

Safeguarding Our Students' Health

Legal Issues in School Health

By Ruth M. White

Church-sponsored schools, because of their private status, have sometimes disregarded the legal aspects of school health. Although the school administration may have complied with communicable disease control or food handling and sanitation regulations, they may believe that other statutes apply only to public schools. In some places the institution has felt itself exempt from various labor laws, curriculum requirements, et cetera, if it did not intend to meet government regulations for recognition of the school. Certainly our schools cannot jeopardize the principles of the church to meet government regulations in matters of military training or Bible instruction. It does seem strange, however, for a school to claim exemption from carrying out policies designed to guard the health of the students and staff, inasmuch as the Seventh-day Adventist Church strongly admonishes a healthful lifestyle and health education. Some mission schools do not even meet church standards relating to the school environment. One example is an outbreak of cholera at a boarding school that had no excreta disposal system except the beach or fields.

In the United States and more affluent countries a plague of lawsuits has struck many school systems. Litigation is no respecter of public or private status of the school. To prevent such lawsuits schools must assess their health policies to be sure that they comply with common practice in effect in their State or country. If the school assumes responsibility for the students' well-being and gives systematic attention to health services, health education, and a healthful environment, default could probably not be proved.

Laws that affect the school are not always written as regulations for schools. For example, common law indicates that the school shall act "in loco parentis" (in the place of parents) in

decisions regarding the well-being of a child, since the child is a minor, and parents have placed the child in the care of the school. Medical- and nurse-practice acts and Good Samaritan laws provide information about what a teacher can do in giving first aid or care to a sick or injured child. Laws regarding confidentiality of information on a child's health record may unknowingly be disregarded by school discipline committees. Fire and safety regulations are generally well known and adhered to, because they are enforced by local authorities and insurance requirements. Risk reduction education has proved very profitable for insurance companies. Schools could benefit from similar education of fac-



Associate Director
World Nursing Affairs
Health and Temperance Department
General Conference of SDA

ulty and maintenance personnel regarding legal risk reduction. Following are some items that might be included in such discussions.

Assessment of Risk in School Health Service

Health Care Staff

1. Do teachers designated to give first aid keep their Red Cross certificates up to date? Do those teaching in high-risk areas (physical education, industrial arts, home economics, and chemistry) have first-aid training? A person trained in first aid should be available at all times, including school field trips. Does a nursing assistant or secretary to the principal perform first aid? Are these persons certificated? Are they performing other health services? Are adequate records kept? Under Good Samaritan laws the school is not held liable for first-aid care, providing the treatment constitutes accepted first-aid practice. First-aid training should include cardiopulmonary resuscitation training. Administering medication (including aspirin) is *not* considered first aid.

Litigation is no respecter of the public or private status of the school.

2. Do State-licensed nurses or physicians administer school health services? The public health department may provide some nursing services to parochial schools. Utilization of this service might help church schools meet their needs. Health-screening tests such as vision, hearing, and physical fitness should be done by professionals or by trained volunteers under supervision of

a licensed professional who takes responsibility for retesting children found to have problems. Licensed professionals should also take responsibility for follow-up.

3. In a boarding academy or college, does the school employ a part-time physician for emergencies and consultation and to supervise the school nurse?

4. Has the school established a school health committee that includes teachers, parents, and some health professionals? Do they provide written policies regarding desired services, exclusion and readmission for illness, faculty in-service education, et cetera?

Faculty and Staff Health

1. Do faculty members receive tuberculin tests or submit other evidence of being free from tuberculosis?

2. Have food handlers been tested to ascertain that they are not carriers of gastrointestinal diseases?

3. Do kitchen workers have adequate hand-washing facilities?

4. Is faculty mental health periodically assessed to be sure that children are not physically or mentally abused?

Medical Emergencies and Administration of Medicine

1. Is an emergency kit readily available? Are its contents checked regularly? Does the kit accompany the staff first-aid person on all off-campus activities? Are there written policies and guidelines to help teachers and other staff cope with emergencies until doctor, nurse, or ambulance arrives? When illness or injury is cared for, is a record made of the condition, the care given, and the disposition of the case?

2. Do teachers receive in-service education on topics such as

how to handle an acutely ill child or a child requiring knowledgeable supervision at school? Examples: epilepsy, allergy to bee stings, diabetes, asthma, hemophilia.

3. Does the school keep on file an emergency card on each child indicating the name of family doctor, telephone numbers to reach parents at

Do teachers receive in-service education on health topics?

home and work, special problems (such as allergies, chronic diseases, et cetera)? Use of a colored med-alert sheet in the child's records, stored in a designated section of the record, is described by Bryan.¹ This med-alert sheet should include name, placement, reason for concern, recommended management, name of support staff who is resource for teacher, name of support staff (such as the nurse) who reviews situation on a regular basis.

4. Are students' activity restrictions obtained in written form from the child's physician and communicated to the staff?

5. Is there a defined policy regarding the administration of medicine to children while they are at school? This policy should include written orders from the physician giving the name of the medication, the dosage, the time interval, and the diagnosis for which the medicine is given. Written permission should be obtained from parent or guardian requesting the school to comply with the doctor's orders. The medicine brought to the school should be in a properly labeled container obtained from a pharmacist or doctor. It is recommended that one staff member

be assigned to give the medicine (use the health professional if available). Medicines must be locked in a designated storage cabinet. The school should periodically communicate with parents regarding medicine given at school. Keep parents' phone numbers easily available in case of emergency. No non-prescription drugs should be administered without prior written permission of parent and school doctor.

6. School staff giving medicine and first aid (including nurse, athletic staff, principal, teachers, superintendent, and school board) should be covered by liability insurance.²

Health Records

1. Information on health records must be kept confidential. If secretaries, student helpers, et cetera, have access to open files, confidential information may easily become public knowledge.

2. Since health records are legal documentation of actions taken by the school in relation to the well-being of the child, a careful record should be kept of first aid given, the disposition of injuries, and the dates involved.

Communicable Disease Control

1. Are parents encouraged to meet the State immunization requirements?

2. Are the teachers aware that most communicable childhood diseases begin with cold symptoms? Children with such symptoms and fever should be isolated until they can be sent home.

3. Does the school system hold in-service education on contagious skin diseases? Pustules or crusty sores around the mouth, chin, and nose may be impetigo. Rough, round lesions or bare spots on the head

may be ringworm. Scabies and pediculosis (lice) are conditions more common in children from lower socioeconomic communities, but may be found in any situation where children associate closely together. Teachers need to inconspicuously inspect children each day if these conditions are prevalent.

4. Does the school require a doctor's written statement for return to school for a child who has been excluded because of communicable disease? In some communities public health nurses determine whether a child is free of the ringworm, scabies, pediculosis, et cetera, and give the okay for return to school. They will work with the family to clear up the problem if referral is given at time of exclusion from school.

Are buildings and premises regularly inspected to detect accident hazards?

5. Does the school send a letter to parents of children who have been exposed to a communicable disease such as scarlet fever, hepatitis, tuberculosis, typhoid fever, and even measles or rubella (German measles)? Preventative measures may be taken to protect these children.

6. Does the school perform tuberculin testing for faculty and students?

7. Do persons giving first aid carefully wash wounds, using precautions to prevent infection, before applying a Band-Aid or dressing? For severe cuts and very dirty abrasions that will be referred to an emergency room, a clean dressing is necessary, and medical attention must be obtained as soon as possible. Pouring disinfectant over a dirty wound is not very useful, and disinfects may cause

allergy in some children. Soap and water are reliable cleaning agents.

8. Do those giving first aid wash their own hands with soap and water before treating the victim?

9. Are thermometers well cleansed after each use? Alcohol may not sterilize a thermometer contaminated with mucous. Soap and water are the best cleansing agents.

Healthful Environment

Sanitation

1. Is there a sewage disposal system (privy, water-seal toilet, or modern toilet facilities)?

2. Is the water supply at least 20-30 feet from the sewage disposal system? Is the water tested regularly for bacteria count and adequate chemical treatment if it does not meet public health standards? (United States public water supplies are tested regularly.)

3. If food is served, are refrigeration and storage facilities adequate?

4. Is milk pasteurized?

5. Is food protected from flies during storage and preparation?

6. Are mosquito breeding places identified and cleared of stagnant water?

7. Are rodent control measures vigorously pursued?

Safety

1. Are buildings and premises regularly inspected to detect accident hazards?

2. Are floors, steps, and equipment well maintained?

3. Are halls, stairways, entrances, and exits well lighted?

4. Are walks kept smooth and free of rocks, holes, and uneven places?

5. Are electrical equipment and wiring properly maintained

(To page 43)

Loving God's Children

(Continued from page 35)

will not feel resentful when we put our hand on their shoulder and inquire about the burdens that trouble them. They know we care, because we have built a meaningful relationship with them throughout the school year. They will be able to believe in us, because we have shown that we believe in them.

As teachers we must beware lest our teaching become a crisis ministry in which we are always facing problems in the classroom and are defensively seeking to placate both parents and students. How much better to demonstrate actively that we care more for our students than for the subjects we teach or the rules we enforce! We will have entered into the joy of teaching when we show our love for God's children by coming into close relationship with them in their daily activities.

FOOTNOTES

¹ Evelyn Wenzel, "Finding Meaning in Teaching," in *Creativity in Teaching*, edited by Alice Miel (Belmont, Calif. Wadsworth Pub. Co., Inc., 1961), pp. 56, 57.

² Ellen G. White, *Education* (Mountain View, Calif.: Pacific Press Pub. Assn., 1903), p. 292.

³ _____, *Fundamentals of Christian Education* (Nashville: Southern Pub. Assn., 1923), pp. 18, 19.

⁴ *Ibid.*, p. 116; _____, *Counsels to Parents, Teachers, and Students* (Mountain View, Calif.: Pacific Press Pub. Assn., 1913), pp. 203, 208.

⁵ _____, *Education*, p. 212. (Italics supplied.)

Where Are Your Children Sheltered?

(Continued from page 12)

children in a Christian school does not mean that you are a crusader against the public school system. It means you want an education for your child that cannot be given by the public school. Parents send their children to the Christian school because they do not want them sheltered from the real world."

But what of the hothouse analogy? Young plants are

placed in a hothouse, not to make them weak, but *because* they are weak. To suggest that a hothouse has an unwholesome, weakening effect is erroneous. The church school, like the hothouse, protects "tender plants" from the harshness of the outside elements until they are strong enough to stand on their own, and not be "tossed to and fro, carried about with every wind of doctrine, by the sleight of men . . ." (Eph. 4:14) Children need a church school to strengthen them for the future task of witnessing to the world. They need a good shelter where the training of the Christian home is continued and where devastating scars on the character are eliminated to the fullest extent possible. A public high school administrator estimates that of every ten pupils who come from Christian homes, nine compromise with the world because students are not fully able to cope with being different and are not able to take the scorn and ridicule sometimes showered on them by classmates.

Students under worldly influence are like the disadvantaged people described in the book of Job. "They are wet with the showers of the mountains, and embrace the rock for want of a shelter." (Job 24:8) Christian education shelters the student in the Rock of Ages. It is a shelter from "rock" music and from being "stoned" on drugs.

It is a sad and painful truth that the worldly school does not ADJUST Christians to the world; it CONFORMS them to the world. "Be not conformed to this world; but be ye transformed . . ." (Rom. 12:2)

The transformed individual is the adjusted individual who has learned how to cope successfully with the world in which he finds himself. He learns within a philosophical framework that gives meaning and purpose to life and that eliminates confu-

sion. Within the framework of a Christian philosophy, our youth may confront the wiles of the devil in various forms such as Evolution and Situation Ethics. They will successfully face reality because they will know who they are, where they came from, and where they are going.

Soldiers are not rushed to the battlefield before going through new entry training. The Seventh-day Adventist school is the new entry training camp for those who would be soldiers of the cross in this great controversy between Christ and Satan.

This article is reprinted from the Canadian Adventist *Messenger*, July 17, 1980. Used by permission.

Safeguarding Our Students' Health

(Continued from page 9)

to prevent fire hazards?

6. Are student workers properly supervised?

Abused or Neglected Children

1. Are the teachers aware of State laws regarding the course of action to take if they suspect that a child is being abused or neglected at home?

2. Does the school have a policy for handling child-abuse situations? In some States a teacher, nurse, or administrator can be prosecuted if they know of an abuse but do not report it. However, parents must not be accused without proof. The police department or county child welfare workers can suggest ways for faculty to proceed.

Health Education

Most States have mandated areas of health that must be included in the curriculum. These generally relate to the use of alcohol, tobacco, and drugs. These areas are required in 35 States. More-complete health-education programs are required in 16 States. Every

school should include the mandated areas, and Adventist schools should go far beyond the required minimum. Probably the area in which there is the weakest educational effort is related to sex education. This area should receive attention

Sex education is greatly needed.

from Home and School discussion and from the school health committee. An increasing number of pregnancies are occurring in academies and colleges. Though not mandated, except in some places, under the euphemism of family-life education, sex education is greatly needed. It can be a joint project of the family and school.

In conclusion, Seventh-day Adventist administrators and teachers must stay abreast or ahead of the health requirements of their State or country so that their school may be representative, and so that they may uphold the teachings of the church in matters of health.

FOOTNOTES

¹ Committee on School Health, American Academy of Pediatrics, "Medical Emergencies and Administration of Medication in School," (reprinted) *Journal of School Health* (May, 1978), p. 275.

² Elizabeth Bryan, "Administrative Concerns and Schools' Relationship with Private Practicing Physicians," *Journal of School Health* (March, 1979), p. 157.

Such a Gladsome Day!

(Continued from page 13)

bit warm on this September day, but cornbread was baking, and the aroma of creamed potatoes and buttered squash and chili beans made her stomach aware that it was mealtime. Three raspberry pies were cooling on the kitchen cabinet.

"Hello, Jenny, dear." Mother smiled, pushing the potatoes to the back of the stove

so they could simmer. "Do you want to run out to the garden for some lettuce and green onions?"

While Jenny was putting the forks and knives by the plates, father came in and she heard snatches of their talk from the big clean pantry where Mom was cutting the pies.

"I think it is a sign from the Lord . . . for us to send the children to that church school . . ." she heard her father say. It was all so new . . . there were so many things to learn, since they had joined the Sabbath-keeping church. She heard her mother say something about Miss Daniells' temper. "She did the same thing to Ethel and Annie. And Ethel had a boil on her finger."

Chester was quiet the whole meal, but he did not seem to be so nervous. He knew he was in the midst of those who loved and understood him.

The next morning, father hitched up old Billy to the two-seated carriage, leaving the store in the care of his clerks, while he took the children the half mile from the grocery to the new church school. Instead of the big brick and marble public school, Jennifer, Chester, Charlie, Bill, and Mary would now go to the one-room church school in the back of the church auditorium.

Instead of drinking fountains, there was a waterbucket, and children had their own drinking cups set on their desks. There were eighteen boys and girls, with all eight grades in the care of one teacher. Jennifer and Chester were amazed. How could one teacher do all that work in one day? They were soon to learn, and they were happier than they had ever been in any school before.

It was a buzzing, busy, happy school. For the first time they had morning worship in school. They were encouraged to reply to the roll call with a new Bible

verse every day. Miss Murphy, an Irish girl with black hair and blue, blue eyes, was the teacher. Her voice was gentle, and she seemed to be smiling all the time. The first day, when arithmetic time came, Chester began to tremble and cry as he used to at school. But Miss Murphy, with a puzzled look on her face, went over and put her arm around his thin shoulders. She assured him she would help him, and that he need not cry in this school, ever. Someone would always be there to help him. Jennifer's heart simply poured out with love that day. She made up her mind, if she was ever a teacher, to be as nearly like Miss Murphy as she could.

That was the beginning of great and wonderful times in the lives of the new converts.

One noon, an ominous knock sounded at the door. Then it became thunderous, and the door opened before dainty Miss Murphy could gather up her plum-colored skirts and get to the door. Everyone's eyes practically bugged out! There stood nearly all the church ladies, and some of the men, every one laden with big baskets. Each of these baskets emitted tantalizing odors. Sister Hinton plopped a generous pot of her famous potato-noodle dish on the stove to keep hot. Then she went swiftly around and put one of her blue willow plates and bowls on every desk, and one on the teacher's desk. Ada Akers was busy cutting cakes over on the kindergarten table while Sister Boyd poured rich cream into a huge bowl of cottage cheese fresh from their dairy farm. Mother was there, too, with loaves of her wonderful homemade bread, and there were several big round slices of butter Maud Stivers had brought, and was busy spreading on slices. Other church ladies had brought macaroni, crusty and good, great pans of