

# *School Health Program*

## **SWRK4021**

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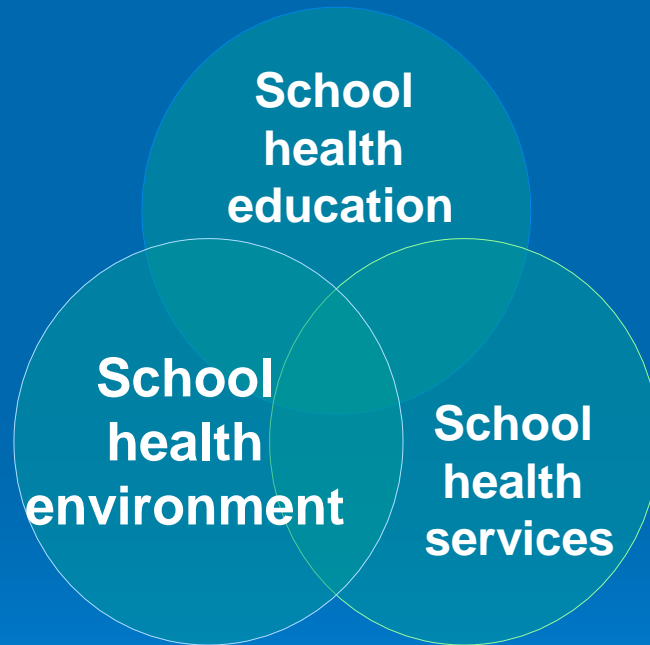


## Reasons for giving school age special considerations

- ❑ They constitute a big sector of the population (about 1/6). This sector is easily reached through schools, as by law, children are compelled to attend schools and spend about half of their day for a period of 9 years.
- ❑ School pupils are considered a vulnerable group. They are growing exposed physiologic, mental and emotional stress at home or school.

- ❑ Some children attend school with different health problems, could be early discovered and treated.
- ❑ School pupils are very active & curious so liable to accidents.
- ❑ Health status of pupils is a strong determinant of their school achievement.
- ❑ Pupils are affected by school environment.
- ❑ School years are the best opportunity for health education.
- ❑ We can reach parents through their children.

# Component Of School Health Program



# School Health Services

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graph TD; A[School health services] --> B[Appraisal aspects]; A --> C[Preventive Aspects]; A --> D[Curative aspects];
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# School health services

Appraisal aspects

Preventive Aspects

Curative aspects

# I-Appraisal aspects

These are organized activities, carried out to assess the physical, mental, emotional and social status of school pupils.

# ***Purposes of school health appraisal***

- To have a clear idea about the overall health status of pupils.
- To detect pupils who need special care because of their health status
- Data obtained from the appraisal is useful for planning of school health program
- To change the unhealthful behaviors of the pupils, parents and teachers into healthful ones
- To provide a baseline data for further follow up of pupils' health status



# 1- Components of Appraisal



**History**

**Observation**

**Screening tests**

**Examination**

**Laboratory investigations**

# 1-History:

## *The pupils` past and current health events*

- Immunization
- Previous illnesses, injuries and operations
- chronic health conditions (tonsillitis, rheumatic heart disease, and bronchial asthma)

## *Family History:*

- Communicable diseases ( TB)
- Hereditary diseases (Epilepsy, Diabetes Mellitus, and Bronchial asthma)

## *Social habits and behaviors*


**Smoking & physical Activities**

## 2-Screening Tests

These are tools (tests) applied to healthy pupils to detect pupils with particular health problem that requires further evaluation by a specialist.

These tests are performed by health visitors social workers and teachers

# Components of the Screening tests

- Measuring weight and height to assess pupils' growth
  - Measuring visual acuity
  - Measuring hearing acuity
  - Detecting pupils with speech defects
  - IQ assessment
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# 3-Laboratory investigations

- Stool analysis for parasitic infestations as ascaris, oxyurs, and schistosomiasis.
- Urine analysis for detection of diabetes and parasites in the rural areas as schistosomiasis.
- Blood analysis for hemoglobin level.

## 4-Comprehensive medical examination

- School physicians and dentists carry out complete physical and dental examination.
- It is preferable that health visitors, teachers and parents attend this examination

# 5- Daily observation

observation by parents, teachers and health visitors.

Many manifestations of illnesses could be discovered from the daily observation such as

- **Loss of interest and easy fatigability**
- **Eye problems as errors of refraction, nutritional deficiency**
- **Behavioral problems as aggression, introversion, Hyperactivity excitability or lack of confidence**
- **Manifestations of diseases : Pallor ,episodes of bronchial asthma, allergic rhinitis and epilepsy.**

# Preventive Aspects

**I-Prevention and control of communicable diseases**

**II- Early detection and correction of non-communicable diseases**

**iii-Early identification and education of children with special disabilities**

**iV-Emergency care and first aid services**



# I-Prevention and control of communicable diseases

## Common communicable diseases among school pupils

### ➤ Food- borne diseases

- Diarrhea
- Enteric fever
- Infectious hepatitis A
- Food poisoning

### ➤ Diseases spread by droplet infection

- Common cold
- Mumps
- Chicken pox

### ➤ Parasitic diseases

- Ascaris and oxyuris

### ➤ Diseases spread by contact

- Skin diseases (Scabies, ring worm, impetigo)
- Eye diseases (Ophthalmia, Trachoma)

# *Measures for prevention of communicable diseases at schools*

## 1-Immunizations

Grade	Vaccines
Kindergarten	Meningococcal Meningitis
First primary	Meningococcal Meningitis, dT
Fourth primary	Diphtheria-Tetanus toxoid (dT)
First Preparatory	Meningococcal Meningitis
First secondary	Meningococcal Meningitis

## **2- Health education**

**Changing unhealthful health behaviors related to transmission of communicable diseases**

## **3-Environmental sanitation**

- **Application of standards to ensure adequate environmental sanitation to avoid communicable diseases transmission.**

*If a pupil is detected to have a communicable disease in a school , What are the control measures?*

- a) Sick Pupils : should be excluded from the school
- b) Readmission to school after sickness: medical examination or certain investigations should precede readmission.
- c) Control measures for the environment

#### **d) Care for contacts:**

- **Observation for longest incubation period**

**Daily observation for detection of any deviation from normal such as flushing or pallor or rash of skin, nasal discharge, red eyes, restlessness, coughing& sneezing**

- **Chemoprophylaxis might be required in some diseases (meningococcal meningitis)**
- **Mass treatment for household contacts (scabies)**
- **Health education**
- **Immunization**
- **Care for absence.**

**g) Searching for the source of infection: It might be a teacher with open pulmonary TB or a food service personnel who is a carrier of typhoid or with infected hand lesions or skin conditions.**

## *During Epidemics*

### *Do We Close the School Or Keep It Opened ??*

*School closing is not of great value. This is because*


- by the time of school closing, the disease is already well spread not only within the school but also within the community
- pupils will continue to associate with their friends whether school is closed or open.
- in schools, children are under supervision that enables early detection and treatment of communicable diseases.

## **II- Early detection and correction of non-communicable diseases**

The non-communicable diseases among school-age children are:

- ❑ **Nutritional problems:** obesity, underweight, stunted growth,, vitamins, calcium and iron deficiency.
- ❑ **Dental defects:** dental caries, diseases of gums
- ❑ **Errors of refraction:** myopia, hypermetropia
- ❑ **Hearing impairment:** due to frequent, inadequately treated middle ear infections ( OM)
- ❑ **Chronic health problems** Adenoids , rheumatic heart diseases, diabetes, epilepsy, cancers and bronchial asthma
- ❑ **Speech defects**
- ❑ **Emotional and behavioral problems**

### *III-Early identification and education of children with special disabilities:*

- *Problems paying attention*
  - *Problems staying organized*
  - *Problems reading and writing*
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## V-Emergency care and first aid services

### **Definition:**

*It is care for urgently diseased or injured pupils and staff members . It is the responsibility of school.*

**Its purposes are**

- **Prevent further damage and complications**
- **Arrange transportation, to home or hospital,**
- **Notify the family.**

*Every school should have an emergency care plan, supplies, facilities and available trained medical (physician, nurse) or first aid personnel (teacher, social worker, and pupils).*

# Medical emergencies

- Appendicitis,
- Gastroenteritis,
- Renal colic,
- Epileptic fits and
- Fainting
- Severe injuries or accident.



## *C- Curative aspects*

**School Health Program provides curative services to school pupils.**

***This service is provided in***

- **School clinics provided by general practitioners (GP)**
- **A number of affiliated hospitals or services**

# School Health Education



# ***School health Education***

**It is the part of health education that is given in the school and by school health personnel.**

## ***Methods of school Health Education:***

- ❖ **Formal health education.**
- ❖ **Correlated or integrated health education Health.**
- ❖ **Incidental health education**

# Formal health education:

Planned health information in specific periods in the timetable with formal curricula e.g. nutrition, and pollution..



# Correlated or integrated health education Health

- When a health topic is integrated to curricula such as
  - history,
  - Mathematics,
  - geography,
  - science,
  - economics, and
  - religion as well as
  - extracurricular activities (art, music, physical education)

# Incidental health education:

- Opportunities for incidental health education occur through the school day.
- Simple incidents in school can have meaning in health terms (e.g. School health appraisal, Injury of a pupil , a pupil has a communicable disease).
- Daily newspaper , radio and television reports frequently have health topics of interest to the pupils (e.g. new disease epidemic, a person who has reached the age of 100 years)



# Healthfull School Environment



# **1- Psychosocial and emotional Environment**

**This includes**

- **School schedules,**
- **Duration and timing of school day,**
- **Amount and timing of homework.....etc.**
- **Healthful emotional environment: through teacher-pupil relationship or pupils –pupils relationship**

## **2- Physical Environment**

**Safe and sanitary school facilities:**

**Classroom ventilation, lighting, furniture.....**

**Play facilities .....**

**Garbage disposal**

# References

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Thank You

