2 CHAPTER TWO

School Health Services and Healthful School Environment

Promoting and Protecting Health and Safety

Teachers and other school personnel have great potential to make a positive impact on students in the school environment. Of primary importance is the integral role the teacher plays in promoting and protecting student health. This is made possible by the teacher's access to certain health services and health professionals available through the school system. These health resources can prevent and control communicable disease, provide emergency care for injury or illness, and provide learning opportunities conducive to the maintenance and promotion of individual and community health. One resource you will find helpful is Appendix B, "The Teacher's Encyclopedic Guide for Health Concerns of School-Age Youth," which presents specific information for dealing with special health concerns of children and adolescents.

School Health Services

School health services are services designed to appraise, protect, and promote the health of students and school personnel. These services are delivered through the cooperative efforts and activities of teachers, nurses, physicians, athletic trainers, allied health personnel (e.g., occupational and physical therapists, speech–language–hearing therapists, audiologists), social workers, and others. Students often are first introduced to school health services through routine health checks and health appraisals, such as hearing tests, vision testing, and scoliosis screening. When physical or emotional problems are suspected or detected through observation or health appraisal, students and their families can be directed to appropriate health resources for further evaluation and help by appropriate school personnel (teachers, school nurses, school physicians, counselors, etc.) or by other appropriate health professionals through referrals.

A system for referring students and families to agencies and health professionals with careful follow-up is a key component of school health services. It is essential that teachers, school health personnel, parents, and administrators consult and coordinate regarding the specific health needs of students. Follow-up services are necessary to make sure that intended health service activities are carried out and properly recorded on each student's health record.

Most schools do not have the money or personnel to offer all of the services that could be included in a comprehensive school health services program. Recognizing this fact, schools are increasingly relying on community support and linkages.

Providers of School Health Services

As noted in the previous section, school health services may be provided by an array of personnel, depending on the range of health services offered in a particular school, community resources for health care, available funding, student needs, and local priorities and values. This section examines the vital role of teachers, school nurses, and school health aides in providing school health services.

Teachers

Teachers play a central role in educating students and their families about school health services and helping them gain access to these services. Because teachers have ongoing contact with students in the school environment, they are in a position to observe students in daily situations and see whether students are functioning in healthful or unhealthful ways. The teacher will thus be able to suspect and detect needs and be in a position to refer students to the appropriate person or agency when necessary. The teacher's role does not involve diagnosing diseases, illnesses, or injuries. It involves being supportive in appropriate ways and getting prompt help in emergency situations.

Teachers are often in a position to observe when a student's appearance, behavior, or emotional expression seems unusual. Teachers are responsible for intervening on behalf of the student and should notify the principal, guidance counselor, or school nurse if they notice anything unusual about a student. But referring a student for evaluation or for help does not mean that a teacher's responsibility has been fulfilled, nor does it mean that the student has a major problem. Once a student has been referred, it is important to follow through to be sure that any interventions that have been recommended are being implemented. For most student health problems that arise in school, the school personnel who play the greatest role are the teacher and school nurse.

School Nurses

The cornerstone of school health services is the school nurse. This professional serves a pivotal role providing leadership and expertise for the coordinated school health program (Board et al., 2011). The school nurse is a health advocate for all children and school staff, working to protect and promote optimal health. The school nurse has many roles. The school nurse provides health care to students and staff, performs health screenings, and coordinates referrals to other health care providers (Board et al., 2011). In the course of an average day, a school nurse assumes the roles of care provider, advocate, change agent, educator, therapist, and manager. School nurses are perceived by other school staff as vital to eliminating barriers to student learning and improving overall school health (Baisch, Lundeen, & Murphy, 2011).

School nurses have ample opportunity to directly and indirectly provide health education. For example, school nurses might teach health education classes, offer inservice programs for faculty and staff, implement staff health promotion programs, serve on health education curriculum committees, help in the selection of health education textbooks and other materials, offer parenting skills classes, and counsel students about various health issues. Many nursing preparation programs now offer some training in health education skills.

Ideally, there should be a school nurse in every school. However, in many school districts there are too few school nurses. *Healthy People 2020* calls for the nation's elementary, middle, and senior high schools to have a full-time registered school nurse-to-student ratio of at least 1:750 (U.S. Department of Health and Human Services, 2011). The National Association of School Nurses (2010) recommends a minimum ratio of nurses-to-students depending on the needs of the student population as follows: 1:750 for students in the general population, 1:225 in the student populations requiring daily professional school nursing services or interventions, 1:125 in students with complex health care needs; and 1:1 may be necessary for individual students who require daily and continuous nursing services. Unfortunately, the standards for school nurses in the United States are not uniform, and in many school systems the school nurses are the first staff members to be terminated when there are budget cuts. A small school district might lack a school health nurse or have only one nurse for the entire school district. The state with the best ratio of school nurse to students is Vermont with a ratio of 1:311; the state with the worst ratio is Michigan with a ratio of 1:4,836 (Grogan, 2011).

Unfortunately, school secretaries or other school staff with no specialized health training are often

forced to perform school nurse functions when there is no school nurse available. They are often the only staff available to dispense medication and treat minor injuries (NASN, 2006). These personnel often lack the necessary training for such responsibilities. It is vital that unlicensed assistive personnel (UAP) receive proper training from school nurses when these responsibilities are delegated.

School Health Aides

Some school districts employ health aides to assist the school nurse. Health aides may perform tasks such as handling clerical responsibilities, answering telephones, and arranging screening examinations. They might also participate in vision and hearing screenings, take height and weight measurements, arrange for volunteer help, and provide basic first aid as needed in the absence of the school nurse. A health aide working in a school-based health center might also have these duties: making the initial assessment of sick and injured children who come to the clinic; managing clinic supplies; referring and following up as directed by the school health nurse; setting up and maintaining confidential medical records; and acting as liaison between parents, the school health nurse, and school staff on health-related matters. Health aides can be extremely helpful to the school nurse and the coordinated school health program.

Some states and school districts require that health aides receive first aid training and specific medication training for school employees. Health aides should be knowledgeable about immunization requirements, common health conditions, communicable diseases, and children's growth and development. Health aides need to understand their limits. They are limited to providing only the health care that has been delegated to them by a supervising school health nurse or other designated school health professional. The administration of oral medicines and cleaning of intermittent catheterizations are two health care tasks that are often delegated to school health aides. State law and school district policy often dictate specific tasks that can be delegated to school health aides. In every instance of delegation, the school nurse retains the responsibility to the student for the quality of the health care that is provided by the school health aide (NASN, 2006). School health aides must be trained, willing, and competent to accept delegated health care/nursing tasks.

Confidentiality of Student Health Information

Employees of schools often have access to individual student records and information. All school staff are ethically and legally obliged to safeguard confidentiality of student information including student health information. There are two federal laws that impact the sharing of confidential health and education records (New Mexico Department of Health, 2011). The federal Family Education Rights and Privacy Act (FERPA) was passed by Congress in 1974 and the Health Insurance Portability and Accountability Act (HIPAA) was passed into law in 1996.

FERPA establishes the confidentiality of all student information and records, and parent rights to access these records.

More specifically, the law requires that schools receiving federal funding must hold confidential the information in a student's education records, making it available only to parents and to those with a "need to know" in order to provide adequate education for a student. Confidentiality is protected when a health problem is revealed only to those individuals in the school whose knowledge may affect a particular student's health. School nurses and other school personnel can ensure that confidentiality is respected by only revealing necessary health concerns to those individuals whose knowledge may affect the student's health or the ability of the school to provide appropriate educational services. School staff that do not have contact with a particular student do not have a need to know this medical information. According to the New Mexico School Health Manual (NMDH, 2011), information provided to teachers of students who require accommodations or have the potential for life-threatening emergencies should be related to signs and symptoms of the condition and not necessarily a specific medical diagnosis. The school staff that "need to know" must be able to recognize a health problem and specifically what to do if the problem occurs. In other words, every teacher may not need to know specific diagnoses; however, teachers can be told what types of symptoms to look for and what can be done in the event that those symptoms appear. The manual also advocates that school administrators should be given sufficient information about the health and safety needs of students

to plan appropriate programs, ensure a safe environment, and provide adequate staff training. The school administrator should also be able to access emergency care plans for students in his/her buildings of responsibility.

The Health Insurance Portability and Accountability Act (HIPAA) is another federal law that dictates how health records are to be handled. Technically, only schools or school systems that fit the definition of "covered entities" under the law are subject to HIPAA. School districts must consult with their legal advisors to determine if HIPAA applies to them. School districts that conduct electronic transactions for payment as Medicaid providers, that process other medical claims for third parties, or that are self-insured for employee insurance may be covered entities and therefore subject to HIPAA regulations. School-based health centers are subject to HIPAA regulations.

For most schools, HIPAA is an issue only if there is a desire or need to communicate with a student's medical provider. While most schools are not regulated by HIPAA, almost all health care practitioners that schools deal with are covered by this law. Health care practitioners cannot disclose medical information without authorization except for treatment and payment purposes. Therefore, a health care practitioner can communicate treatment instructions to individuals involved in the treatment of a student (e.g., school nurse) without obtaining authorization. While it is legal under HIPAA for medical offices to transmit treatment information without authorization, many medical offices may still refuse to do so out of fear of violating HIPAA regulations (New Hampshire Department of Education, 2011).

Most school health and immunization records are covered by FERPA and are considered as "education records" subject to FERPA regulations (National Forum on Education Statistics, 2006). These files are not subject to HIPAA privacy requirements. Also, school nurse and other health records concerning students received services under the Individuals with Disabilities Education Act (IDEA) are also considered education records and are subject to FERPA rule. Eligible students or parents of minor students have a right to see their records. Eligible students are students that are at least 18 years of age or those who are attending a postsecondary institution. Parental consent is required for others to access information in students' health records. There are certain circumstances where consent is not required such as in an emergency situation where the information is necessary to protect the health or safety of the student or other individuals, instances of abuse or neglect, investigations of criminal offenses, and mandatory reporting of communicable diseases (NHDE, 2011).

School staff need to be trained in requirements of state law and school policies regarding the confidentiality of student health information. In locations where laws and policies regarding confidentiality are not clear, it is particularly important that school districts develop and implement clear policies about the confidentiality and disclosure of student health information. All school staff must act responsibly to protect the confidentiality of students and families. Health records should be stored with limited access. The security of health records maintained in computers must also be protected.

Community Partnerships for School Health Services

By working in partnership with families, community organizations, businesses, and public health and health care professionals, schools can increase their capacity to offer a comprehensive array of services to meet health needs (Allensworth et al., 2011). The degree to which schools should provide health services depends on the needs of the students, the extent to which health service needs are met elsewhere in the community, and the resources of the school district. At a minimum, all schools should provide routine first aid and emergency care, care for students with chronic and episodic illnesses that interfere with learning, operate vision and hearing screenings, maintain immunization and current health assessment records, and make appropriate referrals for further care and attention.

Efforts to improve student performance and the health and well-being of students in order to succeed must also participate in helping students by also helping to strengthen families and communities. Full-service schools provide services designed to remove barriers to learning, make community assets available to address the needs of learners, and build bridges between schools, families, and communities based on mutual investment

in the comprehensive well-being of communities (Varias, 2008). **Full-service schools** are schools that attempt to link the delivery of a full scope of educational, social, and health services through cooperative partnerships between schools and community agencies. The goal of full-service schools is to improve the quality of life for individuals and families in the community through the coordinated delivery of health, education, prevention, and social services. Programs developed to integrate services vary from community to community and according to local need. The specific services that are linked through full-service schools might include counseling, mental health services, substance abuse programs, teen pregnancy programs, dropout prevention, health care, dental care, child abuse programs, gang diversion programs, conflict resolution programs, literacy training, job training, tutoring and remedial education, mentoring, after- and before-school care, parenting education, and programs for homeless youth. Other names for similar programs linking these services include integrated services programs, school-linked services, community service centers, community centers, community learning centers, family resource centers, and school-based youth services.

Joy Dryfoos (2008, p. 42) describes full-service schools as "centers of hope."

> Community schools offer hope. They bring together in one place an array of helping hands. They integrate social and health supports with educational enrichment. They teach low-income parents how to help their children do better in school and connect families to the resources they need, such as welfare, help with income taxes and citizenship processes, and even assistance in creating small businesses. In this process, the school becomes a hub, improving the safety and stability of the neighborhood. Those concerned with the improvement of education outcomes and the reduction of poverty would do well to take an interest in community schools.

School-Based Health Centers

Young people face financial, legal, family, and cultural barriers and limited access to getting adequate health care. To reduce these barriers and improve access to primary and preventive health care for underserved children and youth, some schools provide school-based health centers that offer a wide range of health services that support academic achievement (Bannister & Kelts, 2011). A **school-based health center** is an easily accessible location on a school campus where students can go for comprehensive preventive and primary health care services. Many of the children and adolescents who receive services in school-based health centers have no insurance and lack primary care health services. Schools with school-based health centers tend to have higher proportions of minority and ethnic populations (e.g., Black and Hispanic) that have historically experienced under-insurance, uninsurance, or other health care disparities and tend to be located in urban areas (Strozer, Juszczak, & Ammerman, 2010). For many young people, a school health center or a school health clinic is their sole source of physical and emotional care.

Today, nationally there are more than 1,900 school-based centers providing services to about 2 million children and youth (Tucker, 2011). Lack of access to health care for children and adolescents is cited as the major reason for the proliferation of school-based health centers in recent years. Other factors, such as the emergence of HIV/AIDS and the decline in the number of traditional school nurses, have also spurred growth.

There has been significant opposition to school-based health centers in some schools and communities, usually around the issues of providing reproductive health care (e.g., provision of birth control services) and parents' rights. Another reason for opposition is the difficulty of financing school-based health centers in already financially burdened school districts.

School-based health centers provide students with preventive and primary health care services in school rather than in a traditional manner that includes missed days of school or parental absence from the workplace (Bannister & Kelts, 2011). School-based health centers vary widely in the type and scope of services they provide. Some school districts require a full-service center to offer a comprehensive array of services. Others might require considerably fewer services. It is not economically feasible to have full-service school-based health centers in every school or school district. The services that might be offered include these:

- Physical examinations—routine exams and required exams for sport participation

- Diagnosis and treatment of minor illnesses and injuries
- Tests for anemia, diabetes, and infections
- Vision, dental, and blood pressure screening
- Treatment of menstrual problems
- Pregnancy testing and prevention
- Diagnosis and treatment of sexually transmitted diseases
- Health care for pregnant teens
- Immunizations
- Counseling for difficulties at home and at school
- Mental health services
- Substance abuse treatment
- Nutrition education/counseling and weight management
- Smoking prevention and cessation
- AIDS prevention education
- HIV counseling and testing
- Classroom presentations
- Prescriptions
- Referrals to physicians and community agencies for specialized health services

School-based health centers are often staffed by a multidisciplinary team of professionals, which might include physicians, physician assistants, nurse practitioners, school health nurses, community health nurses, mental health consultants, licensed practical nurses, health assistants, health educators, and outreach workers. Some schools hire part-time physicians to provide primary care services, but this is rare. More often physicians are employed as medical directors or consultants. Some schools hire medical residents in school-based health centers, and this serves as part of their medical training.

Some studies have shown that school-based clinics have reduced visits to emergency rooms, cut health care costs for poor children, and lowered the number of sexually transmitted diseases (Geierstanger et al., 2004; Center for Health and Health Care in Schools, 2005). School-based health centers are prevention oriented. Money can be saved by averting the treatment of simple illnesses or injuries in an emergency room. Many hospitalizations can be prevented by interventions at school for minor illness and injury, chronic illness, and special health care needs. School absenteeism and tardiness can also be reduced through interventions available through school-based health centers (Tucker, 2011). In fact, research has found a link between school-based health centers and academic performance because of improved health outcomes of students using these centers. Users of school-based health centers have fewer hospitalization days (hence less school absenteeism), higher grade promotion, and higher graduation rates as compared to nonusers (Strolin-Goltzman, 2010).

Accommodations for Special School Health Services

Schools are required to provide reasonable accommodations for students who have a physical or mental impairment so that those students can receive a free and appropriate education. The rights of students with disabilities are protected and guaranteed by state and federal laws. Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act (IDEA) are two federal laws that all teachers and prospective teachers should be familiar with. These laws protect students against discrimination and protect their educational rights. Schools and day care centers covered by these laws must accommodate the special needs of qualifying children. The parents of a child with a physical or mental impairment that substantially limits the child's learning or other major life activities may have the right to develop a Section 504 plan or an individual education plan (IEP) with their child's school. These written plans specifically state a child's disability or impairment, the child's needs, and how these accommodations will be delivered. Developing an IEP can be an opportunity for parents and educators to work together as equal participants to identify the student's needs, what specific services should be provided to meet those needs, and what the anticipated outcomes might be. In essence, an IEP is a commitment in writing of the resources the school agrees to provide. Accommodations for special school health services might include allowing a diabetic child to self-administer blood glucose tests in the classroom, having a school nurse administer medication to a child, or providing assistance in feeding a child through a feeding tube. Section 504 plans and IEPs are developed on a case-by-case basis, and a committee is formed for each plan. The committee usually consists of a school administrator or designee, the student's teacher, a parent or legal guardian, and sometimes the student. Parents have the right to bring an advocate, an attorney, and experts to these meetings.

An increasing number of parents are seeking accommodations for their children under these laws. This has resulted in feelings of anxiety among many teachers and other school personnel. Teachers often find themselves responsible for providing services that they do not feel trained to do or comfortable providing. Under legal provisions, teachers may be required to perform such tasks as suctioning tracheotomy tubes, performing urinary catheterizations, and helping to administer insulin injections. Teachers might fear that they will hurt a child by doing something incorrectly and that they will be held personally liable for such an injury. As a result, teacher responsibility for providing special school health services is currently a controversial educational issue.

School-Based Mental Health Services

The American Academy of Pediatrics advocates that school personnel work with pediatric health care professionals and mental health specialists to develop and implement effective school-based mental health services. This is critical because many of our nation's children and adolescents need care and assistance for psychosocial problems. School-based programs offer the promise of improving access to diagnosis of and treatment for the mental health problems of children and adolescents. The American Academy of Pediatrics has released a policy statement that addresses the need, advantages, delivery models, and challenges of school-based mental health programs (Committee on School Health, 2004). The statement gives recommendations for schools and health care professionals.

Administration of Medications at School

School nurses are important for effective medication administration to students in schools because research has shown that medication errors are common in schools when unqualified staff administer medications (Baisch, Lundeen, & Murphy, 2011). Therefore, when nonmedical and non-nursing school staff are designated to administer medications, they must be adequately trained and supervised. These staff members should be trained in school board policies and procedures governing the administration of oral medications, procedures to follow in administering medication, procedures to follow when there has been an error in dosing or missed doses, required record keeping, emergency and supervising contacts, and confidentiality requirements regarding the administration of medications and student health information. Non-nursing school staff must be trained and supervised by a nurse or medical doctor.

An emergency care plan should be developed for students who might require the administration of emergency medications by injection. Often state or district policies recommend a care plan that includes specific orders from a physician to administer epinephrine or other drugs and any first aid measures that might be necessary. Then if a student with a history of severe reaction to insect stings, food, latex, or other allergens is exposed to the known allergen and develops anaphylaxis, the emergency plan can be implemented. An emergency plan usually requires written permission from a parent or guardian, written orders from a physician, identification of who may administer the medication and requirements for doing so, procedures for notifying parents of emergency treatment, designation of who has responsibility for carrying the emergency medications when students leave school premises but are under the supervision of school staff (e.g., field trips, athletic events), instructions for proper storage of the medication, and a procedure for monitoring the expiration date on the medication. Parents are responsible for keeping school staff informed of changes in physicians' orders or a child's condition. Parents are also responsible for supplying and delivering medications to the school. Epinephrine, used to treat severe allergic reactions, is usually administered by automatic administration devices. These devices are easy to operate and can therefore be used by nonmedical school staff. Older students are often able to self-administer epinephrine through these devices, but many students are too young to do this. An emergency health care plan should also outline when to allow students to self-administer asthma inhalers and when school staff should assist students with asthma inhalers.

Some of the medications administered in schools are controlled substances (e.g., cough syrup with codeine, Ritalin). For these, security measures (such as storing in locked cabinets or locked

drawers) are required to prevent theft. Access should be given only to those who need to administer or receive these medications for school use. These medications also need to be secured over school holidays and weekends. Theft of any drugs should be reported to the building principal, the school nurse, and the parents or guardian.

The most common medications dispensed are medications for attention deficit hyperactivity disorder (ADHD). Following ADHD medications, nonprescription medications, asthma medications, analgesics, and antiseizure medications are the most commonly administered drugs in schools. School secretaries are most often designated to dispense the medications, followed by health aides, teachers, parents, and students. The most common medications that students are allowed to self-administer are inhalers for asthma, other asthma medications, insulin, analgesics, gastrointestinal medications, cold remedies, antibiotics, antiseizure medications, and vitamins.

Emergency Care in Schools

Schools must be prepared for students and staff becoming injured or ill during the school day. Every school and district needs to have specific plans for dealing with these situations (NASN, 2004c). Procedures must be in place for summoning help in emergency situations from local emergency medical services. Individuals who are authorized and professionally prepared to make decisions when health emergencies arise need to be identified in each school. Each school employee needs to know who these individuals are and how to contact them during an emergency. The school health nurse is the ideal person to serve in this role. The school nurse is the person most familiar with students' health conditions and community health care resources. School health nurses should be trained in basic life support, first aid, and the emergency treatment of health conditions such as diabetes, asthma, anaphylactic allergic reactions, and hemophilia. However, because school nurses often cannot be available, other members of the school staff should also be identified and trained to handle emergencies. Training for such nonnursing and nonmedical staff should include first aid, basic life support, and the recognition and treatment of anaphylaxis. This training should be supervised by a school health nurse or school physician. This training should be given to individuals who volunteer to provide service to the school and should include certificates to indicate successful completion of training requirements. Retraining is necessary to keep certification and skills current. In addition, all staff members, including coaches, should be trained in the school district's emergency response plan. Staff should be encouraged to obtain additional emergency response education. In particular, all school staff should be trained in universal precautions to protect against the transmission of bloodborne pathogens. Students should also receive training in emergency lifesaving courses.

Students with health conditions that may cause them to experience an emergency (e.g., diabetes, food or insect allergies with known anaphylaxis, hemophilia, asthma) should have an individual emergency care plan in place at the school. In case of an emergency, this plan specifies what emergency treatment is to be given at the school, who is to give the treatment, and how the student is to be transported to a hospital if necessary.

An emergency medical kit should be kept at each school and be available to school staff trained to give emergency care. The kit should be restocked after use. Students and staff members with a history of anaphylaxis need to provide autoinject epinephrine to the school so that it is on hand in case of an emergency. Because epinephrine becomes inactive over time, expiration dates need to be checked and the drug replaced when expired. In addition, guidelines for emergency care should be available to staff trained to give emergency care.

Schools must inform parents, guardians, or designated emergency contact persons as quickly as possible when a child has been injured at school. Accident reports and other forms as required by a school district must be completed to protect against liability and for insurance purposes.

Healthful and Safe School Environment

Schools are responsible for providing a healthful and safe school environment that optimizes opportunities for learning and growth. A healthful and safe school environment is an environment

that attends to the physical and aesthetic surroundings and promotes a psychosocial climate and culture that maximize the health and safety of students and staff. In a healthful and safe school environment, potential hazards have been identified and actions have been taken to reduce the potential for illness or injury. Effective action to create and maintain a healthful and safe school environment requires cooperation from all members of the school staff—teachers, administrators, food service personnel, custodians, teacher aides, clerical workers, school nurses—as well as students and parents. A healthful and safe school environment also includes efforts to enhance the emotional well-being of staff and students and to eliminate hazards in the physical environment.

About one-fifth of the U.S. population, more than 53 million children and about 6 million adults, spend a significant portion of their days in approximately 120,000 public and private school buildings (Environmental Protection Agency, 2010). School-age children spend up to 35–50 hours per week in and around school facilities, so close attention must be given to this environment (Ana & Shendell, 2011). The school environment consists of the multitude of dynamic conditions that are external to the students, staff, and visitors of particular schools. These conditions not only are physical but also consist of emotional, social, political, and other conditions and circumstances that make up the school environment.

Teachers as Advocates for Healthful and Safe School Environment

There are many actions that teachers can take to develop healthful and safe environmental conditions within the classroom and school building. The classroom is perhaps the most important aspect of a student's school environment and the aspect over which the teacher has the most control. Teachers should do everything they can to provide a safe, comfortable, and nonthreatening environment in the classroom. However, the classroom is but one part of the total school environment. Teachers also should be advocates for a healthful school environment in their entire school building and in their community. This, of course, is a cooperative undertaking involving many people. As health advocates, teachers will work with other school professionals, students, parents, and community organizations to bring about improvements in the total healthful school environment.

Student Involvement

Teachers need to encourage students to take responsibility and become involved in actions that create a healthful school and community environment. Before students can feel responsible, they must develop an attitude of ownership and pride in their school. Such feelings are more likely to develop when students are actively involved in promoting a healthful school environment as well as a healthful community environment. There are many opportunities for student involvement. Here are a few suggestions:

- Working on litter cleanup and recycling projects at school and in the community
- Serving on safety patrols
- Writing letters to community leaders about environmental health or safety concerns
- Attending city or county planning meetings to voice concerns about pressing environmental issues
- Forming student committees to address environmental concerns at the school or in the community
- Participating in fund-raising activities for the purchase of safe playground equipment

Parent and Community Involvement

A comprehensive and effective program to improve and protect the health of youth in the United States will require the active involvement of families as well as other members of the community. The basic responsibility for the health and vitality of children lies with the family, but families need the support of schools and other community agencies. Schools are an important part of the community that must rely on and work cooperatively with other community agencies to meet the needs of students. Another important reason for emphasizing parental and community involvement in the school health programs is because it is highly effective. Many of the health problems that youth face are complex and multifaceted, (e.g., sexual abuse,

substance abuse, depression), and they require comprehensive approaches. Countering these health problems requires providing young people with services that are often outside the ability of the school system to provide, such as health care, mental health, and social welfare services.

This teacher resource text focuses on comprehensive school health education and stresses that the responsibility for health is shared with families and communities. For the comprehensive school health education program (see Chapter 1) to work effectively, it must be integrated with other school and community health promotion efforts. Successful integration requires careful planning, interaction, cooperation, and programming. The input of various community agencies, members, and leaders is fundamental to this process. This is often facilitated through the formation of school health advisory committees and community health councils. These coalitions can help build support for the school health program and pave pathways for successful school–community health promotion ventures. School–community health coalitions should strive to bring together organizations and agencies from several community sectors, including education, government, voluntary health agencies, health care providers, charitable organizations, businesses, and parents.

Physical Conditions That Facilitate Optimal Learning and Development

The physical conditions of the school environment include such factors as school size, noise, temperature, lighting, and cleanliness. The physical conditions of the school environment play an important role in promoting optimal student well-being. For example, the physical environment increases or decreases the possibility of injuries, the spread of infectious disease, feelings of anxiety and stress, and the potential for learning and development. School professionals should give serious attention to the following factors in order to maximize the potential of students to learn, motivate them to enjoy the process of learning, and create conditions that encourage optimal development (Box 2-1).

BOX 2-1

The Physical Conditions Necessary for Optimal Learning

The following factors maximize the potential for students to learn:

1. School size
2. Lighting
3. Color choices
4. Temperature and ventilation
5. Noise control
6. Sanitation and cleanliness
7. Accessibility

School Size

School and classroom size are important environmental conditions. However, these are conditions over which teachers and other school professionals usually have little control. Student distraction is more likely to occur in large classes compared to small classes. It is more difficult for teachers to give individualized attention to students when a class is large. Small schools are able to offer students greater opportunities to participate in extracurricular activities and exercise leadership roles. Small class size allows teachers to have more interactions with each student. Teacher interaction enhances student learning and satisfaction with school.

Lighting

One of the most critical physical characteristics of the classroom is lighting (McCreery & Hill, 2005). Good lighting is a key to the general well-being of students and teachers who are confined to the classroom environment for several hours per day. Students can experience fatigue, eyestrain, blurry vision, and headaches due to poor indoor lighting. Adequate lighting promotes effective academic work, discourages unsanitary conditions, and

encourages high morale. Poor lighting also affects students' ability to perceive visual stimuli and affects their attitude and mood. Some experts have suggested that optimal lighting helps keep students calm and enhances their interest in schoolwork. Proper lighting is necessary for reading and other academic work. Electrical lighting is necessary in most classrooms, especially during cloudy days. School professionals should consult with their local health department or power company to determine if the school's lighting is adequate. Illumination is measured in foot-candles.

Glare is also important, because it detracts from learning and can cause eyestrain that leads to fatigue and tension. Common sources of glare in the classroom are reflections off chalkboards and other surfaces, inadequately shaded windows, and the light from computer screens. Many glare problems can be remedied by simply rearranging desks or computer stations, not standing in front of open windows when instructing students, avoiding the use of teaching materials with glossy finishes, closing window shades when it is bright outside, and not placing posters and charts between windows. Glare and student eyestrain can also be minimized by alternating periods of close eye work with learning activities that rely less on visually demanding tasks, avoiding the use of textbooks and other reading materials with small type, avoiding use of duplicated materials with poor reading quality, writing large on chalkboards and using high-quality chalk, maintaining clean chalkboards, and replacing burned-out lightbulbs or light filaments.

Color Choices

The proper use of color can transform a school's atmosphere from being depressing and monotonous to being inviting, pleasing, and stimulating. Select wall paint that creates a cheerful, pleasant classroom mood. Certain colors and textures of paint can brighten up a room and, at the same time, maintain a peaceful atmosphere. Light colors enhance the illumination of the lighting system.

Temperature and Ventilation

It is difficult for students to learn in a classroom that is too warm, too stuffy, or too cool. Temperatures that are too high deplete energy from students, making them listless and sluggish. Temperatures that are too low can make students restless and inattentive. Teachers should monitor the temperature of the classroom and frequently ask students if they are comfortable. It is preferable for each classroom to have a thermometer and a thermostat with which a teacher can control the room temperature. Teachers should report temperature and ventilation problems that they cannot control to building principals or custodians.

Optimal classroom temperature varies from region to region and from season to season. In schools that must be heated during the winter, a temperature range of approximately 65 to 70 degrees Fahrenheit is desirable. Because vigorous physical activity causes students to generate more heat, adjustments in room temperature are necessary when students are active. In gymnasiums, a temperature of 65 degrees Fahrenheit or a few degrees cooler may be optimal. Elementary school students have higher metabolic rates and are more active than older students and adults. As a result, they may be more comfortable at a lower temperature than adults. To compensate for this difference, it is often necessary for adults to wear heavier clothing or a sweater in the classroom.

High temperatures and high humidity can make classrooms uncomfortable at the start and end of the traditional school year, particularly in southern states. Air temperature, ventilation, humidity, and air freshness are best controlled through central air conditioning systems, which can be prohibitively expensive for many schools. Window unit air conditioners are an option, although these can be noisy and make it difficult to carry out classroom activities. In buildings not equipped with air conditioning, teachers should use electric fans and open windows and doors for air movement. Teachers should make sure that students drink plenty of water to avoid dehydration and be alert for any signs of heat exhaustion in students.

In addition to temperature control, classrooms and other areas in the school need adequate ventilation, or air circulation, to provide comfort, remove body odors, and remove indoor air pollutants. Air movement should be only barely felt; stronger air movement can chill or distract students. Arts and crafts areas might require extra attention to ventilation; exhaust hood systems or other devices may be needed in areas where there are toxic fumes.

Noise Control

Noise control is important in a healthful school environment. Noise can be annoying and distracting, making it difficult for students to learn. Noise can decrease teaching time by forcing teachers to continually pause or by making it difficult for the student and teacher to hear each other. Prolonged noise is stressful for both educators and students and often leads to feelings of anxiety, irritation, frustration, or fatigue. In addition, prolonged exposure to noise is associated with increases in blood pressure, which over time can impair health.

Classroom noise can be controlled by using noise-absorbing materials such as carpeting, ceiling insulation, and acoustical panels, as well as by keeping students' noise to a minimum (Rittner-Heir, 2004). Other school noise control measures include building new schools in quiet neighborhoods away from traffic noise, insulating schools to keep out outside noise, locating noisy activity areas (e.g., gymnasiums, shop classes, the lunchroom) away from other classroom areas, teaching students to avoid shouting in halls and in school buses, and planting shrubs between the school buildings and traffic areas.

Students need to be taught that exposure to loud noise can lead to hearing loss. They should be required to wear earplugs when using noisy equipment. School professionals also need to alert students to the dangers of listening to very loud music through headphones or in cars—such loud noise can be unsafe and lead to eventual deafness.

Sanitation and Cleanliness

A healthful school is sanitary and clean. Sanitation and cleanliness require not only well-trained maintenance staff but also the cooperation of teachers, administrators, and students. **Sanitation** is the protection of health and prevention of disease by removing filth and infectious material from the environment. Sanitation requires cleaning and washing, disinfecting, sewage disposal, waste removal, safe water supply, handwashing, proper food handling and food preservation, and pest control. Personal sanitation procedures such as handwashing should also be stressed for all students and personnel in the school environment. Schools are required by law to maintain a sanitary environment and, in most states, are regularly inspected by public health sanitarians.

Other Physical Environment Concerns

You can probably think of other physical conditions in schools that can negatively or positively impact children's health and development. For example, having adequate space and facilities for physical activity and physical education is important because it encourages and supports physical activity. On the other hand, the physical structure of some school buildings allows for "hidden spaces," away from adult eyes, where students can be in danger of acts of intimidation or violence.

Another major concern about the physical environment is the potential for toxic environmental exposure in the school setting. The list of possible environmental toxins is long but includes such toxins as asbestos, radon, ultraviolet light, lead, mercury, environmental tobacco smoke, carbon monoxide, solvents, pesticides, noise, molds, animal dander, and cockroach parts. Children's metabolism, developing body systems, and exposure to environmental toxins can interact in ways similar to and different from adults. Also, some exposures, while not apparently harmful for adults in similar doses, can result in adverse health effects for children. Childhood exposures may result in health problems years later (NASN, 2004a).

Accessibility

Healthful schools are accepting of students with a wide range of physical abilities and make appropriate accommodations in the physical environment whenever possible. Students with physical disabilities often require modifications in the school environment in order to gain access to the classroom, lunchroom, restroom, playground, and other facilities. This access often requires the installation of special equipment or modification of existing physical facilities to provide ramps, wider doorways, and elevators. Adjustments in time schedules may also be necessary.

A Positive Emotional Environment

The emotional environment of the school setting deserves special attention. The **emotional environment** includes the feelings and sensibilities expressed in the expectations, interpersonal relationships, and experiences that affect the student's development. The emotional environment is as fundamental to healthful development as the physical environment is.

Emotionally warm and nonthreatening learning environments promote health and learning. Threatening school environmental conditions take a toll on students as well as school professionals. School professionals who become stressed or burned out find it difficult to be effective teachers and to be supportive of their students.

The teacher's personality and behavior are important determinants of emotional climate. Teachers should consider the following suggestions as ways to enhance the emotional environment of the classroom:

- Have high expectations for student achievement and behavior, and expect all students to succeed.
- Be an effective listener and observer of students.
- Show respect for each student.
- Deal with each student as a unique and valuable person.
- Model respect, concern, and caring for people of all backgrounds.
- Become familiar with students' talents and interests.
- Use firmness, fairness, and friendliness as guiding principles in disciplining students.
- Enforce classroom rules.
- Give immediate attention to behavioral and disciplinary problems, and do not allow pressures to mount.
- Give genuine praise and recognition for student achievement.
- Provide for more successes than failures in student work.
- Have a good sense of humor.
- Be optimistic and enthusiastic.
- Do not allow students to put one another down.
- Get students involved in planning their individual learning goals.
- Make learning fun, relevant, and challenging.
- Avoid speaking to students in a harsh or scolding tone.
- Give appropriate praise, and avoid giving empty praise.
- Get students involved in instructional planning and classroom management.
- Maintain a clean, neat, and orderly classroom.
- Allow students to express feelings and attitudes.
- Accept your limitations and students' limitations.
- Don't overemphasize competitiveness in learning activities and evaluation practices.
- Be sure that the demands you place on students are realistic, meaningful, and appropriate.
- Be alert to any behaviors that may indicate emotional problems.

Emotional Security

Students' potential for learning is optimized when students feel secure—not just physically, but also emotionally. **Emotional security** is a feeling of freedom from anxiety in which individuals feel that they can present and express themselves without fear of ridicule, threat, or belittlement. Belittling put-downs are all too common in verbal exchanges between students ("Get a life!" "Hey, stupid!"). In childhood, put-downs are overt and direct. As students grow older, put-downs usually take a more subtle form but can just as surely injure one's emotional security.

Put-downs of any form should not be tolerated in the school setting. Without dismissing or ignoring negative behavior, school professionals should systematically look for and praise the good that they see in students and colleagues. This simple concept is often difficult to implement. Many people are more likely to tear others down than build others up. The power of being a positive builder of other people is immense. Supportive and affirmative behaviors can be taught and then passed on to others by example. When students and staff members feel that another person has treated them with care, compassion, and consideration, they often begin to respond to others within their environment in the same positive manner. Sadly, some students have never had anyone who really cared for them. Feeling cared for is a necessary prerequisite to emotional security. This is an important key to developing supportive, affirming relationships in the classroom and the broader school environment.

An important way to build healthful school environments is for school professionals to model empathetic behavior. Schools need to show high expectations regarding supportive and affirmative behaviors and low tolerance for put-downs. Teaching and modeling these behaviors increases emotional security by building the positive, affirming relationships that are the backbone of a healthful school climate.

Sensitivity to Differences

Today's schools are becoming increasingly diverse—composed of students and staff of various skin colors, religious and ethnic backgrounds, and physical, mental, and emotional capabilities. Every student is unique, different from everyone else in some way. Healthful schools promote attitudes of respect, understanding, and sensitivity to these differences. These attitudes are supported when school professionals model respect, concern, and caring for people of all backgrounds. Schools can also foster sensitivity to differences by incorporating into the curriculum opportunities for multicultural understanding. School environments characterized by an openness to differences support students and staff in working through any fears that they may have developed about people who are different from themselves.

A Safe School Environment

The potential for injuries occurring in the school environment is a concern. Schools serve a large number of students for many hours a day. School personnel are responsible for the safety of students at school and during school activities, and they share in the responsibility of keeping students safe as they travel to and from school. In addition, the safety of all people who work in and visit the school must be protected.

Some school districts are able to employ a safety director or supervisor who can oversee the total school safety program. Other districts or individual schools form safety councils to supervise these activities. Safety councils are formed with representation from teachers, administrators, school support staff, parents, and students. Safety councils establish sound safety policies, procedures, and programs. However, rather than having a separate safety director, these safety functions could be part of the responsibilities of the school health coordinator (see Chapter 1). The school health coordinating council may fulfill the roles and responsibilities of a school safety council. When there are both a safety council and a school health coordinating council in a school system, they should work together.

This section discusses teacher responsibilities, safe school transportation, safe playgrounds, and disaster and emergency preparedness.

Teacher Responsibilities

Classroom teachers have the primary responsibility for instructing students about safety, but they also have other major responsibilities in the school safety program, such as these:

- Properly reporting any accident or injury in or around the school
- Assessing and correcting potential safety hazards in the classroom and total school environment
- Providing proper first aid care to injured students or school employees
- Establishing safety procedures in the classroom
- Providing appropriate supervision of students at all times

Liability Protection and Safety Guidelines

Elementary and secondary teachers are becoming increasingly aware that the law defines, limits, and prescribes many aspects of a teacher's daily life. This is an age of litigation, grievances are often brought forth against schools and teachers in the courts, and new legislation seems to be regulating more of school life. In addition to the growing number of local, state, and federal laws, an array of complex case law principles add to the confusion.

The major aspect of safety liability cases stems from charges of negligence relating to a teacher's failure to supervise properly in accordance with

his or her *in loco parentis* obligation (to act "in the place of a parent"), contractual obligation, and professional responsibility. *Negligence* is the failure to conduct oneself in conformity with standards established by law for the protection of others against unreasonable risk of injury. Although courts of law do not expect teachers to protect students from unforeseeable accidents or acts of nature, they do require teachers to act as a reasonably prudent teacher should in protecting students from possible harm or injury.

Teachers are responsible for exercising good judgment in adequately supervising the students in their charge. Teachers might be found by a court not to have acted in a reasonably prudent manner when they exercised their duties with carelessness, lack of discretion, or lack of diligence. When an injury results, the teacher may be held liable for negligence as the cause of the injury to the student.

There are several guidelines that teachers should follow to avoid injuries and civil liability:

- Establish and enforce safety rules for all school activities.
- Be familiar with and informed about school, district, and state rules and regulations that pertain to student safety.
- Enforce rules whenever violations occur.
- Be familiar with the liability laws of the state in which the school is located.
- Be aware of the type of insurance policy provided by the district employing the teacher.
- If the school district has no policy, invest in a personal policy for personal protection (the National Education Association, the American Federation of Teachers, and many insurance companies offer policies).
- Become certified in first aid and maintain that certification.
- Always provide adequate supervision of students for all school-related activities.
- Provide higher standards of supervision when students are younger, handicapped, or engaged in potentially dangerous activities.
- Ensure that all equipment used in school activities is in correct working order and checked for safe operation.
- Be at the assigned place at all times.
- Make appropriate arrangements for supervision when it is necessary to leave the classroom or the assigned place of responsibility.
- Inform substitute teachers about any unusual medical, psychological, or handicapping conditions of students placed under their supervision.
- Plan field trips with great care and be sure to provide adequate supervision.
- Do not send students on errands off the school grounds.
- Be sure to file an accident report whenever a student under your supervision has been in an accident.

Reporting Accidents

It is important for teachers and other school professionals to complete and file accident reports following any injury. Accident reports not only protect the school and school employees in liability suits, but they also can be helpful in identifying and correcting hazardous conditions at the school site. Accident reports can also provide useful information for evaluating the school safety program. Accident reports should provide the following information:

- Name, age, grade level, and gender of injured student or employee
- Home address of the injured person
- Specific date and time that the accident occurred
- Specific location where the accident occurred
- Detailed description of the nature and degree of the injury and how the injury occurred
- Description of what the injured person was doing, unsafe acts or unsafe conditions, equipment involved, and so on
- Who was present when the injury occurred
- Teacher or school professional in charge when injury occurred
- Whether parent or other individual was notified
- Immediate action taken
- Date of student's or employee's return to activity

Witnesses to the accident should be noted and asked to sign the accident report. The signatures of the school professionals completing the report and the principal also should be included on the report.

Safe Transportation

Students travel to and from school by walking, riding bicycles, riding in automobiles and school buses, or taking public transportation. School professionals must work in conjunction with students, parents, and the broader community to ensure safe school transportation.

A high proportion of school-related pedestrian fatalities occur as students either approach or leave a pickup or dropoff point. All schools should have safe pickup and dropoff points and pedestrian crosswalks in the school vicinity. Pickup and dropoff of students should occur only at the curb or at an off-street location protected from traffic. Adequate adult supervision should be provided to assist students when boarding and exiting vehicles; this adult should ensure that students are buckled into a safety restraint while riding and are clear of the path of the vehicle after exiting.

Many secondary students drive themselves to and from school, and many catch rides with other students. Schools must insist that vehicles will be driven in a responsible manner on campus. Unsafe driving practices must not be tolerated. Many school officials impose fines or restrictions on students who display inattentive or irresponsible driving—such as speeding, rapid acceleration, racing, burning tires, or making illegal turns. Such practices place others at risk of injury. The school should enact and enforce policies that protect the safety of students, school staff, and community members.

Many students in urban areas rely on public transportation to travel back and forth to school. These students should be urged to follow specific guidelines to ensure safety. Students should not travel or wait alone for public transportation, or if they must travel or wait alone, waiting should be in well-lighted areas. On public buses, students should sit up front, near the driver. The bus driver is a helper to whom students can go if they are being bothered. If riding on a train, riding in the same car as the conductor is a good idea. Students should always be cautious about talking to strangers and should never go anywhere with strangers. While on public transportation, students should never flash money, transportation passes, or expensive possessions. If mugged, students should give up possessions. Students should always take the safest route, not the shortest route. Students should also be instructed to never play on subway platforms. There is the risk of falling off the subway platform onto the tracks.

Safe Playgrounds

More injuries occur to elementary students on the playground than in any other area of the school. Therefore, providing a safe elementary school environment requires close attention to playgrounds and playground equipment. Schools are responsible for providing safe playground equipment, adequately supervising students on the playground, instructing students about safety on the playground, and providing prompt emergency care when students are injured.

Playground equipment injuries most commonly involve students falling or jumping from swings or slides to the surface below. Important factors in the likelihood and severity of injury are the type of surface the student falls on and the height of the apparatus. Falls on pavement are much more likely to result in injury than falls on grass, dirt, or specially designed protective surfaces. Other serious playground equipment injuries involve strangulation by hanging in ropes or chains, falling onto a sharp protrusion, entrapment of a finger or head in a small space or angle, or impact with moving or collapsing equipment.

Disaster and Emergency Preparedness

Schools must be prepared to deal with a variety of emergencies of natural or human origin: severe weather, fire or explosion, earthquake, a hostage crisis, a bomb threat, and other unforeseen emergency situations. Every school must be ready to take action in the event of such an emergency. Planning in advance of an emergency situation is of paramount importance. This requires formal planning and testing of procedures to maximize the safety of students and staff. School districts are urged to develop emergency plans through the use of emergency planning committees. **Emergency planning committees** are established for the purpose of developing and implementing school emergency plans. Emergency planning committees function best when there is representation of parents, students, school personnel, and community experts (e.g. fire, medical, law enforcement).

School emergency plans should be developed at three levels: district, building, and classroom. A districtwide plan includes general procedures for district personnel to follow when an emergency affects any of the schools within the district's boundaries. The building-level plan should be consistent and compatible with the districtwide plan and specify school procedures to be utilized

by an individual building's response to an emergency. At the classroom level, specific step-by-step procedures for teachers and staff during various kinds of emergencies should be detailed. Emergency preparedness plans should be periodically reviewed, tested, and updated.

After a plan is developed, students and staff should be trained in response techniques that are consistent with the emergency plan. Training should be provided for school staff who have been assigned specific roles and areas of responsibility in the emergency plan. This training should be conducted annually to ensure that school staff and students understand the emergency procedures and to include any changes to school plans. Training also should be coordinated with local emergency management and emergency services personnel in the community. Many school districts use emergency simulations to train students and staff.

A Secure School Environment

Characteristics of a Secure Physical Environment

Efforts must be taken to make sure the school campus is a safe and caring place. Effective and safe schools communicate a strong sense of security. School officials can enhance physical safety by taking these steps:

- Supervise access to the building and grounds.
- Reduce class size and school size.
- Adjust scheduling to minimize time in the hallways or in potentially dangerous locations. Traffic flow patterns can be modified to limit potential for conflicts or altercations.
- Conduct a building safety audit in consultation with school security personnel and law enforcement experts. Effective schools adhere to federal, state, and local nondiscrimination and public safety laws, and they use guidelines set by the state department of education.
- Close school campuses during lunch periods.
- Adopt a school policy on uniforms.
- Arrange supervision at critical times (for example, in hallways between classes) and have a plan to deploy supervisory staff to areas where incidents are likely to occur.
- Prohibit students from congregating in areas where they are likely to engage in rule breaking or intimidating and aggressive behaviors.
- Have adults visibly present throughout the school building. This includes encouraging parents to visit the school.
- Stagger dismissal times and lunch periods.
- Monitor the surrounding school grounds—including landscaping, parking lots, and bus stops.
- Coordinate with local police to ensure that there are safe routes to and from school.

In addition to targeting areas for increased safety measures, schools also should identify safe areas where staff and children should go in the event of a crisis.

The physical condition of the school building also has an impact on student attitude, behavior, and motivation to achieve. Typically, there tend to be more incidents of fighting and violence in school buildings that are dirty, too cold or too hot, filled with graffiti, in need of repair, or unsanitary.

Protection from Violence While at School

Protecting students, teachers, and other staff from violence while at school is one of the foremost school concerns. Highly publicized incidences of school shootings and violence directed at students and at teachers have particularly heightened concern about the need for school security measures that offer adequate protection for those on school premises. Violence in the school setting occurs not only in secondary schools, but also in elementary schools. Violence is also a concern in rural as well as urban schools. Beyond the threat that violence poses to the personal safety of students and school staff , it also adversely interferes with students' learning and development. Teachers and administrators increasingly report feeling threatened by the possibility of violence at school. Many teachers report having been threatened by students. Teachers who are afraid in the school and classroom are less able to teach effectively.

Today's schools must implement policies that promote security and safety in the school environment for students, staff, and those who come on

the premises of schools. Bullying cannot be tolerated and bullying prevention programs need to be in place. Schools must be free from violence and crime, drugs and drug dealing, and students who carry weapons. This may mean providing such controls as locker searches, hiring security officers or guards to patrol school premises, and installing metal detectors students must pass before entry. According to a recent study by Hankin, Hertz, and Simon (2011), despite the fact that a growing number of school districts are choosing to install metal detectors, there is insufficient data in the scientific literature as yet to determine whether the presence of these detectors in schools reduced the risk of violent behavior among students. The study also suggested that the presence of metal detectors may detrimentally impact student perceptions of safety. Some school systems have even created separate alternative schools for young people with a history of violent and abusive behavior.

A simple measure to prohibit unauthorized entry is for schools to reduce the number of doors accessible from the outside and designate one entrance door. Many schools have also instituted badge systems for students, staff, substitutes, and visitors. School personnel need to be trained to be alert and vigilant for suspicious individuals and activities in or near school premises. Some schools have purchased and installed security technology capable of monitoring activity within school premises.

School Security Measures

In recent years many schools have tightened security and increased the number of school security measures on campus. For example, a middle school in the state of Washington where a teacher and two students were fatally shot made the following changes:

- Hallways have been widened to eliminate areas where students can hide or loiter.
- Restrooms have been redesigned without doors so that parts of the bathroom remain visible to school staff from the outside.
- Video surveillance cameras have been placed in all hallways.
- School staff are required to wear ID badges so that persons not wearing them will be easier to identify as strangers.
- Visitors are required to wear a visible visitor's pass.
- Only one entrance, right by the main office, is open during the day.
- Two security guards walk the hallways, monitor traffic flow, and prevent students from loitering.
- Twice a year the school has a lockdown drill, in which students and teachers practice locking doors and windows, retreat to a designated room, and stay there until they receive notice that all is safe.

State Laws Requiring Mandatory Reporting of Suspected Child Abuse

All 50 states have passed some form of a mandatory child abuse and neglect reporting law in order to qualify for funding under the Child Abuse Prevention and Treatment Act (CAPTA) (Smith, 2009). All states require certain professionals and institutions to report suspected child abuse, including health care providers and facilities of all types, mental health care providers of all types, teachers and other school personnel, social workers, day care providers and law enforcement personnel. Many states also require film developers to report abuse. Mandatory reporting laws vary from state to state, so professionals and institutions should be familiar with their specific reporting laws in that state. Failure to report suspected child abuse can result in criminal liability or civil liability depending on the particular state. CAPTA requires states to enact legislation that provides for immunity from prosecution arising out of the reporting abuse or neglect. In most states, a person who reports suspected child abuse in "good faith" is immune from liability.

Teachers in all 50 states are mandated (legally obligated) to report even reasonable suspicions of child abuse to the police or local child protective services. Teachers need to learn about their state's child-abuse laws, including recommendations about how to report. This information is available from each state's department of social services and local law-enforcement agencies and should also be provided by the school administrator. In all jurisdictions, the initial report may be made orally to either the child protective services (CPS) agency or a law enforcement agency. The law in each state specifies the kind of information that should be included in the report of suspected child abuse or neglect such as name and address of the child and the child's parents or other persons responsible for the child's care, the child's situation, the child's

age, conditions in the child's home environment, and the nature and extent of the child's injuries (Child Welfare Information Gateway, 2009).

A Tobacco-Free School Environment

Environmental tobacco smoke is the combination of sidestream smoke and the mainstream smoke exhaled by a smoker. There is consensus among medical scientists and public health professionals that environmental tobacco smoke (ETS) is a significant cause of health problems in nonsmokers. ETS is a cause of lung cancer and chronic obstructive pulmonary disease in nonsmokers. More nonsmokers die as a result of exposure to ETS than from exposure to any other pollutant. Approximately 50,000 deaths are attributed annually to ETS. About 3,000 of these deaths are due to lung cancer.

The group most affected by ETS is children. Children exposed to ETS are at increased risk of respiratory and middle ear infections, reduced air flow, and asthma. The increased vulnerability of children to ETS makes them a high priority for efforts to protect nonsmokers.

Schools need to do all they can to maintain a tobacco-free environment. A tobacco-free school environment is important for at least two reasons. First, a tobacco-free school environment protects students during the time they spend at school. Second, a tobacco-free school environment reinforces antitobacco messages taught in the health classroom. Federal legislation prohibits smoking in areas that receive federal funds and that serve students. School district policies should be written and enforced so that students and school staff are not exposed to ETS at school or during school activities.

Healthy Eating and Nutrition

In a healthful school nutrition environment, the messages that are given in the classroom regarding healthy eating are consistent and reinforced with healthful food served in the school dining room and at other school activities. There are many opportunities to practice healthy eating habits throughout the school day and at all school activities when there is a healthful school nutrition environment. Contrast this type of environment to a school that teaches good nutrition in the classroom but sells soda and candy bars to raise money for the school—or a school that offers only school breakfast, and no other meals, during exam week. These schools' messages about healthy eating are not consistent with the schools' policies and practices.

Establishing a healthful school nutrition environment is a shared responsibility requiring teamwork among teachers, parents, school administrators, school food service employees, and others. To help schools meet this challenge, the Centers for Disease Control and Prevention (2008) has developed the *School Health Index: A Self-Assessment and Planning Guide.* This self-assessment and planning tool helps a school identify the strengths and weaknesses of its health and nutrition policies. It also guides schools through the development of an action plan for improvement.

School Food Services

School food services should reinforce healthful eating behaviors by serving meals and snacks that reflect the Dietary Guidelines for Americans (see Chapter 8) and the Food Guide Pyramid (see Chapter 8), and provide a variety of healthful food choices. To achieve this goal, school districts need to offer routine nutrition education for food service personnel. In turn, school food service personnel can also work with classroom teachers in providing nutrition education to students. Students should have the opportunity to choose healthful meals and snacks at school—such as salads, fresh fruit, and low-fat offerings. School health service personnel need to work closely with food service personnel to meet the nutritional needs of students with special nutritional requirements. Many schools now offer healthful foods in vending machines, as alternatives to junk food, and point-of-choice nutritional information in the school food program.

School Lunch

The USDA provides meals to children in about 95 percent of the nation's schools (Robert Wood Johnson Foundation, 2009). The **National School Lunch Program (NSLP)** is a federally assisted

program that provides nutritionally balanced, low-cost, or free lunches to children each school day. It is administered at the federal level by the U.S. Department of Agriculture (USDA) and usually at the state level by state education agencies, which operate the program through agreements with local school districts. In 2009 school lunches were served to more than 31 million children each school day in more than 101,000 schools and residential child care institutions. The school lunch program was established in 1946 (USDA, 2011a; USDA, 2008b).

School districts and independent schools that take part in the school lunch program get cash subsidies and donated commodities from the USDA for each meal served. In return, they must serve lunches that meet federal requirements, and they must offer free or reduced-price lunches to eligible children.

School meals must meet the Dietary Guidelines for Americans, which recommend that no more than 30 percent of an individual's calories come from fat and less than 10 percent from saturated fat. Regulations also establish a standard for school lunches to provide one-third of the recommended dietary allowances (RDAs) of protein, vitamin A, vitamin C, iron, calcium, and calories.

School Breakfast

In addition to lunch, many schools now offer breakfast at school. The federal **School Breakfast Program** provides funds to states that provide breakfast programs in schools. Like the NSLP, the School Breakfast Program is administered by the USDA. Approximately 10 million children eat breakfast each day under this program (USDA, 2011b; USDA, 2008a). Research is accumulating that shows a link between participation in the School Breakfast Program (SBP) and improved nutrition and cognitive development in children. Regulations require that all schools participating in the program meet recommendations for the Dietary Guidelines for Americans and provide one-fourth of the daily recommended levels for protein, calcium, iron, vitamin A, vitamin C, and calories. Despite the many benefits of the SBP, about 15 percent of schools eligible to offer school breakfast do not participate (Food Research & Action Center, 2009).

Special Milk Program

The federal **Special Milk Program** provides milk to children in schools and child care institutions that do not participate in other federal child nutrition meal service programs. Schools in the NSLP or School Breakfast Program may also participate in the Special Milk Program to provide milk to children in half-day prekindergarten and kindergarten programs where the children do not have access to the school meal programs. Similar to the meal programs, any child from a family meeting income guidelines is eligible for free milk. Participating schools and institutions receive reimbursement from the USDA for each half pint of milk served (USDA, 2011c).

Child Nutrition Law

The federal Child Nutrition and WIC (Women, Infants, and Children) Reauthorization Act was signed into law in June 2004. It improves the effectiveness of the NSLP, School Breakfast Program, and other child nutrition programs. One of the major aspects of this legislation is that it requires all school districts that provide the school lunch program to develop a wellness policy that addresses nutrition curriculum, physical education, and nutrition services. The policy is to be developed by a school health council composed of individuals from the school and community working together to make the school a healthier place, including parents and students (Zimmerman, 2005). The wellness policy needs to include goals for nutrition education and physical activity and implementation of guidelines and activities for promoting student health and reducing childhood obesity. The Food and Nutrition Service of the USDA provides policy requirements, recommendations, and samples (www.fns.usda.gov).

School Health Policies and Programs Study (SHPPS)

The School Health Policies and Programs Study (SHPPS) is a comprehensive assessment of school health programs in the United States that is conducted by the Centers for Disease Control and Prevention (CDC). This study monitors the characteristics of school health programs nationwide. SHPPS was conducted in 1994, 2000, and 2006,

and if resources are available, CDC plans to conduct another SHPPS in 2012. The 2006 measured all 8 components of the Coordinated School Health Program and also expanded to address the following three additional topics: crisis preparedness and response, the physical school environment, and school climate. SHPPS 2006 provides information about the characteristics of each school health program at the state, district, school, and classroom levels, and also across elementary, middle, and high schools. It also addresses whether someone is responsible for coordinating and delivering each school health program component and determining what are their qualifications and educational background. It looks at what collaboration occurs among staff from each school health program component and with staff from outside agencies and organizations. By comparing SHPPS 2000 and SHPPS 2006 data, it is possible to determine how key policies and practices have changed over time (Kann, Brener, & Wechsler, 2007).

SHPPS 2006 is useful in helping to identify whether Healthy People 2010 Objectives were met. This data also supports public and private school health program initiatives and helps states and districts determine needs for professional preparation, funding, and priorities among their schools. At the local level, school administrators, teachers, school board members, parents, and other community members can compare their programs to those nationwide. SHPPS 2006 also helps in determining whether school health policies and programs address important public health issues and priority health risk behaviors that occur among students (Kann, Brener, & Wechsler, 2007).

SHPPS has generated an enormous amount of data and results concerning school health policies and programs. It is impossible to present the numerous findings in this book, but it is hoped that teachers and others who care about the health and well-being of youth will visit the CDC's web site at www.cdc.gov/HealthyYouth/shpps/index.htm. The findings of this very comprehensive study have the potential to guide improvements in school health programs.

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