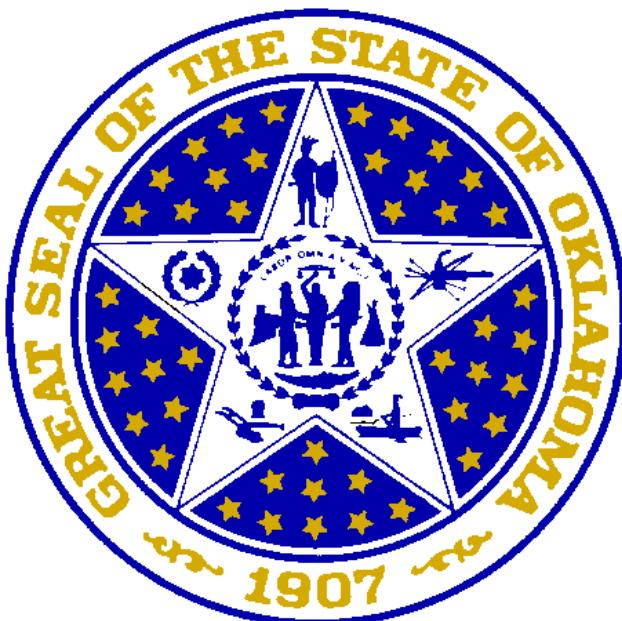


Oklahoma State Department of Health

Standards for School Health



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March, 2000**

FORWARD

We are pleased to present the Oklahoma State Department of Health, Oklahoma Standards for School Health, a resource document for school and public health personnel. This publication is a collaboration of the Oklahoma State Department of Health, Maternal and Child Health Service, Child and Adolescent Health Division, School Health Program and the Department of Education, Comprehensive Health Education Program, with assistance from state-wide school districts and county health departments to ensure quality school health services within the State of Oklahoma.

The Oklahoma State Departments of Health and Education are vitally concerned with the health of our children and youth and with the implementation of coordinated, comprehensive school health programs. This manual provides a basis for the development of a model school health program or the enrichment of an existing program, focusing on health services and school environment. Local autonomy, the presence of professional personnel, and the availability of resources will influence the way the following information is adopted for utilization. We urge your careful review and consideration of the manual in establishing or enhancing a school health program to benefit the children and youth of Oklahoma.

Jerry Regier
Acting Director, Department of Health
Secretary of Health and Human Services

Sandy Garrett
Superintendent of Public Instruction
Oklahoma State Department of Education

PHILOSOPHY OF SCHOOL HEALTH

Good health is essential to effective living and learning. School health programs need to promote health, which is defined by the World Health Organization as "...a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity."

Physical, emotional, mental and social health problems affect children's ability to learn. A coordinated, comprehensive school health program has a positive impact on the learning process by reducing health-related barriers to learning. Furthermore, a coordinated, comprehensive school health program enables students to be knowledgeable about healthy lifestyles and encourages them to utilize the health care system to promote health and well being.

Parents have the primary responsibility for the health of students. The community, which includes the schools, private medicine and dentistry, public health departments, voluntary agencies and other civic groups, has a secondary responsibility. The school health program supplements and reinforces parents' efforts by encouraging students to utilize existing private and/or public health resources within the community to improve health status. Cooperation and collaboration among the school, the community, and the home are essential for successful school health programs.

Each local school district, with the assistance of its advisory board, should formulate its own philosophy and goals for a school health program. Consideration should be given to identified values, desired standards, local community needs, state and federal laws governing health requirements, and funding sources. In addition, a culturally competent system of care acknowledges and incorporates at all levels; the value of diversity, self-assessment, an understanding of the dynamics of difference, inclusion of cultural knowledge, and adaptation to diversity.

SCHOOL HEALTH POLICY STATEMENT

*Policy Statement
Oklahoma State Board of Health*

Background

Oklahoma ranks above the national average in serious health risk indicators for children and adolescents in the following areas: injuries, tobacco usage, alcohol abuse, substance abuse, teen pregnancy, child death, and violent deaths to teens. Additional areas of concern are poverty rate 21.7% (1:4 children in poverty), increased low birth-weight (prematurely affects growth and maturity for school), increase in abuse and neglect, increase in juvenile arrest, poor nutrition habits, inadequate diets and lack of physical activity.

Over 23 percent of the children and adolescents (18 and younger) are uninsured. Thus, almost one out of every 4 young people have very limited access to health care. Increasing numbers of students come to school each day with a variety of physical, emotional and social health problems that impede their capacity to learn. At the same time, the number of school health providers has declined as a result of local school district budget cuts.

Few, if any, school districts have a sequential health education program for grades PK-12, far below the 75 percent goal of Healthy Oklahomans 2000. Health services that are either school-linked or school-based are infrequent in our state. The health of those learning and working at school is vital to the educational process. Students and teachers who do not feel safe because of a violent atmosphere cannot conduct the business of education. The health of students, and the adults they become, is critically linked to the health-related behaviors they choose to adopt.

Policy Statement

1. School health services, health education, and healthy school environments, which are based on local planning and community delivery, will be promoted, developed, and evaluated.
2. The Oklahoma State Department of Health will collaborate with the Department of Education and local school districts. OSDH will work in partnership with schools and community organizations to identify the needs of the school-age population, provide health education and health promotion programs (PK-12), facilitate school-linked health services, maintain healthy school environments, and develop integrated service systems that are community-based and school-linked by utilization of a multidisciplinary health education team approach.
3. The Oklahoma State Department of Health will work in collaboration with local school districts to collect timely, accurate health data for the school-age population in Oklahoma. Baseline data will be provided to monitor the health status, the health risk behaviors, and the effectiveness of health services for children and adolescents. Local surveys, such as the Youth Risk Behavior

Survey (YRBS) and other age appropriate surveys will be administered to students to collect this data. Linkages with community resources for program development and implementation will be made available.

4. The Oklahoma State Department of Health will provide leadership and technical assistance in implementing a statewide plan of improving the health and educational outcomes of our children/students.

References

1. Oklahoma State Department of Health.
2. SB 370 Expanding Medicaid Eligibility.
3. "Healthy Oklahomans 2000," Oklahoma State Department of Health, p.20, 1992.
5. Oklahoma Kids Count Fact Book, 1998 (Institute for Child Advocacy).
6. Guidelines for School and Community Programs to Promote Lifelong Physical Activity Among Young People (CDC Publication).
7. Guidelines for School Health Programs to Promote Lifelong Healthy Eating (CDC Publication).

SCHOOL HEALTH PROGRAM GOALS

The overall goal of a school health program is to provide a standard, healthy environment for all students. A comprehensive, coordinated school health program helps each child achieve and maintain an optimal health condition so that maximal physical, emotional and intellectual growth can occur. Six major goals serve as organizing elements in any comprehensive, coordinated school health program:

1. To assist in attaining and maintaining optimum health status of all students so that they may receive maximum benefit from their educational experience.
2. To promote the development of positive health attitudes and practices.
3. To assist in the promotion and maintenance of a risk-free environment.
4. To integrate the school health service program with other private and public health care delivery systems in the community, ensuring that all children have a medical home.
5. To demonstrate school health services as an integral component of the total education process.
6. To organize and administer an effective school health services program.

A COORDINATED SCHOOL HEALTH PROGRAM

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

The Centers for Disease Control and Prevention has developed the following descriptions of the eight components of a coordinated school health program:

- ☒ *Health Education*
- ☒ *Physical Education*
- ☒ *Health Services*
- ☒ *Nutrition Services*
- ☒ *Health Promotion for Staff*
- ☒ *Counseling and Psychological Services*
- ☒ *Healthy School Environment*
- ☒ *Parent/Community Involvement*

The CDC Eight Component Model for School Health Programs

The following are the CDC's Division of Adolescent and School Health's interim working descriptions of the eight components of a *coordinated school health program*:

1. **Health Education:** A planned sequential, PK-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.
2. **Physical Education:** A planned, sequential PK-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas, such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.
3. **Health Services:** Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster

appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

4. **Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.
5. **Health Promotion for Staff:** Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.
6. **Counseling and Psychological Services:** Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students, but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.
7. **Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well being of students and staff.
8. **Parent/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

With this description in mind, the following standards have been prepared and are recommended for each school to incorporate into their own school policies to insure that every student is healthy and ready to learn.

STANDARDS

School Health Committee or Council

Standard: A school health council is in every school/school district.

1. The school health council consists of an advisory group of individuals who represent different segments of the community, providing advice to the school system on aspects of the school health program. School Health Councils may advise an entire school district or an individual school, assuming no administrative role or legal responsibility, meeting a minimum of four times per year.
2. The school health council facilitates the school providing a sequential, coordinated, comprehensive school health and education program, from pre-kindergarten to twelfth grade (PK-12), consisting of eight components:
 - Health Education
 - Healthy and Safe School Environment
 - Social Services
 - Healthy and Nutritious Food Services
 - Health and Wellness Promotion for Faculty and Staff
 - Health Services
 - School Counseling
 - Parent and Community Involvement
 - Physical Education
3. The school health council provides opportunities to ensure that local school systems create and implement an age-appropriate, sequential health education program that responds to the individual needs and the unique values of a community.

A School Health Curriculum

Standard: School health curriculum is based on the National Health Standards and the Oklahoma State Department of Education PASS objectives. *

1. Sequential, coordinated, and comprehensive curriculum for health education will be developed for health education, pre-kindergarten to twelfth grade.
2. Appropriate health education will be provided for students, school personnel, families and the local school community throughout the school year to encourage healthy lifestyle attainment.
3. Activities will be tied to the Oklahoma Priority Academic Student Skills (PASS) objectives, in the areas of comprehensive health and science.

*The Oklahoma Elementary School Injury Prevention Education: *Integrated Safety Curriculum for Teachers* is a comprehensive injury prevention curriculum that has been approved by the Oklahoma Department of Education Textbook Committee for the official textbook list for the State of Oklahoma. The curriculum includes lesson plans, information sheets, subject-related exercises and activities. It is available through Thompson School Book Depository, Inc., (405) 525-9458.

A Health Assessment

Standard: A school health needs assessment will be conducted annually.

1. The needs assessment will utilize the health status and demographics of both the students and the community.
2. The annual assessment will identify and prioritize the school health issues to be addressed during the current school year.

Standard: Prior to, or upon school entry, every child, 3 years of age or older, will have a comprehensive school health assessment conducted. (American Academy of Pediatrics, School Health Assessments Policy Statement, 1992).

1. Thereafter, annual school health assessments will occur.
2. Components of the entry level assessment should include:

- ❑ Height
- ❑ Weight
- ❑ Oral/dental status
- ❑ Visual Activity
- ❑ Auditory Activity
- ❑ Language development
- ❑ Motor skills
- ❑ Psycho-social issues
- ❑ Developmental milestones
- ❑ Past/present medical history
- ❑ Immunization status
- ❑ Nutritional Status
- ❑ Blood pressure
- ❑ Allergies
- ❑ Medications
- ❑ Special considerations or restrictions

Children with Special Health Care Needs

Standard: Education for all children is provided in the least restrictive and safe environment, receiving appropriate care.

1. Guidelines are identified for developing and implementing individual health care plans (IHP), individual education plans (IEP), and emergency health care plans (EHCP) to ensure that every child receives safe, appropriate care during the school day.
2. Every individualized plan and protocol is reviewed annually, or more often, if indicated. Participation of parents, health care providers, school nurses, teachers and other school staff is essential to this process.
3. Encourage community agencies and leaders to contribute to this process for further utilization of available services.
4. All schools are to comply with federal and state laws to ensure that all students receive appropriate care and education:

✓ *Individuals with Disabilities Act (IDEA, public law 94-142)*

✓ *Americans with Disabilities Act of 1990 (public law 101-336)*

✓ *Bill of Rights Act Amendment of 1987 (public law 100-146 re-authorized in 1990 and 1994)*

✓ *The Rehabilitation Act of 1973 (public law 93-112)*

Communicable Disease

Standard: The school environment is free of disease.

1. All children attending PK-12 school must be properly immunized. The building administrator or his/her designee monitors immunization records annually for each student. Appropriate written documentation is required for immunization exemption (School Law Title 310, Chapter 535). Please refer to the *Oklahoma State Department of Health, Immunization Manual for School Administration* for guidance (available from Oklahoma State Department of Health, Immunization Division (405) 271-4073).
2. A comprehensive description of the communicable diseases that school health service programs encounter (both those that are fairly common and those that are less common but have a profound health impact) should exist in every school building. (Refer to attached list of diseases). *

* A separate manual is being prepared to assist school personnel in managing infectious disease while providing guidelines for school attendance and parent notification. In the meantime, please refer to the attached reference for further guidance. (Available from OSDH, Communicable Disease Service (405) 271-4060).

First Aid/Medication Administration

Standard: Appropriate protocols for the administration of both prescribed and over the counter medications will exist, and emergency health care response procedures are to be easily accessible by school personnel. (Note: Oklahoma State School Law, Title 70 O§, Section 1-116.2, permits the administration of both prescribed and over-the-counter medications to occur at school, with appropriate protocols utilized).

1. A plan for emergency health care management is identified to include first aid, crisis intervention and environmental emergencies.
2. An annual review of the individual school medication plan is conducted by school personnel.
3. Annual CPR and first aid instruction will be required of all school personnel, to include custodians, cafeteria/food service personnel, bus drivers, administrators, teachers, paraprofessionals, and parent/community volunteers.
4. All school personnel will receive emergency management training at least annually.
5. All school personnel should have access to the *Concussion Management Guidelines* developed by the Quality Standards Subcommittee of the American Academy of Neurology.

A Healthy and Safe School Environment

Standard: A safe school environment is provided at all times.

1. The Oklahoma State Department of Education “Safe Call” number is posted in a prominent location, with all school personnel, students, and families instructed in its use.
2. All students in PK-12 are instructed in and have an awareness of techniques for saying “no” to peer pressure, negotiation/conflict resolution skills, and social skills training.
3. Timely counseling and referral sources are available to every student/family.
4. All school staff/personnel will have annual education and training in the universal precautions for handling blood and other body fluids.
5. An emergency communication system is in place. This system allows for appropriate, rapid responses to occur. Necessary key elements include: communication between and within the classrooms, administrative officials, transportation systems, district offices, utility companies, EMS services (police, fire, EMS, disaster center), faculty, staff, students, and families.
6. Emergency numbers are posted in a prominent location, with all school personnel, students and families instructed in its use annually.
7. A disaster plan is in place and includes policies and identified procedures for rapid response to:
 - ☒ Fires, tornadoes, earthquakes, gas leaks, and other unexpected mishaps.
 - ☒ Serious injury, illness or death of a student or staff member.
 - ☒ Suicide of a student, staff member or community member.
 - ☒ Gang member disruption, drug-related situations, bomb scares, terrorists, or weapons on campus.

8. Quarterly playground and gymnasium safety inspections will occur, and the school will obtain technical assistance, if indicated. There should be a 12-inch depth of wood chips, mulch, sand or pea gravel, or there should be mats made of safety-related rubber or fiber material under the equipment to prevent head injury when a child falls. Soccer goals should be anchored into the ground.
9. Monthly school fire and safety drills are conducted at the school site.
10. Schools will comply with local and state health and safety codes, policies and procedures.
11. Policy requiring children riding bicycles to school to wear approved bicycle helmets.

School Counseling and Social Services

Standard: Optimal development of emotional and psychological health of all students and staff will occur.

1. Qualified personnel provide prevention techniques necessary for intervention to occur.
2. Common school age behavioral/psychological problems are identified and addressed: depression, suicidal tendencies, divorce, grief, disruptive behavioral disorders, attention deficit disorders, eating disorders, and psychosomatic illnesses.
3. Classes for both students and families are made available: mental health issues, individual and group dynamics, conflict resolution, parenting classes, developmental milestones, social skills training, etc.
4. Counseling, referral sources, and resources are made readily available to families, with funding sources identified for all socio-economic levels.
5. Physical and behavioral indicators of child abuse and neglect will be identified using the Oklahoma Child Abuse Prevention's (OCAP) Child Abuse & Protocol Manual as a resource. Contact the Office of Child Abuse Prevention, (405) 271-4470, for copies of the pamphlet "Child Abuse and Neglect Reporting Information for School Personnel". **Suspicions require immediate notification of the Department of Human Services, (800) 522-3511.**
6. Policies and procedures are in place to address the needs of identified "at risk" students, such as those that may be at risk for dropping out of school; teen pregnancy issues; signs/symptoms of neglect or abuse, self-injury or harm to others, etc.

Physical Education

Standard: The physical education program is based on national fitness and health standards.

1. All PK-12 students participate in daily physical education, with at least 50% of the physical education classroom time spent in physical activity.

2. PK-12 students' physical education curriculum are both grade level and developmentally appropriate for each student, as well as designed to meet the unique needs of all students.
3. CPR and first aid instruction required of students attending high school, with re-certification of CPR to occur annually.
4. Annual CPR and first aid instruction is required of all school personnel, to include custodians, cafeteria/food service personnel, bus drivers, administrators, teachers, paraprofessionals, and parent/community volunteers.

School Nutrition and Food Service

Standard: Schools are models for the promotion of optimal nutritional standards.

1. Food service programs follow the *USDA Child Nutrition Act*, providing healthy food choices for all.
2. Students' nutritional needs are met through collaboration with food services personnel, health services personnel, faculty, staff and parents/child.
3. Fund raising activities consist of only healthy foods/fluids (not "empty" calories found in soda, candy, sweets, etc.).
4. On site school vending machines and cafeterias offer healthy food choices, not "junk" food (provide only 100% fruit juices, H2O, or milk; not only high sugar items).
5. Food service personnel work with teachers in classroom instruction, providing annual nutritional instruction for grades PK-12, addressing areas such as: food groups, healthy meals, snacks, reading food labels, body image, and eating disorders.

REFERENCES

The manual is based on the following sources of information:

- ☒ Immunization Manual, Oklahoma State Department of Health, (405) 271-4073.
- ☒ Communicable Disease Manual, Oklahoma State Department of Health, (405) 271-4060.
- ☒ Oklahoma State Department of Education, Priority Academic Student Skills, Oklahoma City, Oklahoma 1997. Revised 1999.
- ☒ Oklahoma State Department of Education, Oklahoma State School Law, Oklahoma City, Oklahoma 1999.
- ☒ Oklahoma State Department of Education, Special Education Division, Oklahoma City, Oklahoma 1999.
- ☒ Standards for Accrediting Public Schools in Oklahoma, Department of Education, Oklahoma City, Oklahoma, July, 1998.
- ☒ Accepted professional standards, review of current literature in the field of school and health, and related laws. School Health Program, Child and Adolescent Health Division, Maternal and Child Health Service, Oklahoma State Department of Health. (405) 271-4470.
- ☒ American Academy School Health Assessments Policy Statement, 1992.

Note:

Although every effort has been made to make this edition as current as possible, changes are inevitable. Therefore, users of the *Standards for School Health* are advised to confirm most recent forms, codes and regulations.