

I.

SCHOOL NURSING

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## SCHOOL NURSING

School nursing is an outgrowth of the Visiting Nursing Movement. Modern public health nursing had its inception in Liverpool in 1859. It was under the able leadership of William Rathbone, but it was a direct outcome of the work and teachings of Florence Nightingale. It was her hope that the nurse be associated with health rather than disease. She wanted the health nurse not only nurse the sick, but for the most part teach the principles of healthful living.

Brussels, in 1874, established the modern type of school inspection by an appointed school physician.

In 1887 the British Empire celebrated the 50th anniversary of Queen Victoria accession to the throne. A popular subscription fund of 76,000 lbs. (\$380,000) raised by the women of England was presented to the Queen as a token of respect and affection. 7000 lbs. (\$35,000) of this Her Majesty decided to use for the establishment of an Institute for the Training and Supervision of District Nurses with which any nursing association already established might affiliate.

It was deemed wise to utilize so far as possible all the valuable experience already gained by various existing nursing associations throughout the country by inviting them to affiliate with the Institute and co-operate in working out the plans and ideals of its founders.

All the principal associations of the country at once

sought affiliation with the Queen's Institute as there were many advantages. The greatest being regular inspection of a supervisor from the Institute, which assured a standard of efficiency and training.

Medical inspections in the schools of the United States were inaugurated in 1894.

School nursing was the first type of specialization of public health service.

School nursing first developed in England in 1892. Miss A. Hughes, then Superintendent of Queen's Nurses in Bloomsberry Square was asked her advice concerning a feeding problem by a teacher in a small school. Miss Hughes answered the call herself. Seeing the great need made weekly visits to the school showing what could be accomplished in prevention of absences due to minor ailments and their complications. In 1904 because of her successful work 70 nurses were employed by the London County Council. By 1918 there was created a Ministry of Health for England, Scotland and Wales. The scope of this work included bedside nursing, infant welfare, prenatal and school nursing.

As the Henry Street workers went about their work they found many children who were out of school because of illness. These children were staying out too long, were playing in the streets, and were not receiving proper care. Miss Wald persuaded the Health Commissioner of New York to permit the placement of a Visiting Nurse and her salary by Visiting Nurses Association for an experiment. The

school nurse was Miss Rogers.

The nurse was to treat in the schools children suffering from minor diseases such as impetigo, scabies, ringworm and to visit the homes to interest the parents in taking better care of their children. This experiment was so successful that 25 nurses were appointed by the Commissioner of Health.

The attendance of the children increased 50% as a result of the tact and skill of Miss Lina Rogers in her school nursing.

It was found that with a few qualified nurses available, more children in need of care could be reached by utilizing the public school. Access to the school children has made the control of communicable diseases possible and also a close relationship between the school and the home.

In the old concept of school nursing the program was set up and fitted as best as possible into the school program. In the new concept the health program is a part of the school program.

The teacher who applies the principles of progressive education is attempting a more careful appraisal of the child as a personality and considering the child as a whole child.

Emphasis is changing in education from subject matter to growth and development of the whole child. Every activity becomes an integral part of the entire curriculum.

In this new concept the school nurse is:

1. To interpret the school nursing program to the educators.
2. To develop an active relationship with other school personnel.
3. To present standards for guiding school administrators in the employment of school nurses.

The trend now is from correction to education. If an increasing number of children are going regularly to their own physician the medical examinations in the schools have been of great value. If all regular classroom are sight-saving rooms the need for glasses would not be so great. A concentrated effort of the school, home and community toward raising the nutritional status of each child may eliminate much worry over provisions for dental correction and nutritional defects.

An increase in the number of partents coming to the school for consultation should cause more elation than a large number of home visits.

Visits to the nurse for first aid and minor ailments should decrease as the children, teachers and parents are taught to take responsibility for such matters.

The number of children immunized at school will decrease if the community agencies and doctors urge immunization during babyhood.

The number of children kept at home by parents because of signs of communicable disease is far more significant in judging accomplishment than the number of children excluded at school for the same reason.

If our goal is prevention of defects rather than correction our emphasis must change from correction to education. We must increase the responsibility of children, parents and teachers for recognizing and caring for health problems and the participation of the school in the whole community program.

What we are accomplishing:

1. Keeping a group of normal children normal, happy, and help them to be successful.
2. Establishing habits in health, in safety and also good mental habits.
3. Teaching facts upon on which the habits are based.
4. Building attitudes that will help the children to want to do thing which he is taught.
5. Giving the child healthful environment and keeping them healthy.
6. Controlling communicable diseases.
7. Correcting remedial defects.

Society looks particularly to the school for leadership in the health education of its children. This includes:

1. The presentation of knowledge about health.
2. The building up of desirable health habits.
3. The formation of favorable attitudes and worthy ideas of health.

By guiding pupils in the activities which make up living as children, the school is laying a foundation for sound living practices.

Health habits should grow out of and be an integral part of the child experiences in the school, home and

community.

School health service is the term employed to includes:

1. Those things which we do for the child to protect his health.

2. Individual health teaching in response to which the child, by self-activity conserves and improves his health.

3. Education of the parent in regard to child health, home and community hygiene, and parental responsibility.

The work done with the majority of the boys and girls is chiefly preventive.

Health service in the schools is inspecting and examination of the children for the purpose of determining the health status. These examinations are of little value if the remediable defects are not corrected.

Health service is needed because children of school age have many communicable diseases. They have various defects of growth and development, teeth defects, poor vision and defective tonsils. About 5-10% of school children are free from remediable health handicaps.

The teacher is very important as she is the only one who is with the children all day and if she is alert and well informed she can readily detect deviations from the normal.

The early signs of all the communicable diseases are the symptoms of a cold which are often ignored, because colds are so common. The teacher should refer every child with a cold, headache, sore throat to the nurse

or physician.

Try to impress upon the teacher:

1. When in doubt send child to the nurse.
2. It is better to be too careful than sorry in the morning inspections.

The morning inspection is to appraise the condition of each child and should not be for inspection of cleanliness. The child should face the window and open his mouth and say ā and ă, put hands out to teacher spreading fingers apart and have sleeves rolled to elbows, also collar opened at neck for inspection of his chest. The teacher should not touch the child during the inspection. It is a good idea for the nurse to watch the teacher to help her and to give constructive criticism.

The teacher should not regard her health service function as ending when the morning inspection is complete. She is to be constantly alert to detect variation from the normal.

If the teacher will observe informally and without a critical attitude, child may be encouraged to report promptly to her any symptoms of illness. If pupils are in school who seem unable to undertake the day's work or to be a menace to the health of the other children, they should be sent to the principal, or the school nurse. The nurse can send them to the school physician for further consideration if necessary.

Children should be taught to remain away from school if they are not well. Efforts to secure 100% attendance

may jeopardize proper health service in the school. When children are taught about the prevention of communicable diseases emphasis should be made upon individual responsibility for social welfare and the health of the community.

All the children who have been absent from school for 2 or more days should be examined by the health officer, or in his absence, by the nurse, before being admitted to the classroom. These children should go to a special room for inspection and not to the classroom.

If the nurse finds out that the child has returned to school with a permit signed by a private physician, but who shows objective symptoms of a disease she should call his attention to the fact and he will likely take care of the situation. He may not have examined the patient on that day.

The nurse should make routine inspections of all children in the schools once every 2 months, or oftener if possible. The eyelids, throat, skin, and hair of each pupil should be carefully checked and the general condition as regards to cleanliness, nutrition and remediable defects.

Through careful inspection of all children in the schools at regular intervals evidences of contagion are discovered, and the child under suspicion is excluded before the other children are further exposed. By prompt reports to the Department of Health of all suspected contagious cases, quarantine can be instituted at the home, and the dangers of contagious diseases are greatly reduced. This reporting of suspected communicable diseases by the school nurse is one of the most important factors in the prevention of

contagion in the schools.

For the contagious skin diseases, treatment should be given by a private physician at his office or in minor conditions by the nurse at school under the direction of the school physician.

The prevalence of contagious diseases among school children was the principal factor involved in the conditions which resulted in calling the school nurse into existence. The prevention of these diseases is still her main task.

Two types of school nursing seem to be emerging; health service type, which deals largely with the control of contagion and the correction of defects and the health education type which aims at the fullest development of personality through supervision of the emotional and social aspects of health as well as of the physical.

There has been a definite change in emphasis in the program of the school nurse, due to the changed concept of health education and to a more enlightened public. At first the nurse attempted to fit her program into that of the teacher's; and now teacher and nurse together plan for a health program, which includes parent education. In the larger school systems all of the specialists who have a definite contribution to make to health, work with the classroom teacher toward a unified program. And not only must the school have a unified program, but the home and the community must also share in the healthful environment of the child.

Our program is preventive, positive and constructive. Our health attitude is scientific. Our mental attitude

is one of confidence and our working attitude is one of reasoning.

Our health program emphasizes the interdependence of the physical, social, emotional and mental characteristics and ideals in the development of a well rounded individual. It also emphasizes the social motive in relation to community and racial health as well as personal motive.

The best school health program is that which makes most effective provision for the conservation and improvement of the health of all children attending school. It seeks to assist the child in coming any existing barriers in growth and development. The needs of the child must be studied and each given an opportunity for the best environment.

A definite practicable program for the year saves time, makes for more and better work, and a uniformity of service. In planning the program the things to be considered are: what needs to be done and what can be done, what is to be attempted and how to obtain the best results in meeting the needs and overcoming obstacles.

A well balanced school health program should include:

1. Elimination of physical handicaps through examinations with correction of defects.
2. The control of communicable diseases.
3. Attention should be given to the child's environment at school and home in the interest of his health.
4. Health education in the school curriculum.

The nurse and health officer meet with the county superintendent of the school to work out co-operatively the health program. The superintendent should present

the program to the teachers at their first meeting . The health officer and the nurse should be present to discuss any problems which might come up in the minds of the teachers.

A well balanced school nursing service is seldom attained in a year. The ideal service is the result of the nurse and the teachers constructively thinking and planning. A program planned for 3 to 5 years in advance provides for continuous growth and expansion. It should be checked and analyzed annually.

The ideal way would be having the nurse available every day to all the teachers and pupils, but this is not possible in most school especially in the rural districts. The more frequently the nurse can visit each school the more she will be able to understand the local situations and special problems, and the more helpful and productive her work.

The success of a school health program necessarily depends on the co-operation of the homes, where most of the health habits in which the school is interested must be put into practice. Confidence in the health program may often be promoted by contacts with parents which further wider understanding of the school activities.

Putting over even a practicable school health program is not a one-man job. Though one man must assume the responsibility of finding its place in the curriculum, and give every special worker the necessary administrative support, satisfactory results can be achieved only through the enthusiastic, conscientious effort of every person concerned with the life of the children in school.

The best work of all must be so unified that it shall be like the work of one whose high purpose is to guide healthy, happy, buoyant childhood into socially efficient adulthood.

Since health is an objective of education, the school must know the health status of every child in order to set up a program which shall meet the needs of all, handicapped or normal. Elementary education is compulsory. Therefore, the school must safeguard the child from injury to himself and others while group education is carried on.

Because of defects the logical starting point for any school work is with a medical examination.

The health examination accurately set up and conducted affords an opportunity to secure on the part of parent and child valuable information about better health practices and a more hygienic regime of living. Through the examination many causes of retardation have been discovered. The examinations offer an opportunity to form constructive attitudes on the part of the parents. Through a helpful contact they should develop a scientific attitude toward diseases and illness, free from superstition, taboo and whims which have no basis of fact. The public is sorely in need of such information.

Health examination leads to the correction of physical defects which provide practical and effective means through which children can be taught right ways of living. It provides teachers with definite knowledge of the child's health status and furnishes them an opportunity to help in correction of discovered defects. The nurse can contact

the parents and explain objectives of the school health program and obtain the co-operation of the parents. The health examination gives the child an opportunity to learn that the physician is his friend, and to develop in him confidence in the scientific attitude of the physician and nurse which can be of service to him all through life. This should help him to develop a freedom from morbid curiosity and fear. If he learns the value of a annual physical examination he will seek them all through life.

It is estimated that there are in the United States approximately 45,000,000 school children; 10,000,000 with defects. Examinations of children reveal large numbers of children suffering from poor nutrition, disease of the heart and lungs, in addition to large numbers temporarily or permanently handicapped by impaired hearing, vision, speech and diseases complications.

In the schools of Portland physical examinations are given to the 1st, 3rd, 6th and 8th. At some time during the year each child in these grades is given an examination during which defects are detected by the physician. Parents are sent invitations and urged to be present. This enables them to consult with the doctor concerning their child's defects or any problems they wish to discuss. If they are not present a notice is sent to them regarding their child's condition.

The height, weight, vision and hearing are tested before the examination so that the doctor may know the results.

Sufficient time should be allotted for each examination that is at least 15 minutes. Hurried examination are of little value educationally.

Education toward immunization should be a definite part of the examination. The doctor can explain the importance and value to the mothers. Very often the immunization is done after the examination.

For treatment the children are referred to private physician or specialist. For the indigents corrective care is provided through public or private health agencies.

The examinations are very important and very valuable as a part of the program if the remediable defects are corrected. The nurse should follow up the cases to give advice and help that is needed.

In recent years a great deal of attention has been focused upon the teeth of school children, largely since surveys have shown the great prevalence of dental decay. It is estimated that from 50-90% of school children have defective teeth and that 10-25% of elementary children have abscessed teeth. It is generally believed that much damage can be done to organs of the body by drainage of pus into the blood stream from these diseased mouths. Tonsils may early become infected in this way.

Because of high prevalence of dental caries and the widespread lack of dental care the nurse has dental education as part of her program.

Dental program includes:

1. Health education for the children.
2. Parent education through home visits and group meetings.
3. Getting patients to dental clinics.

4. Follow up in the classroom of the dental care and caries.

5. Individual conferences with the children.

The nurse can win the interest of the teacher in good dental care and she can provide the teacher with the material for attitude training in regard to dental care. Effective instruction in the home, care of the teeth, and the use of a proper diet to build good teeth depend upon teachers interest and what she teaches. The child must learn to want and to obtain proper care from a dentist. He will not learn to want dental care merely by being told he should see his dentist twice a year. But to influence attitudes the teacher must have the information about the actual condition of her children's teeth. If children are to appreciate the preventive value of early dental attention in the control of dental caries the teacher must understand the everyday problems that arise in meeting the needs of her pupils. This requires team work between the nurse and the teacher. The nurse can only see the individual child at infrequent intervals and dental health education, as well as all education, is a day by day process. The emphasis upon dental health education by the nurse is a co-operative effort.

There is no single activity in the school organization that offers greater opportunities for health education than does the school lunches. One of the main tasks is to teach children how to select suitable, adequate meals and to develop in them the desire to do so. When the noon lunch

is eaten at school the lunch room offers an ideal laboratory for the practical application of this teaching.

An adequate school lunch is important in the health and well-being of every child and teacher who must have their noon meal at school. For the child who is not adequately fed at home, the school lunch becomes an opportunity partly to make up for deficiencies of the other meals of the day.

The co-operation of parents and teachers is needed in the wise guidance and supervision of children if desirable eating habits are to become the general practice. In order to encourage the children to eat leisurely and correctly a teacher should be present to eat with the children.

The lunch room has helped to promote good health habits and desirable social behavior. It has developed in the pupils an ability to work together, sharing responsibility for some definite work and carrying it through to completion. It has aided in forming a good attitude toward housework of both girls and boys, and a willingness to take necessary directions. The opportunity is afforded for practice<sup>in</sup> good table manners. The pupils may acquire a knowledge about food values and skill in food preparation. The lunch room has become a place of relaxation and good fellowship.

Mid-morning luncheon increases the children's capacity for work and so valuable time is added to the day. Children who refuse milk learn to enjoy milk with the other children. The mid-morning milk should be paid for by the children whenever possible, but a fund can often be arranged

so that each child can have the it .

The relation between the luncheons and increase in weight is interesting. In most cases the children have gained steadily in weight and they have more concentration and ability to work. Because of this it seems to be reasonable that every school child should have milk in the morning instead of the ones underweight or below normal physically.

The relation of the nurse to proper school environment. She must be ready to render such assistance to the school authorities as her background of science can contribute. She must be familiar with the literature on healthful school equipment, so as to refer people to the proper sources for help when requested. Her responsibility toward the teacher who has not had the advantages of instruction in health education, is to furnish her with a background of science and a body of sources of materials which will help her to provide, and use intelligently facilities for health conservation. Her responsibility toward the child is to help him to become so intelligent with respect to his environment that he shall know what to do to secure for himself the healthful surroundings which contribute to his efficiency.

Since the school attendance is compulsory it must provide a good environment which enables the child to live safely and happily during the six hours of each school day.

A restful, homelike environment works on both teacher

and pupil and makes a cheerful relationship. Cleanliness adds considerably to the attractiveness and cheerfulness of a room.

The appearance of the school grounds should not be neglected. Scraps of food and bits of paper should not be scattered over the school yard. A covered garbage can ~~may~~ be provided in which such waste may be deposited.

A merely physically attractive room will not necessarily mean a happy place. The teacher's attitude is largely reflected by the children. A healthy teacher goes far towards creating a healthy atmosphere.

At one time, ventilation was regarded as a chemical problem the control of  $\text{CO}_2$  in the air. To-day it is known fact that the chemical factor is not so important and that good ventilation is to be secured by three important physical factors. There are air movement, temperature and humidity. If the physical factors are controlled properly the ventilation will be adequate and without control unsatisfactory regardless of the  $\text{CO}_2$ .

Air movement is usually secured by open windows. This is the responsibility of the teacher.

Where window ventilation is used, windows are opened at top and bottom and the radiators are placed beneath the windows. This will help to keep the air moving across the room. Glass or board deflectors attached at an angle to the window will send the incoming air upward and also keep a direct draft away from the children who sit near the window. Temperature and humidity are also controlled by the opened window. Each room should have a thermometer.

Schools located in communities with supervised water supplies do not have to be concerned with the purity of the water themselves as it is taken care of. If an outside well is used make sure it is well constructed. Always be sure of the source and purity of the water supply.

The health habit of washing hands after going to lavatory and before eating should be encourage and time given definitely for this activity.

Where there are wash basins the children should be encouraged to keep clean and if no wash basins a bucket or large can may be substituted.

Soap and towels must be provided. Liquid soap can be made from pieces of soap brought from home by the pupils. If the equipment is not accessible we can not expect the children to wash.

The school building in which every child attends school should be planned to safeguard him from fire and dangers. It should provide healthful, cheerful and sanitary surroundings and make possible an educational program which will meet his needs.

The walls should painted light bluff or very light green and ceiling white. This makes the rooms much lighter.

It is increasingly recognized by educational experts that school buildings should contain a health room where the school nurse and physician do their work. The room should be on the first floor in a convenient place.

The length of the school day should be graded to suit the age and the mental and physical resistance of the

child. There should be offered frequent opportunities for play and physical recreation if the child is to make the best of physical and mental growth and the best scholastic progress.

If the school teachers and superintendent remember that the whole child goes to school, the process of learning will take its proper but not superior place along with the other processes of the child. Growth, development and expressive functioning are not less important than learning certain traditional subject matter.

True eye conservation consists in prevention of impairment rather than conservation of whatever vision remains after the damage has been done. The school nurse should place her greatest emphasis upon helping schools and homes to provide the physical environment with the best possible natural and artificial light for conservation of the sight of the children.

In promoting eye conservation we can:

1. Instruct teachers to be constantly on the lookout for early symptom of communicable diseases.
2. Regular and reliable eye examination for the detection of visual errors and eye conditions.
3. Provision for medical service for all children having defects.
4. Securing and maintaining adequate conditions in the school that particularly affect vision such as lighting, color of wall, and print of books.
5. Teach children the proper use and care of their

eyes.

6. Establishment of sight-saving classes for especially handicapped children.

Sight-saving classes originated in England in 1908 and in United States, in Boston in 1913 through the efforts of Mr. Edward Allen.

The aims of the classes are:

1. To educate pupils with the least possible eye-strain.
2. To teach them enough eye hygiene to conserve the vision they do have.
3. To provide vocational guidance for choosing an occupation which will not be injurious to their eyes.

The vision for eye-sight classes is 20/200. 1 out of every 500 children require the advantages of these classes.

Fresh air schools are for the benefit of anemic and undernourished children whose physical condition is such as to make attendance in an ordinary classroom a menace to their future health and welfare. Children also who need more and better food than their home can provide and who need frequent rest periods during the day.

Special desks may be built for the crippled child in the regular classroom, and also a place where he may rest. It is better for him to be with the normal children and to accept his handicap.

"Health education is the sum of all experience which favorably influence habits, attitudes, and knowledge

relating to individual, community and racial health." <sup>1.</sup>

Health is a way of living. It is not to be sought as an end in itself but as a means to an end which is joyous play, efficient work, and helpful service. Health is more than physical well-being, it includes mental, emotional and social aspects as well.

From the standpoint of the school, the scope of health education must include such measures as conserves, protects, and safeguards the health of children and teachers; including healthful environment, nursing dental services, such experiences, guidance, and instruction as tend to develop in the child the habits, attitudes and knowledge necessary to insure the greatest satisfaction and usefulness in personal family and community life.

Since health is a way of living physically, mentally, emotionally and socially it follows that the scope of health education cannot be treated as a special subject in the curriculum, but it must grow out of and be a part of the child's experience.

One of the basic needs in health education is to sell values to such an extent that these values become emotionally accepted by the child and favorable emotional health behaviors result, which is our main goal.

Health must be presented on the level of the intelligence and interest of the people concerned. Health education requires simplicity, clarity, patience and repetition in explanation.

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1. Williams and Shaw, "Methods and Materials of Health Education", page 2.

Direct instruction is to be given first then it should be correlated. Every fact should be first taught as a fact, as hygiene subject matter, and then allowed to assume its proper place in relation to other subjects.

The children after being taught the facts about health should be given an opportunity to do their own planning, to make their own decisions, and to take responsibility for their behavior.

Every lesson in health should bring about a definite progress toward the establishment of habits that are useful, the stimulation of attitudes that are wholesome, and appreciations that are valuable, and the mastery of knowledge that is meaningful and scientifically sound.

Hygienic personal habits of living, knowledge of the principles of health, and of disease prevention, and stimulating ideals of health are the factors which may be most readily affected by the teaching of the child at school.

Health teaching in the schools can only to a limited extent change the immediate present environment of the pupils. We need the co-operation of the parents in health teaching because the habits, attitudes and behaviors must be practice also at home.

The school nurse is now able to support the program the children are undertaking instead of disrupting their program by giving a speech on health. When she is asked to speak she should talk on the subject in which they are interested.

Weighing has been discontinued in many places but

the nurse and done by the teacher. It is valuable in affording the child with an opportunity to watch himself grow. If there is a failure to gain over a period of 3-4 months they should be referred to the nurse.

The real test of health education in the schools is in the health of the children. Habits of personal cleanliness established, freedom from physical defects, good posture, permanent teeth clean and in good condition, practicable health knowledge, a sense of physical well-being and partnership in the school, home and community are all necessary results of a good health education program.

It is ideally for the parents to give their children sex education. Unfortunately, most parents get their information here and there and are really unable to give the correct information. So the responsibility belongs to the public school, for it reaches all of the children. The average child acquires his first information around 6-7 years of age, and his curiosity reaches height about 11-12 years of age. Moreover, his interest at this age is still impersonal to the point that group instruction can be carried on quite successfully, with a minimum of emotional disturbance.

Most of the teaching of sex education is left until high school age group. It has always seemed wise to segregate boys and girls for teaching sex. The instruction meets with a better reaction from parents when this segregation is done, and in a majority of instances it causes less embarrassment to the children. It is very essential

that where such instruction is being carried on with boys and girls separately, it be made entirely clear to both classes that the actual instruction is essentially the same. Otherwise a certain amount of discussion will occur between the sexes in an endeavor to find out the differences in the subject matter.

The classes should be taught by a well poised, well informed adult with a satisfying personal life. A man may teach the boys and a woman teach the girls. A good teacher of either sex can handle either boys or girls with equal success.

A course in biology is an excellent place to teach sex education. Both the plant and animal kingdoms are studied, going in each case from the simpler to the more complex forms of life. All the normal functions should be studied. Reproduction is studied in plant and animal kingdom ending with human beings. The consideration of human beings is usually introduced by a study of the physiological functions of the human female, involving all the factors of pregnancy and birth. These are matters of intense interest to both boys and girls. After studying female then the male is studied and also social mores governing the sexual functions.

Sex should be explained in a simple, straightforward language, familiarizing the children with correct scientific terminology.

The problem is one which challenges not only our finest feelings, but our finest intelligence. The

happiness of a generation of young people depend in part on the wisdom of our solution.

"Three essentials for the teacher in health education:

1. A knowledge of functional biology of the human body.
2. An understanding of social movements as they relate to the health of the individual.
3. A comprehension and use of the test educational methods."<sup>2</sup>.

Good judgment is most necessary in handling matters of sex hygiene, health habits, disease and disease transmission. Relative values must be known as to spend time on important things.

The teacher of hygiene must be careful not to want to diagnose and give health advice which should be given by the physician. There is plenty to do within the boundaries of the interpretation of hygiene and health.

The nurse must know her community; she must discover what the health shortages are and what the community is doing to meet them. Her knowledge must include not only the child health but child welfare, and her program should so articulate with the community's program as to make for a continuous health service and health education program extending from birth to maturity.

The nurse should if possible before starting her duties in a school should inform herself about the area covered by the system and district; about the shortest and quickest methods of transportation; about the density of the

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2. Oberteuffer, "Who is Prepared to Teach Health?", American Journal of Nursing, October, 1937, page 604.

population, and the make-up of its people; how many and of what economic and cultural status are the people who comprise the various races and nationalities; what are the predominant religious groups; resources of the community and the social agencies.

The nurse is concerned with both problems of treatment and of prevention. Her main interest is the promotion of health.

The nurse must take the time to interpret to the teacher all the information on the condition and environment of the individual children that the nurse may have.

The recent emphasis on the mental and emotional aspects of health embodied in the new philosophy of education, is causing the principal and the teacher to seek guidance from the school physician and the nurse with respect to problems of emotional and social adjustments. The nurse who understands the emotional and social development of the child at different age levels is able to evaluate every aspect of her own program on the basis of its emotional and social appeal that will contribute to health. She will be able to detect those difficulties early which need the help of a specialist and will refer them early to proper sources.

The school nurse does not include beside nursing in her program. If such care is needed she refers the family to the agency giving the type of service required, and usually makes the contact with the organization.

To make the most of the learning processes while the child is at school the nurse must indirectly share in the teaching since her contacts with pupils offer valuable opportunities. The formal instruction is the duty of the teacher. On the other hand, to best insure health conservation and protection, the teacher will have to concern herself, in some measure, with those factors which influence the health of the child, his own physical condition, his habits, and his environment at school and at home.

If these individual and joint responsibilities are not assumed by the teacher and the nurse, the pupil will miss something valuable in his school experience, which should contribute to his health knowledge, and influence his attitudes toward health and his present and future daily practice of health habits.

In health teaching, example is of primary importance. A large factor in the success of the school health program is the appearance and health of the teacher and nurse. Certainly, what they demand from the children in the practice of health habits, personal hygiene, and sickness prevention, the children have a right to expect of them.

Both teacher and nurse must have periodic physical and dental examinations with subsequent correction of defects; practice proper health habits of personal hygiene and cleanliness, diet, rest and recreation; and, acquire immunity from preventable diseases.

They must remember that their colds are just as

communicable as are those of their children, and that even though there is important work to be done, it is sometimes advancing the cause of public health further to practice what they preach and stay off duty, giving themselves proper care, than to work when they are unfit and thus expose a roomful of children .

The teachers should always be notified of the time the nurse plans to visits their school. The teacher can make special effort of have all the children present. If the nurse cannot make the planned schedule she must notify the school.

The home visit gives the parent a chance to get help, to arrange for proper medical attention, to secure detailed explanation of their children's conditions and needs, and to obtain a better understanding of the school health program, what it is doing for the child and what it is trying to teach. If they understand the program they can better co-operate actively with the school. The home visits gives the nurse an opportunity to see the living conditions in the homes of the community, ill health of other members of the family, poverty, over-crowding, wrong dietary habits, over-work, lack of sleep, any or all of which may give a clue to the best way of helping the parents to improve faulty conditions.

Home visits build up a feeling of mutual understanding, sympathy, friendliness, of consciously working together for the welfare of the child. It is often helpful to leave literature with the family that emphasizes the points the

nurse has been making on her visit, asking parents to read it, and pointing out the important features for their attention. Such literature, if well chosen, adds to the authority of the nurse. Leaving poorly selected pamphlets on unrelated subjects, obviously cannot be productive of specific results.

There is much room for improvement in the home visits of the nurse. She often is lacking in professional information about the cases, and in the equipment necessary to make an effective home call, as well as, in the human interest material obtainable from the teacher.

Since the N. O. P. N. has such excellent records, these are used throughout the states.

Complete accurate school records which are kept up to date contribute to the care of the school child. These should follow the child from grade to grade or from school to school.

Records are necessary because they furnish data, can be studied to indicate changes in school and community health problems and physical conditions and defects are recorded on them.

The records includes items to be checked during a physical examination such as the habitual health practices with regard to hygiene, a history of illness and immunization and space for remarks following home visits and parent consultations. During the examination the nurse and physician can note whether the child is happy, interested, attentive, confident, straightforward and

co-operative. Their opposites would be suggestive of need for intensive work toward correction of faulty attitudes.

A school nurse must be a graduate nurse from an accredited school of nursing and also she must have her Public Health Certificate. She should have at least one year experience on a well supervised public health nursing staff which offers systematic staff education. The nurse to be most successful needs at least 2 years experience in school nursing under adequate nursing.

"The school nurse is already a vital part of one of the most important of our national institutions. Through her work American children are physically fitted to make use of the education that in its turn fits them for the responsibilities of citizenship. May she long play her part in making of the American school an institution where bodies as well as brains are developed for a life of usefulness."<sup>3</sup>.

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3. Gardner, Mary, "Public Health Nursing", page, 365.

## BIBLIOGRAPHY

- Chayer, School Nursing.
- Dresslar, School Hygiene.
- Gardner, Mary, Public Health Nursing.
- Grout, Ruth, Handbook of Health Education.
- Hoag, Health Work in the Schools.
- Parrish, Health, the Paramount Asset.
- Struthers, The School Nurse.
- Turner, C., Principles of Health Education.
- Williams and Shaw, Methods and Materials of Health Education.
- Wood, Health Education.
- American Red Cross, Rural School Nursing.
- American Child Health Association, Advances in Health Education, An Evaluation of School Health Procedures, No.5, A World Panorama of Health Education, Principles and Practices in Health Education, School Health Progress.
- Metropolitan Life, A Practicable School Health Program, A School Health Study of Newton, Massachusetts.
- National Tuberculosis Association, Pointers on Health Assets, School Health Education.
- Public Health Nursing, January, 1931, September, 1933, January, June July, 1935, May, September, October, November, December, 1937.