3. Getting pupils home.
4. Guiding parents to sources of treatment, when necessary.

IMMEDIATE CARE

Since no nurse or physician may be available when an accident occurs, or when a pupil becomes ill, at least one teacher or other person well-trained in first aid should always be present at school.

In cases of serious accident the school should immediately arrange for medical attention.

First aid supplies should be available, accessible, and complete. They should be checked frequently.

INFORMING PARENTS

Parents should be immediately but tactfully informed of their child's sudden illness or serious injury.

No sick or injured child should be sent home alone, unaccompanied by a responsible adult.

If it is impossible to reach a parent, the pupil's own or family physician should be consulted. It will prove helpful if the physician's name, address, and telephone number have been recorded on the child's permanent health record card.

STANDING ORDERS

Establishment of standing orders for emergency treatment or medication is a desirable procedure for all schools. This should be a joint responsibility of the school officials, and the local health department in cooperation with the professional groups concerned.

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CHAPTER IV

PROVISION OF A HEALTHFUL SCHOOL ENVIRONMENT

FACTORS, STANDARDS, LOCATIONS, ETC.

Along with health instruction and services, maintenance of a favorable physical environment is an important part of a school health program.

1. ENVIRONMENTAL FACTORS

   Some of the environmental factors which influence the health of the school child and school personnel are:

   a. Water supply
   b. Sewage disposal
   c. Method of dispensing drinking water
   d. Handwashing facilities
   e. Toilet facilities
   f. Lighting
   g. Illumination
   h. Heating
   i. Plumbing
   j. Food sanitation

   Failure to provide proper facilities may jeopardize the well being of the child. The State Departments of Health and Education have adopted standards pertaining to the factors listed above. All school and local health authorities should be familiar with them, and they should be adhered to in order to provide a healthful environment for the child, teachers and other school employees.

2. LOCATION

   Location of the school should be chosen with a view to:

   a. Ample space for buildings and grounds.
   b. Safety from accident hazards, especially traffic hazards.
   c. Freedom from noise.
   d. Cleanliness.
   e. As good drainage as possible.
   f. Attractiveness of surroundings.

3. CONSTRUCTION, MAINTENANCE, AND HOUSEKEEPING

   Construction and maintenance of the school building should be in accordance with, or superior to, standards es-

tablished by law and by official building and health regulations. Important considerations are:

a. Adequate size.
b. Adequate ventilation, heating, lighting, and acoustics.
c. Proper seating.
d. Wide halls.
e. Stairways of fireproof construction.
f. Doors opening outward on automatic safety latches.
g. Lavatories and handwashing facilities adequate and accessible and of appropriate size for the children who use them.
h. Ample number of drinking fountains of approved sanitary design.
i. Adequately constructed and equipped health service rooms.
j. Separate isolation and rest rooms for boys, girls, and teachers.

Housekeeping procedures and the maintenance of safety and sanitary facilities in the building and school grounds should be under constant supervision. In addition, a complete detailed survey of sanitary conditions and facilities should be made at least once each year. The person making the inspection should file written reports, listing recommendations for improvements, with the principal, superintendent of schools, and the health officer. A report should also be made available to the public. These reports should be discussed with the person or persons responsible for the school environment and with the school health committee. The individual responsible for sanitary inspections is usually the sanitarian from the local health department. The teacher, the school superintendent, the principal, the public health nurse, and the health officer, or the sanitarian, all have a responsibility in recommending and promoting improvements for the school environment.

4. PLAY AREAS

Outdoor athletic grounds should be designed to minimize the occurrence of accidents. They should be protected from traffic areas. The playground equipment should be of safe design and in good repair.

SCHOOL LUNCH ROOM PROGRAM

Sanitary standards applicable to food handling establishments

apply to all schools where a school lunch is served. These standards are available through the local or State Health Department and should be constantly referred to.

It is essential that all persons in charge of the lunch program should be trained in food sanitation. Schools that do not have up to date facilities need exceptionally well trained people in order to maintain adequate protective measures.

SCHOOL SANITATION

Establishing and maintaining good sanitation in the school is not always easy, but it can be done with the cooperation of all concerned.

The teacher or school administrator should consult the local health officer or sanitarian about all aspects of school sanitation. Most important are:

1. A SAFE WATER SUPPLY

   Facilities for water supply for all schools should be constructed, operated, and maintained in accordance with the requirements of the Division of Buildings and Grounds of the Department of Education of Kentucky and the Kentucky State Department of Health.

   When water from a pressure system is not available, water should be dispensed by means of disposable paper cups. The reservoir or container in which the water is stored should be properly constructed and maintained. Proper care should be exercised in transporting the water from the source to the dispensing unit and in the storage and maintenance of the transporting container. If the school uses a well, cistern, spring, etc., it should be checked regularly by the local sanitarian. Merely sending a sample of water to the health department is not sufficient. The sanitarian should make recommendations for providing a safe water supply.

2. PROPER TOILET FACILITIES

   Toilet facilities should be kept clean, meet approved standards of construction and have adequate supplies. If privies are used, their location, construction, and maintenance should be approved by the local sanitarian.

3. ADEQUATE HANDWASHING FACILITIES

   Warm water, soap, and paper towels should always be available. Pupils should learn to wash hands routinely after using the toilet and before eating.

Exhibit 4

1. NAME ______ (LAST) (FIRST) (MIDDLE)
Address (1)
Address (2)
Date of Birth: Sex: M F Color: W C

SCHOOL
Date Record Opened:
Date Record Closed:
Reason Closed:

II. PARENTS	NAME	LIVING	DEAD	DATE
Father				
Mother				
Family Physician				
Family Dentist				

NOTES on Family History, Medical History, Clinical Record, Health Habits, etc.:

III. DISEASES	Date	DISEASES	Date
Diphtheria		Whooping C.	
Measles		Convulsions	
Mumps		Earaches	
Poliomyelitis		Accidents	
Rheumatic Fever		Operations	
Scarlet Fever		Other	
Smallpox			

IV. IMMUNIZATIONS	Date	Date	Date	Date	Date	Date		Date	Date	Date	Date
Diphtheria							Smallpox				
Whooping Cough							Other (SPECIFY)				
Tetanus											
Typhoid											

V. MEASUREMENTS & TESTS												
Date												
Height												
Weight												
Vision	R											
	L											
Vision (With	R											
glasses)	L											
Hearing	R											
	L											

VI. MEDICAL EXAMINATION (Please use code as indicated)

Codes for Column A	Codes for Column B
√ - Satisfactory 2 - Moderate Defect	X - Needs Attention T - Under Treatment
1 - Slight Defect 3 - Severe Defect	0 - No Treatment Indicated C - Defect Corrected

	A	B	NOTE	A	B	NOTE	A	B	NOTE	A	B	NOTE
Posture												
Nutrition												
Skin & Scalp												
Eyes												
Ears												
Nose												
Mouth & Gums												
Teeth												
Throat & Tonsils												
Lymph Nodes												
Thyroid												
Heart												
Lungs												
Abdomen												
Orthopedic												
Nervous System												
Other												
Should Physical	YES			YES			YES			YES		
Activity be Limited?	NO			NO			NO			NO		
School & Grade												
Age												
Date of Examination												
Parent Present												
Examiner												

KENTUCKY STATE DEPARTMENT OF EDUCATION **SCHOOL HEALTH RECORD** FORM H-4

VII. DENTAL EXAMIN[ATION]
Cod[es]
√ - Satisfactory
1 - Slight Defec[t]

Oral Hygiene
Dental Caries
Foci of Infectio[n]
Malocclusion
Other
Date
Examiner

VIII. HOME SANITAT[ION]
Water Supply
Public
Private
Well-Drilled
Dug
Driven
Cistern
Spring

IX. NOTES ON CLINIC[AL]
DATE

VII. DENTAL EXAMINATION (Please use code as indicated)

Codes for Column A	Codes for Column B
√ - Satisfactory 2 - Moderate Defect 1 - Slight Defect 3 - Severe Defect	X - Needs Attention T - Under Treatment 0 - No Treatment Indicated C - Defect Corrected

	A	B	NOTE	A	B	NOTE	A	B	NOTE	A	B	NOTE
Oral Hygiene												
Dental Caries												
Foci of Infection												
Malocclusion												
Other												
Date												
Examiner												

VIII. HOME SANITATION (Enter date; check (√) conditions which describe sanitation of home.)

Water Supply	19_	19_	19_	19_	Toilet Facilities	19_	19_	19_	19_	Insect Control	19_	19_	19_	19_
Public					Indoor Flush					Screening				
Private					Sewer Connection					Complete				
Well-Drilled					Septic Tank					Partial				
Dug					Outdoor					Spray				
Driven					Sanitary Privy					DDT				
Cistern					Open Privy									
Spring					Other									

IX. NOTES ON CLINICAL, CONFERENCE AND FIELD VISITS

DATE	NOTES	WORKER

Exhibit 2

TEACHER'S OBSERVATION CHECK LIST

This teacher's observation check list is designed to aid teachers in the observation of their pupils. It can be used as a single observation, as a record for several observations in one year, or as a record for a continuous annual observation for six years.

An X or a √ should be placed in the space to the right of the observed symptom and under the date it was observed. This information should be used as a basis for discussing the child with the nurse and the parent at the next nurse-teacher-parent conference. Also, any remarks about the observation, as well as the teacher-nurse-parent conference, disposal of the case and the physician's diagnosis and recommendations if the child is referred for medical attention, can be entered in the column at the right.

After a disposition has been made of the case, the results should be recorded on the child's permanent health record.

CHILD'S NAME________________________GRADE____________

SCHOOL____________________________COUNTY____________

SYMPTOMS TO BE CONSIDERED	DATE OF OBSERVATION						REMARKS
A. EYES							
1. Styes or crusted lids							
2. Inflamed, blood-shot or watery eyes							
3. Crossed eyes							
4. Frequent headaches (Health History)							
5. Excessive blinking, frowning, scowling, squinting, or rubbing eyes							
6. Circles under eyes							
B. EARS							
1. Discharge from ears, or earaches							
2. Picking at the ear							
3. Talking in a monotone							
4. Does not hear well or inattention							
5. Anxious expression							
C. NOSE AND THROAT							
1. Persistent mouth breathing							
2. Frequent sore throat or tonsillitis							
3. Recurrent colds							
4. Frequent nose bleeding or discharge							
5. Nasal speech							
6. Scaliness and crusting at angles of nose							
D. SKIN							
1. Color not clear							
2. Eruptions, rashes, or undue redness							
3. Habitual scratching of scalp or skin							
4. Cleanliness							
5. Pallor							

SYMPTOMS TO BE CONSIDERED	DATE OF OBSERVATION						REMARKS
E. TEETH AND MOUTH							
1. Cleanliness—offensive breath							
2. Gross caries, irregular teeth or gum boils							
3. Mouth habits—thumb sucking							
4. Searing, fissuring or sores at angles of lips							
F. HAIR							
1. Dry, coarse, brittle, split ends							
2. Bald patches							
G. GENERAL CONDITION AND APPEARANCE							
1. Underweight—overweight							
2. Does not appear well							
3. Tires easily							
4. Nausea, vomiting, faintness or dizziness							
H. GROWTH							
1. Failure to gain regularly							
2. Unexplained gain or loss in weight							
I. GLANDS							
1. Enlarged glands at side of neck							
2. Enlarged thyroid							
J. HEART							
1. Excessive breathlessness							
2. Any history of "growing pains"							
K. POSTURE AND MUSCLES							
1. Alignment of shoulders and hips							
2. Peculiarity to posture							
3. Deformities of any type							
4. Muscle tone, development and coordination							
L. BEHAVIOR							
1. Overstudious, docile and withdrawing							
2. Bullying, over-aggressive, and domineering							
3. Unhappy and depressed							
4. Overexcitable, uncontrollable emotions							
5. Speech defect							
6. Lack of confidence, self-denying, and self-censure							
7. Poor accomplishment in comparison with ability							
8. Lying or stealing							
9. Abnormal sex behavior							
10. Antagonistic, negativistic, continually quarreling							

Kentucky State Department of Health

Form MCH-96 (8/55)

Exhibit 3

TEACHER'S CHECK LIST FOR REFERRING CHILDREN FOR HEARING TESTS AND HEARING EVALUATIONS

CHILD'S NAME______________________________

SCHOOL____________________________________

TEACHER'S NAME __________________________

SCHOOL DISTRICT_____________________________

The following are physical and behavioral symptoms of possible hearing impairments. **If any child in your class exhibits any of these characteristics, check (√) those factors so that he may be referred for a hearing test.**

________ 1. Child is a mouth breather.

________ 2. Child has a cold-in-the-head type of speech. (Adenoidal speech)

________ 3. Child's nasal passages always seem to be congested.

________ 4. Child complains of earache and has frequent school absences because of such.

________ 5. Child has frequent colds, sore throats, tonsillitis, and is often absent from school because of such.

________ 6. Child has been observed to have a cotton "plug" in ear.

________ 7. Child has been observed to have draining, running, or discharging ear or ears. Rt.______ Lt.______ Date of last discharge______________

________ 8. Child has a history of past medical treatment for an ear, nose or throat condition.

________ 9. Child complains about ringing in ears, buzzing noise in ears, and/or feeling of fullness or stuffiness in ears.

________ 10. Child wears a hearing aid.

________ 11. Child appears to have a problem of balance and falls easily for unexplained reasons.

________ 12. Child does not seem to respond normally to speech, music or other sounds.

________ 13. Child is known to have had head injury, skull fracture, or severe blow on head.

________ 14. Child seems to show a preference for one ear by tilting one ear in direction of his speaker.

________ 15. Child's school performance and activities have suddenly dropped below their usual level for some unexplained reason.

________ 16. Child is a grade repeater.

________ 17. Child responds best to loud sounds only.

________ 18. Child frowns, has expression of strain, or his countenance indicates confusion when being addressed. Child closely scrutinizes the faces of his speakers.

________ 19. Child is a behavior problem: Withdrawing and does not participate in class activities, aggressive or belligerent, a discipline or incorrigible.

________ 20. Child has faulty or defective speech: Talks too loudly, talks too softly, speaks in a monotone or his speech lacks variety of inflection, child mispronounces words by substituting wrong sounds for correct sounds or omits certain sounds altogether.

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