

# 11



## School Health Services

### LEARNING OBJECTIVES

After studying the chapter, students will be able to:

- Define school health services and School Health Program.
- Define school health nursing.
- State the milestones of school health services in India.
- State the need for school health services.
- List the factors to consider before initiating school health services.
- State the objectives of school health services.
- Describe the components of school health services.
- Explain the responsibilities of school health nurse.

### CHAPTER OUTLINE

- ↳ Introduction
- ↳ Definitions
- ↳ Milestones in School Health Services in India
- ↳ Need for School Health Services
- ↳ Health Problems of the Schoolchildren
- ↳ Components of School Health Services
- ↳ Maintenance of School Health Records
- ↳ Initiation and Planning of School Health Services
- ↳ School Health Nurse

### KEY TERMS

- ↳ School health services
- ↳ School health nursing
- ↳ School Health Program
- ↳ Milestones in school health objectives
- ↳ School health problems
- ↳ Components of school health services
- ↳ Physical infrastructure
- ↳ Health appraisal
- ↳ Daily inspection
- ↳ Personal hygiene
- ↳ Nutritional services
- ↳ Dental health
- ↳ Eye health services
- ↳ First-aid and emergency care
- ↳ Promotion of mental health
- ↳ School health records
- ↳ Health education
- ↳ Rehabilitative services
- ↳ School health nurse
- ↳ Health school environment

### INTRODUCTION

School is one of the social institutions where students learn many things that help them grow into persons with intellectual abilities, positive attitude and matured behavior;

and become responsible citizens. Initially, the school health services focused on attending children through periodical medical examinations. In recent years, the provision of “comprehensive health care services” to promote the health and well-being of children has gained higher popularity.

## DEFINITIONS

**School health services:** The school health policy and program study (SHPPS) describes **school health services** as a coordinated system that ensures a continuum of care from school to home to community health care provider and back (Allensworth et al., 1997).

**School health nursing:** Specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students.

**School nurse practitioners (SNPs):** These are RNs with advanced academic and clinical preparation (generally certification and a master's degree in nursing), along with a guided experience in physical assessment, diagnosis, and treatment, so that the SNP may provide primary care to school-age children.

**School Health Program:** It is defined as “the school procedures that contribute to the maintenance and improvement of the health of pupils and school personnel including health services, healthful living and health education”.

## MILESTONES IN SCHOOL HEALTH SERVICES IN INDIA

**1909:** Medical examination conducted for the first time for schoolchildren in Baroda city.

**1946:** Bhore Committee report revealed the nonexistence and underdeveloped state of school health services.

**1953:** Secondary education committee suggested medical examination and school feeding program.

**1960:** The Government of India appointed a committee under the chairmanship of Smt. Renuka Ray to assess the status of schools and recommend strategies to improve.

**1961:** The committee headed by Smt. Renuka Ray submitted the report with its recommendations. This committee recommended to include health education as part of general education in the primary, middle and secondary schools.

**1977:** Centrally Sponsored National School Health Scheme was started.

**1981:** A task force was established by the Ministry of Health and Family Welfare to study the progress of School Health Program functioning in various states of the country.

**1983:** National Health Policy on education and the National Health Policy took initiative in attending “school health education” in a more comprehensive manner.

**1989:** Central Health Education Bureau, Directorate General of Health Services, launched an intensive school health education project.

**1992:** FAO/WHO International Conference on nutrition recognized the importance of nutrition education to combat hunger, malnutrition, and overcome diet-related diseases throughout the world.

**1995:** World Health Organization appointed an “Expert Committee” on Comprehensive School Health Education and Health Promotion.

**2002:** National Health Policy (2002) aimed at preventive care with health education, regular health check-ups and promotion of health seeking behavior in children.

**2005:** National curricular framework stated that health is a critical input for the overall development of the child.

**2013:** Government of India introduced “Rashtriya Bal Swasthya Karyakram (RBSK)” under National Health Mission for early detection and timely management of illnesses among children (0-18 years).

**2014:** ‘Rashtriya Kishor Swasthya Karyakram’ (RKS) was launched to respond to the health and development requirements of adolescents in a holistic manner.

## NEED FOR SCHOOL HEALTH SERVICES

Following are the needs for starting school health services:

- School children constitute a vital and substantial segment of population.
- School children constitute the vulnerable section of the population by virtue of growth and development during this period.
- Children are prone to get exposed to various stressful situations.
- School children belong to different socioeconomic and cultural backgrounds which affect their health and nutrition status.
- Children are prone to get many health problems.

## Objectives of School Health Services

- To promote positive health
- To maintain and protect health
- To prevent diseases
- To promote early diagnosis, treatment and follow-up
- To refer cases when needed
- To create health awareness among children
- To provide a safe and healthful environment.

## HEALTH PROBLEMS OF THE SCHOOLCHILDREN

Provision of school health services corresponds to the prevailing health problems of the schoolchildren. Not necessarily all the schools should have the same health problems because they vary from school to school. The other factors that influence the school health services are the culture, and the available resources in terms of money, material and manpower. The surveys carried out in India indicate that the main emphasis will be on the following categories:

- Malnutrition
- Infectious diseases
- Intestinal parasites
- Diseases of skin, eye and ear
- Dental caries

### Chronic Health Problems Among Schoolchildren

The School Health Programme under Ayushman Bharat envisions to contribute toward holistic development and well-being of children through health promotion activities by integrating life skills approach. The main aim is to increase knowledge, inculcate positive and progressive attitudes and enhance life skills to promote informed, responsible and healthy behaviors among school going children.

There are many chronic health problems prevalent among children. Some of them are: Diabetes, asthma, autism spectrum disorders (ASDs), cystic fibrosis, neuromuscular disorders, juvenile rheumatoid arthritis, seizure disorders, hemophilia, congenital heart disease, attention deficit hyperactivity disorder (ADHD), Nutritional problems—anemia or obesity/overweight, cerebral palsy and mental illnesses, etc.

Stomach aches, headaches, colds, and flu are frequent complaints of school-age children.

Common chronic problems include fever, sinusitis, dermatitis, tonsillitis, asthma, and hearing difficulties. Chronic health problems such as these can affect a child's ability to learn and/or his or her physical and social development. Other more serious conditions, such as diabetes, sickle cell anemia, or seizure disorders, have definite effects on academic achievement.

### Autism

Autism spectrum disorders (ASDs) are complex developmental disorders often originally noticed within the first few years of life. Autism affects a child's communication skills, interaction with others and interests. Behaviors associated with autism include:

- Language problems (no language, delay in language, repetitive use of language)
- Motor mannerisms (often repetitive rocking, hand flapping, object twirling)
- Fixation on objects (restricted interests)
- No spontaneous play or make-believe play; no interest in peers (problems making friends)
- Little or no eye contact (may also resist hugging).

### Diabetes

Diabetes is another common chronic illness in children, with type 1 being the leading cause of diabetes in all children.

However, both type 1 and type 2 diabetes are found in school-age children. It is imperative to teach children and families that proper diet, oral antidiabetic medications or insulin administration, physical activity and blood glucose testing are vital strategies to keep blood glucose levels as close to normal as possible.

### Epilepsy

Epilepsy is a disorder of the brain in which neurons sometimes transmit abnormal signals. Epilepsy is one of the most common disabling neurologic conditions, and it is most common in the very young and elderly populations. It is important to monitor medication compliance and teach school staff about first-aid measures for seizure victims.

### Attention Deficit Hyperactivity Disorder

Attention deficit hyperactivity disorder (ADHD), a common childhood disorder, is a cluster of problems related to hyperactivity, impulsivity, and inattention.

## COMPONENTS OF SCHOOL HEALTH SERVICES

### Physical Infrastructure of the School

Schools are the institutions where students spend more time next to their homes. Schools should not only function as the nurturing units of the young brains but also as the providers of a conducive environment where pupils learn while living fullheartedly. Schools should be a model for "sanitation and healthful living" to the community. *Minimum standards for sanitation and environment in India:*

**Location:** Centrally located with road facilities and away from cinema halls, railways, factories, etc.

**Protection:** To be free from hazards and it should be properly fenced.

**Site:** Should be on high land and not subject to inundation.

**Land area required:** Primary schools—5 acres with an additional 1 acre of land for every increase in numbers of 100; Higher elementary schools—10 acres.

**Structure:** Nursery and secondary schools should be single storied, exterior walls should be 10 inches thick, heat resistant.

**Classrooms:** Should be attached to verandas. **Per capita space**—10 sq feet per student and no class should exceed 40 students. **Furniture** should suit the age group. Desirable is single desk and chair. **Desks**—minus type, **Chairs** should have backrests and deskwork facilities. **Doors and windows** should be 2–6 feet from floor level, windows and doors should constitute 25% of the floor space. Windows should be placed on different walls for cross-ventilation.

**Color:** Inside wall, color should be white.

**Lighting:** Sufficient natural lighting from left to right.

**Water:** Safe and continuous supply of potable water.

**Eating facilities:** Separate place to eat, no vendors should be allowed other than permitted.

**Lavatory:** Privies and urinals should be provided as one urinal per 60 students, one latrine per 100 students (Girls and boys separately).

**Disposal of wastewater and refuse:** School should have a wastewater drainage system. Most often schools in rural areas drain wastewater into a soak pit or school garden or nearby agricultural field. The refuse consisting of dust, paper, dirt, peelings of fruit and vegetable remains should be disposed of in a dustbin.

## Health Appraisal

### For Students

#### Periodic Medical Examination

Regular and periodic medical examinations of schoolchildren is essential to find any deviation from the normal structure and functioning of the body. Complete physical and medical examination is required. It is done at the time of entry and thereafter every 4 years. Initial appraisal at entry to school includes history taking, physical and medical examination.

#### Physical Examination

- Observation of child from head to toe, measuring age-appropriate anthropometric measurements (height, weight, arm and chest circumference).
- Testing of vision, hearing and speech.
- Assessing vital signs—pulse, respiratory rate and temperature, BP and pain assessment.
- A routine examination of blood, urine and stool.
- Tuberculin testing to identify tuberculosis in clinic.

### For School Staff

Routine health examinations are done for all teaching and nonteaching staff of the school since they form a part of the environment where a child is exposed.

### Daily Inspection by the Teacher

Daily inspection by the teacher of her own class students helps in detecting health problems to a great extent. The symptoms that may alert the teacher to refer the child for medical examination are:

- (1) Fever, (2) Rashes, (3) Flushed face, (4) Acute cold, (5) Cough, (6) Sneezing, (7) Watery eyes and nose, (8) Sore throat, (9) Headaches, (10) Sleepiness, (11) Body ache, (12) Lack of interest to play, (13) Diarrhea, (14) Vomiting,

(15) Skin conditions like scabies and ring worm, (16) Frequent urination, (17) Pediculosis, etc. For making good observation, teachers should have adequate training.

## Remedial Measures and Follow-up

There should be provision for regular medical checkup, proper treatment and follow-up. In rural areas, special clinics should be run in primary health centers specifically for schoolchildren on a regular basis. Urban areas should have special clinics for a group of 5000 children either in selected schools or in dispensaries.

Schools should be intimated about "clinic schedules" so that the schools will be able to utilize the services without fail. Special clinics for children should focus on problems that are highly prevalent like dental, eye, ear, nose and throat defects. These special clinics should be meant for the exclusive use of schoolchildren.

## First-Aid and Emergency Care

Generally, all teachers must have first aid training to take of any injuries or emergencies that may happen in students, specifically where there is no school health nurse appointed. There needs to be a "first aid post" available in all schools as per the guidelines of St John Ambulance Association of India.

Most common emergencies within schools are:

- Accidents that cause minor to serious injuries
- Medical emergencies like convulsions, abdominal pain, gastroenteritis, heat stroke and fever, etc.

## Prevention of Communicable Diseases

Immunization is a significant measure of school health services for the prevention and control of communicable diseases. Planned immunization programs are needed against common communicable diseases. There should be a provision to record all immunizations in the school health records. Health records should accompany the child whenever the child leaves school or transfers the school.

## Nutritional Services

Nutritional disorders are common and the most prevalent among children. A child who is not physically well may not be active while performing daily activities. Specific attention needs to be paid to the nutrition of the children. To combat malnutrition, school health committee appointed in 1961 recommended that at least one nourishing meal should be provided by the school. School meal should be able to provide 1/3<sup>rd</sup> of the calorie requirement and half of the daily protein requirement of a child.

UNICEF extends help in developing school gardens by providing seeds, manure and water supply equipment, etc.

It is important to concentrate on the use of specific nutrients in order to prevent diseases like dental caries, endemic goiter and night blindness, etc.

### Promotion of Mental Health

School is the place that nourishes the child to grow into an individual with his own cognitive skills. A teacher is a key person in school health who would play both positive and preventive roles. The teacher should be careful with concern for all children of his class. He helps children attain mental health and become mature and responsible adults. Teachers should observe all the children to identify any abnormal behaviors and seek medical attention through parents. Teacher must never discriminate against students in terms of being rich and poor; clever and dull; and no difference should be shown based on creed, color and caste. Health psychologists and counselors should be available in the school.

### Health Education

Health education should be an ongoing activity in school. Based on the need and priority, health education should be planned using individual, group or mass approach.

The topics dealt are closely related to their personal hygiene, environmental hygiene and family life.

- **Personal hygiene:** The need for hygiene of skin, hair, teeth and clothing should be observed and taught. Children should adopt correct postures while sitting and standing. If they are found to adopt bad postures, they should be corrected. Cigarette smoking is one of the public health problems. If such habit exists, observe the students carefully and apply necessary measures cautiously to tackle the issue in the school.
- **Environmental health:** Environment health is a significant component of school health services. Motivate children to participate in health activities and learn to keep their environment clean. To achieve this, include children and provide them a chance to observe community health programs, and participate in community action programs (e.g., vaccination, fly control campaigns, construction of sanitary wells and latrines).
- **Family life:** Nowadays family life education is an accepted priority. The school health service not only focuses on the development of healthy lives but also on healthy attitudes toward human reproduction.

The health officer and the public health nurse/health worker/health assistant may furnish teaching materials and advice. However, the teacher is a key person in the presentation of the material to the children.

### Dental Health

Children always report dental problems like caries, gum defects, etc. School health program should have a provision for dental checkup at least once a year. The dentists in schools perform dental examinations. Besides, dental hygienists are appointed in schools.

### Eye Health Services

Basic eye health services like treatment of eye infections, squint and amblyopia and early detection of refraction errors, administration of vitamin A to high-risk children are provided.

### School Health Records

- Record maintenance is a vital part of school health services.
- It is essential to maintain complete, accurate and continuous records of schoolchildren.
- Such health records help as a tool to monitor and retrospectively evaluate the health of the students. They are used for the identification of personal data, results of physical and medical examinations, delivery of services and evaluation of progress.
- The purpose of maintaining school health records is to have cumulative information on the health aspects of schoolchildren in order to give continuing intelligent health supervision.
- These records will also be useful in analyzing and evaluating school health programs and providing a useful link between the home, school and the community.

### Education of Handicapped Children

The eventual goal is to assist the handicapped child and the family to reach maximum potential, to lead as normal a life as possible, to become as independent as possible and to become a productive and self-supporting member of society.

Rehabilitative services are very essential for all people who are born with some kind of disability. The child or a person may be born with disabilities. In other cases, they may have acquired disability or become handicapped through road accidents/infections, some serious diseases, burns, injury, etc. Children with special disabilities like autism, blindness and deafness should get training in special institutions for rehabilitation.

## MAINTENANCE OF SCHOOL HEALTH RECORDS

Schools are required to maintain health-related records of all students. School health nurse is responsible for maintaining the following records:

- Personal hygiene anecdotal records
- Immunization information
- Growth monitoring
- Vision testing and hearing screening findings
- Dental screening records
- Attendance data
- Periodical health screening
- Communicable disease record
- Fall record
- First-aid record
- Annual medical checkup records
- Medication documentation
- Nursing documentation necessary to implement the nursing process for students seen by the nurse, including diabetes logs or other tracking forms.
- Health room-visit documentation

## INITIATION AND PLANNING OF SCHOOL HEALTH SERVICES

The School Health Promotion Activities under Ayushman Bharat is a joint initiative of “Ministry of Health and Family Welfare and Department of School Education and Literacy” and “Ministry of Human Resource and Development.”

### Ayushman Bharat’s Objectives on School Health

- To provide age appropriate information about health and nutrition to the children in schools.
- To promote healthy behaviors among the children that they will inculcate for life.
- To detect and treat diseases early in children and adolescents including identification of malnourished and anemic children with appropriate referrals to PHCs and hospitals.
- To promote use of safe drinking water in schools
- To promote safe menstrual hygiene practices by girls
- To promote yoga and meditation through Health and Wellness Ambassadors.
- To encourage research on health, wellness and nutrition for children.

**School health services Package frame under AYUSHMAN Bharat:** Table 11.1 depicts the health services under Ayushman Bharat.

### Planning School Health Program

#### 1. Selection of “Health and Wellness Ambassadors”

Two teachers, preferably one male and one female designated as “Health and Wellness Ambassadors” are trained to

**Table 11.1: School health services Package frame under AYUSHMAN Bharat**

<b>School health Promotion activities</b>	<ul style="list-style-type: none"> <li>• Age appropriate incremental learning for promotion of healthy behavior and prevention of various diseases Delivered through school teachers/Health and Wellness Ambassadors trained in each school</li> </ul>
<b>Health screening</b>	<ul style="list-style-type: none"> <li>• The screening of children for 30 identified health conditions for early detection, free treatment and management through dedicated RBSK mobile health teams</li> </ul>
<b>Provision of services</b>	<ul style="list-style-type: none"> <li>• Provision of IFA and Albendazole tablets by teachers through WIFS and NDD program respectively.</li> <li>• Provision of sanitary napkins</li> <li>• Age appropriate vaccination</li> </ul>
<b>Electronic health records</b>	<ul style="list-style-type: none"> <li>• Electronic health record for each child</li> </ul>
<b>Imparting skills of emergency care</b>	<ul style="list-style-type: none"> <li>• Training of teachers on basic first aid</li> </ul>

transact health promotion and disease prevention information in the form of interesting activities for one hour every week. The students will play a major role in improving the health practices by acting as **Health and Wellness Messengers** in the society. Schools will observe **Health and Wellness Day** on every Tuesday. Two students (“Health and Wellness Messengers”) of each class would help and support “Health and Wellness Ambassadors” to facilitate the initiatives and activities under the school health component.

#### 2. Capacity Building of Ambassadors

Trainers from Ministries of Health and Education will conduct the National Level training jointly. The National Level Master Trainers will train, four State level trainers (State Council of Educational Research and Training -SCERT, Department of Health/State Institute of Health and Family Welfare) at National level. These State trainers will train three trainers per district at the State level. The three district level trainers will be from the District Institute of Education and Training (DIET) and those from the Department of Health may be Medical Officer and Counselor. They will train three trainers per block, at the district level, who can be Block Medical Officer, RBSK doctor and Block Resource Center (BRC) Coordinators. The block level trainers will train two teachers per school (Health and Wellness

Ambassadors) at block level. Duration of all these trainings will be for five days' and 30 participants included per batch. The block trainers will also conduct a two-day orientation, for all the school principals of their respective block.

### 3. Activities in the School

#### Weekly

- Classroom Transactions by Health and Wellness Ambassadors
- Administration of IFA tablets.

#### Fortnightly/Monthly

- Thematic School Assembly
- Question Box Responses

#### Quarterly

- Thematic AHDs
- Parent Teacher Meetings

The Health and Wellness Ambassadors will also facilitate linkages with other ongoing school based program like WIFS, NDD, MHS and RBSK. The Health and Wellness Ambassadors will also coordinate referral of students requiring any support or treatment to the Adolescent Friendly Health Centers and Health and Wellness Clinics. For any greater information that the students require, they may also be referred to the Adolescent Friendly Health Resource Centers at the District level.

### 4. School Health Promotion Activities

With a special focus on health promotion activities "**age appropriate health education**" for the students applied to influence behavior and enhance skills. The framework shows great attention on physical, psychosocial and mental aspects according to the developmental stages of the child.

Table 11.2 shows the broad components of age appropriate health promotion activities.

**Table 11.2:** Age appropriate health promotion

Primary school	Middle school	High school
<ul style="list-style-type: none"> <li>Health, growth and development</li> <li>Personal safety</li> <li>Nutrition and physical activity</li> <li>Hygiene practices</li> <li>Prevention of Diseases like Malaria, Dengue, TB, worms infestation, diarrhea and vaccine preventable diseases</li> </ul>	<ul style="list-style-type: none"> <li>Puberty and related changes</li> <li>Eye care, oral hygiene</li> <li>Nutrition</li> <li>Bullying prevention</li> <li>Meditation and Yoga</li> <li>Internet safety and media literacy</li> <li>Prevention of substance abuse and HIV/AIDS</li> <li>Mental health</li> </ul>	<ul style="list-style-type: none"> <li>Prevention of substance abuse</li> <li>Sexual &amp; reproductive health</li> <li>Violence prevention</li> <li>Unintentional injury</li> <li>Road safety</li> <li>Nutrition</li> <li>Meditation and Yoga</li> </ul>

### 5. Health Screening

Rashtriya Bal Swasthya Karyakram (RBSK) identifies and provides early intervention for 4 'D's (Defects at birth, Deficiencies, Diseases, Development delays including disability) in children from birth to 18 years. The 0–6 years' age group will be specifically managed at District Early Intervention Center (DEIC) level while for 6–18 years' age group, management of conditions will be done through existing public health facilities. DEIC will act as referral linkage for both the age groups. After screening and referral from school, it is necessary to ensure whether treatment/intervention delivered at zero cost to the family.

### 6. Provision of Services

Weekly Iron Folic Acid Supplementation through 6–19 years of age will follow the existing guidelines in the schools. These services will continue to be delivered through schoolteachers.

Age group	Dose	Regime	Service delivery
6–10 years	Tablets of 45 mg elemental iron and 400 mcg of folic acid	Weekly, throughout the period 6–10 years of age	Through teachers
10–19 years	Tablets of 100 mg elemental iron and 500 mcg of folic acid	Weekly throughout the period 10–19 years of age	Through teachers

**Deworming:** To combat parasitic worm infections, Government of India has declared 10th August and 10th February as fixed days to provide Albendazole tablets for deworming school-age children. During NDD, Albendazole 400 mg chewable tablets will be administered to children at government, government aided, and private schools. This will continue to follow the current NDD guidelines.

**Menstrual hygiene management:** Sanitary napkins may be provided in the schools for adolescent girls as per MHS guidelines.

**Health screening:** Under RBSK, identification of 30 diseases including malnutrition and anemia with appropriate referrals. Identification of children with refractive errors may be done and spectacles provided.

**Physical and mental fitness:** Classes on yoga and meditation through Health and Wellness Ambassadors may be promoted on the lines of “International Yoga Day” to inculcate the habits of yoga and meditation among children since their childhood.

**Research:** Provisions may be made for research and studies on health, wellness and nutrition for children to assess the impact of the program. Other preventive services in the form of regular age appropriate vaccination of children through local health staff are being considered.

## 7. Electronic Health Records

There is also a plan to develop an electronic health record for each student. Student Health Card will include health screening and service access data for each student. Under the RBSK, the screening and referral records of all the school children will be digitalized. The relevant information related to school health activities/ will be added to existing electronic records maintained under RBSK.

## 8. Upgrading Skills in Emergency Care

Students and teachers should know the basics of first aid to respond to emergencies. First aid box should be available in each school. The teachers and students should be trained about the various services available to attend to emergencies like the ambulance, fire brigade, police, closest health facility etc. Training sessions on basic first aid should be conducted and linkages with local disaster response teams will be made, to build the capacity of school teachers and children to respond to emergencies.

## 9. Program Implementation

National Level, State Level, District level and Block level Coordination Committees are responsible for **implementing** School Health Program under Ayushman Bharat.

Primary health centers are responsible to render school health services in the areas under their coverage.

## SCHOOL HEALTH NURSE

A school health nurse identifies health-related barriers to learning, serves as a health advocate for children and families, and promotes health while preventing illness and disability (NASN, 1999).

## Roles and Responsibilities of the School Nurse

- The role of a school nurse includes that of care provider, change agent, teacher, manager and educator.
- The main responsibilities are illness prevention, promotion and maintenance of health in the school community.
- School nurse is responsible for taking care of the health of individuals, families and groups in school. Apart from this, she also serves all staff members of the school.

Three main responsibilities of school health nurses include:

1. Health services
2. Health education
3. Promotion of a healthy school environment

### 1. Role in Health Services

- Taking anthropometric measurements (weight, height, etc.)
- Monitoring vital signs
- Promoting oral hygiene
- Screening for diseases (TB, Leprosy)
- Providing immunization services/clinics
- Administering medication
- Meeting the health care needs of children with special needs
- Conducting first-aid clinics
- Conducting thorough assessment of acute health problems
- Conducting periodic health examinations
- Advising on the selection of students for athletic participation or school entry
- Providing health education
- Providing referrals, whenever needed
- Maintaining health record
- Meeting with teachers and parents

### 2. Role in Health Education

- School health nurse provides health education with a written plan. However, incidental teaching becomes essential when a school nurse happens to see a student with a problem other than the planned teaching.
- School health nurse is responsible for developing curriculum that includes classes in health science and healthful living with appropriate use of educational media, library resources and community facilities.
- School health nurse helps students develop positive attitudes toward health and adopt sound health practices.

### 3. Role in the Promotion of a Healthy School Environment

- Emphasizes healthy school environment that may include proper selection of location, organization and maintenance of the physical infrastructure.
- Implements student safety measures as a top priority.
- Inspects visual, thermal and acoustic factors, aesthetic values, sanitation and safety of the school bus system and food services.

- Observes classroom experience and activities: Emotional climate, program and methods of teaching.
- Reports suspected child abuse and violations of environmental health standards, etc.
- Promotes the physical, mental and emotional health of school personnel by being a resource to teachers and staff regarding their own health and safety.
- Coordinates with other members (psychologist, counselor, principal, teachers and physical education masters and teachers) to plan and execute school health services.

## STUDENT ASSIGNMENT

### I. Short Answer Questions:

- Give the schedule of activities in the school.
- List health promotion activities for preschool children.
- Give the guidelines for Iron Folic Acid Supplementation through 6–19 years of age.
- List 4 age appropriate health promotion activities for middle school.
- List Ayushman Bharat's objectives on School Health.

### II. Write Short Notes on:

- School health services
- School health components

### III. Long Answer Questions:

- Define school health services. Describe the components of school health services.
- Define school health nursing. State the objectives of school health services. Describe the role of school health nurse.

Nursing Knowledge Tree  
An Initiative by CBS Nursing Division

Comprehensive Textbook of  
**Community Health Nursing**  
Including Environmental Science and Epidemiology  
for BSc Nursing Students

**Learning Objectives** given in the starting of the chapter enlist what the students will learn after reading the chapter.

**LEARNING OBJECTIVES**

After studying the chapter, students will be able to:

- Comprehend health in different perspectives.
- Explain the levels of prevention applied to disease progression.
- Describe natural history of the disease.

**Chapter Outline** gives a glimpse of the content covered in the Chapter.

**CHAPTER OUTLINE**

- Natural History of the Disease
- Risk Factors
- Levels of Prevention

Important **Key Terms** used in the chapter are highlighted.

**KEY TERMS**

Health	Population health
Public health	Community
Community health	Healthy community

Numerous **Flowcharts and Figures** are used to make learning easy for students.



**Procedures** of Community Health Nursing have been highlighted within the text to give the practical edge to the theoretical content.

**PROCEDURE** **MEASURING LENGTH OF THE NEWBORN AT HOME**

**Articles Required**

- A clean sheet on a firm surface.
- Inch tape.
- Soap and towel.

**Purposes**

- To assess the length and compare it with future growth readings (Fig. 7.9).
- To assess the adequacy of breast feeding.



Fig. 7.9: Measuring length of newborn

**Summary** has been included at the end of every chapter. This will act as revision for the students to focus on the important concepts discussed in the chapter.

**SUMMARY**

A standing order may be defined as an order for some form of treatment, medication, or procedure to be carried out by a nurse in the absence of a doctor. To be valid, it must be written, signed by a doctor, and applicable to a specific patient or situation. A standing order **does not** allow a person to generate a prescription and provide it to a patient to buy medicine.

Abdominal pain or stomach pain is a widely reported common chief complaint in the community, and unfortunately there are many different causes. Management of pain depends upon the underlying condition. For the severe episodic spastic pain, antispasmodics can be given. Analgesics can be given to tide over the situation depending upon the severity and response to the given drugs. Nausea and vomiting may be a part of signs and symptoms of stomach-related problems like gastritis or obstruction. Stable patients are given

Numerous **Tables** summarizing important information have been included wherever necessary.

**Table 9.2:** Age-wise presumptive treatment in low-risk areas

Age in year	Chloroquine phosphate	
	mg base	No. of tablets (150 mg)
<1	75	½
1-4	150	1
5-8	300	2
9-14	450	3
15 and above	600	4

At the end of chapters, **Student Assignment** section is given which contains a variety of subjective and multiple choice questions to help students assess their learning.

**STUDENT ASSIGNMENT**

**I. Short Answer Questions**

- Define health.
- Define public health.
- Define "Nurse" and "Nursing" as per ICN 2025.

**IV. Multiple Choice Questions**

- Which of the following years the "Royal Commission" appointed in India?
  - 1829
  - 1839
  - 1849
  - 1859
- Which of the following years the "Vaccination Act" introduced in India?
  - 1870
  - 1880
  - 1890
  - 1900

**II. Write Short Notes**

- Dimensions of health
- Changing concepts of health
- Types of communities

**III. Long Answer Questions**

- Define community health. Describe the factors affecting community health.

Numerous **boxes** summarizing important information have been included wherever necessary.

**Box 8.2: Uses of epidemiology in nutshell**

- Provides an understanding of presumed cause and effect in populations
- Prevents and controls disease in populations
- Assists in health policy planning
- Nurses use it as a specific method for assessing the health of community.
- Serves as a reference for investigating and improving clinical practice in any setting.

**About the Author**



**Shyamala D Manivannan** *PhD (N), MSc (N), RM, RN*, is the Former Professor and Director (Faculty of Nursing) at Dr M G R Educational and Research Institute (Deemed University), Chennai, Tamil Nadu, India. Formerly, she has been Principal, MA Chidambaram College of Nursing, Chennai; Vice Dean, Academics: Kingdom of Saudi Arabia; Principal, Dr M G R Educational and Research Institute (Deemed University), Chennai. She started her nursing career as a Military Nursing Officer from Command Hospital, Central Command, Lucknow in the year 1981. After that she pursued Post Basic BSc Nursing from College of Nursing [Christian Medical College & Hospital (CMCH), Vellore] and continued to work in the Department of Community Health Nursing as Tutor and Nurse Administrator for RUHSA. She pursued Masters in Community Health Nursing from CMCH, Vellore. She received her Doctorate in Community Health Nursing from "The Tamil Nadu Dr M G R Medical University", Chennai, Tamil Nadu in the year 2007. She served as a Resource Person in National and International Workshops and Conferences, inland and abroad. She has the credit of various National and International publications.



**CBS Publishers & Distributors Pvt. Ltd.**

4819/XI, Prahlad Street, 24 Ansari Road, Daryaganj, New Delhi 110 002, India

E-mail: [feedback@cbspd.com](mailto:feedback@cbspd.com), Website: [www.cbspd.com](http://www.cbspd.com)

New Delhi | Bengaluru | Chennai | Kochi | Kolkata | Lucknow | Mumbai

Hyderabad | Jharkhand | Nagpur | Patna | Pune | Uttarakhand

Scan the QR Code



to access  
CBS Catalogue  
2025-26

ISBN: 978-93-48426-21-5

