School Health



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School Health Services

For the promotion of physical, mental & social well being of children of school (6-19 yrs).

Value of school program

- *A vulnerable group who undergo growth & development.
- * Exposed to various health hazards, injuries, infections, malnutrition prevented
- *Health is a basic need for academic success
- School health services are the most cost-effective interventions that support the community development

A coordinated school health program

In recent years, much work has been done to define just what constitutes a coordinated school health program.

Eight components are needed for a coordinated school health

program:

- 1-Health Education
- 2- Physical Education
- 3- Health Services
- 4- Nutrition Services
- 5- Health Promotion for Staff
- 6- Counseling and Psychological Services
- 7- Healthy School Environment
- 8-Parent/Community Involvement



Objectives of a School Health Program Primary prevention

Health promotion - Prevention of health hazards-Provision of a sanitary environment

1- Measures for school children

- a-Nutritional care: School feeding programs, Nutrition education and
- food safety
- Which means **access** to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students.
- It must include special nutrients for dental caries, endemic goiter, night blindness, PEM and anemia.
- Mid-day school meal is a supplement, provides 1/3 of the energy requirement, at low cost, in acceptable form
- Food sanitation: special consideration is given to food handlers and the school canteen, also avoid having street vendors around the school



الإجراءات الإضافية لتحسين الحالة التغذوية للأطفال



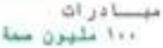


رفع التوعية ياهنية الحياة والخاء الصحى

رفع الوعي الصحي بأهمية التغذية الصحية السليمة منذ الصغر توفير الوجيات الصحية يمثاقا القطاع الخاص

الهدف: توقير بدائل صحية منبوعة باشكال جاذبة الأطقال و ذلك النصين الحالة التغاوية للأطقال وذلك عن طريق: توفير الوجبات الصحية الجديدة في منافذ بيع خاصة بالشراكة مع القطاع الخاص

تصميم وجبات صحية لتوفيرها في منافذ ببع للمواطنين



b-Immunization

-At school entry (5-6yrs) booster for (Sabin for Poliomyelitis

-DT for Diphtheria and Tetanus), vaccines accordingly in case of outbreaks ex MMR for Mumps outbreak and,

Meningococcal Meningitis vaccine: A single dose 0.5 ml SC

at the ages of 4,6,12,15 years



c-Health education: Provided by the school physician, Nurse, and teachers about proper <u>Nutrition-Reproductive Health-Dental health-Environmental health</u>, and <u>avoiding risky behavior</u>, <u>Tobacco</u>, <u>bullying</u> and <u>drug abuse</u>

It is important to help children and youth develop the knowledge and skills they will need to avoid health risks and maintain good health throughout life.

Health education addresses the physical, mental, emotional and social dimensions of health.

d-Guidance and Counseling

2- Measures for the school environment

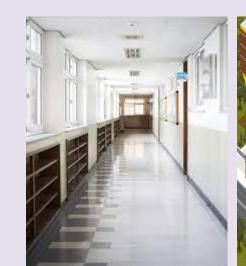
a-The school should be built in a healthy surrounding away from all kinds of pollution. It must not be near sources of noise, fumes, dust, bad odors like industries.

b-Safety measures to prevent road accidents so it should be built on the side of a wide street with wide- open space around. Streets with heavy traffic are to be avoided to guard against accidents

c-Better be constructed in a (L-I T U H) shape with classes on one side

and an open corridor on the other side and windows on

both sides to allow cross ventilation and walls should be heat resistant.





d-Having adequate natural and/or artificial ventilation and illumination **e-**Comfortable desks & and seats with proper spacing.

f-A pure water supply preferably fountain taps and sanitary sewage disposal



g-Classrooms: Not more than 40 students/classroom



3- Measures for school staff

Teachers and school staff should have a positive health status, behavior and preserve their image as role models





Secondary prevention

Aiming for Early diagnosis, treatment and follow up

1-Comprehensive medical examination

a-Pre-school entry examination:

- i-For case finding- parental and children health education during examination-collection of data for follow up through starting a school health record including (personal data, medical history, medical examination data, immunization history, periodic examinations later, and any health-related issue during school years)
- ii-Systemic comprehensive physical and dental examination
- iii-Investigations: urine analysis and blood investigations when needed
- iv-Personal interview: to detect speech defects and IQ testing

b-Periodic medical examination

Done every 3 years for periodic follow up and health assessment compared to pre-school entry data and for early case finding

2-Clinical (Curative) services

First aid and emergency treatments

All school children are covered by (health insurance services)

3- Screening tests

i-Yearly: for in weight, height, vision, and hearing .In rural Egypt urine examination for bilharziasis

ii- Daily inspection: by parents, teachers, and or

Nurses to detect any acute illness



First aid and emergency care

First aid is a skilled application of accepted treatment upon the occurrence of an accident or in case of sudden illness.

The school has three responsibilities:

- 1-Prevent injuries from
- happening in school
- 2-Provide safety education
- 3- Develop a plan for handling emergencies.



The **school doctor** should provide detailed instructions for the guidance of <u>teachers</u> and the <u>school nurse</u> concerning the immediate treatment of common emergencies such as abdominal pain, and headaches, as well as less frequent emergencies such as epileptic fits or

insulin shock.



School health records: made for every child, recording his personal data, medical & family history, medical checkups during school years, any illnesses or special treatment.

Value:

- -Provides cumulative information
- -Allows follow up of chronic diseases.
- -Evaluates the school health programs.
- -Providing a useful link between home, school & the community.

Tertiary prevention

Rehabilitation of disabled children to have a socially acceptable child that is useful to himself and the community



Health problems affecting school children and Adolescence

- 1- Malnutrition: Deficiency problems (Iron, Vitamin A,
- Iodine, Fluorine), dental caries, and weight problems (Obesity
- or underweight) is seen in all age groups
- 2- Emotional problems: Depression, suicide attempts and
- Eating disorders are more in adolescents
- 3-Addiction: Tobacco and drug abuse in adolescents
- **4- Infections:** Intestinal parasites, Droplet especially streptococcal infections that can lead to its sequalae (Rheumatic heart disease), Food borne, and skin more in children

- 5-Injuries: Road traffic accidents, sports in all age groups
- **6-Sexual relations:** Carry the risk of sexually transmitted diseases is more in adolescents
- 7- Noninfectious diseases: Bronchial asthma, diabetes mellitus are more in adolescents
- 8-Unemployment which can lead to Migration, more in adolescents
- 9-Handicapping and occupational injuries are more in adolescents

Types of handicapped children

1- Blind & partially sighted children (commonly myopia).

i- Classrooms with good natural & artificial lighting ii- Treatment of errors of refraction, squint &

amblyopia.

- iii- Adequate follow up visual testing.
- iv- Vitamin A administration
- v-Schools for the blind.

2- Deaf & Partially Deaf

- i- Provision of hearing aids.
- ii- Promotion of social activities
- iii-Schools for the deaf



3- Educationally subnormal (educational retardation).

i-May be educated in ordinary class, in special class or in a special school according to the degree of retardation & the level of I.Q. ii-Early detection is the key.





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4- Epileptic children

- i-Early diagnosis with proper instruction for the patients & teachers
- *Minor epilepsy in ordinary schools.
- * Severs & frequent fits in Special schools.

5- Maladjusted children

- * Children with emotional instability or psychological disturbance.
- Through child guidance service-Social report presenting the child's emotional & environmental background.

ADOLESCENTS (YOUTH) HEALTH



- The term Adolescent or young person covers the age range **10-19** years
- Adolescence is the period of transition from childhood to adulthood, Characterized by:
- 1-Biological development from the onset of puberty to full sexual reproductive maturity.
- 2-Psychological development from the cognitive and emotional patterns of childhood to those of adulthood.
- 3-Emergence from the childhood state of total **socioeconomic dependence** to one of relative independence.

Importance of this age group

• Young people constitute 16% of the world's population and there is an increase in the number of young people especially in developing countries.

Adolescence health program

- *(A) Health education: -Healthy personal.-General preventive measures against diseases specially STIs.
- *(B) Sex education: * Puberty: It means changes in human secretions
- **1-Increased secretion** of the gonadotrophic hormone leading to the development of ovarian follicles and testicles.
- 2-Appearance of **secondary sexual characters** in both sexes e.g. growth of pubic hair, change of voice.

*(C) Adequate nourishment:

- a- Nutrition education regarding adequate diet (quantity & quality).
- b- Dietary supplementation.
- c- Supplementary medicines.

*(D) Combat of smoking, alcohol and drug abuse:

Mainly through health education programs.

- *(E)Curative Services: Diagnosis& treatment of
- diseases
- *(F)Rehabilitation of the disabled.

Adolescence growth spurt: markedly acceleration of physical growth. Liable to personal variations.

