

SCHOOL HEALTH

PART II

Pills, Parents, and Prevention

Early one morning I found myself assigned to a special school for severely mentally retarded and handicapped students. Shortly after I arrived I was surprised to see the school doctor rush in. Dr. Blake said she had been sent to see an antisocial boy named Larry* to determine what type of class would best suit his needs. After she related a few stories about Larry's behavior, I became anxious to see him.

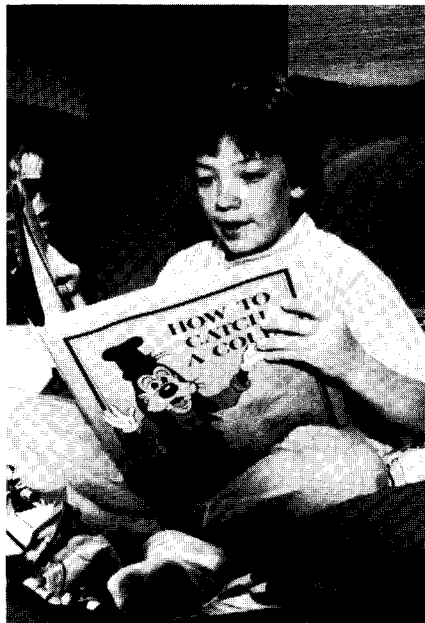
Larry arrived in my office escorted by an aide. He certainly looked normal. He had a sweet face and big, bright eyes. Dr. Blake questioned him briefly, then looked at me in amazement and said, "He is deaf!" She could tell by Larry's strange pronunciation that he was hearing impaired.

After examining Larry and getting a medical history from his father, the following story emerged. Larry was a sweet, well-behaved child until his mother's death when he was about three years old. Larry continued to live with his father and appeared normal and happy until his father remarried, when Larry became a tyrant.

Larry could hear the husky voice of his father, but because of his hearing impairment he missed almost everything his stepmother said. He tried to guess his way through life, which made mistakes inevitable. His misunderstandings were interpreted as disobedience. The more he disobeyed the more he was misunderstood and punished, causing his anger to build

**Not his real name.*

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BY ANNA SELK

up. As a result, he was placed in a class for the mentally retarded. Discovering Larry's real problem gave me a compelling lesson in the value of screening students for health problems.

A screening program should begin with a physical examination that includes analysis of blood and urine. This evaluation should occur before the child is admitted to the school. Vision, hearing, and dental screening should be done periodically. Boys also need a one-time color vision test.

Schools should also arrange for scoliosis screening because youngsters grow so fast that a curvature of the spine can occur without it being noticed by parents or teachers. The crucial time to check for abnormalities is at age 12 for girls and 13 for boys. You may need some instruction about what to look for, but after looking at a few backs it becomes easy.

Remember that you are merely screening and not diagnosing. Any questions should be referred to a physician.

Observing the Students

Part I of this article gave some guidelines about observing the child for illness. In actuality, such observation relates to all aspects of the child's development. Visually inspect the members of your class on a regular basis. In addition to evaluating his or her health status, analyze each child's development and compare it to that of a healthy child. Consider the physical, emotional, social, mental, and spiritual devel-



opment. Keep in mind that all children do not grow at the same rate or have the same emotional makeup.

You can observe a lot of things through this regular assessment. Look at each child's stature and facial expression. Notice his or her interaction with you and other students. What is the youngster's general attitude? Is he or she growing properly? How good is the child's posture? Do his feet turn in when he walks? Does she seem thin or overweight? Be alert for anorexia and bulimia in both boys and girls. Does the child seem vigorous and lighthearted? Does she have friends? Or does she act frightened and cry at little things?

Sometimes children are overlooked because they do not cause the teacher any problems. In reality, such youngsters may be depressed and troubled. Too many times teachers have assumed that the emotional and mental health of their students is a moral rather than a psychological problem.

As the year progresses, so should the growth and development of your students. By this time you can evaluate their self-esteem by how secure they seem and how well they adapt to varying situations.

The classroom teacher is often the person who detects such special problems

Do not administer any medication, even aspirin or acetaminophen, to any child unless you have the parent's and physician's written permission.

as dyslexia or impaired motor skills. Although you may not be able to diagnose the problem, you should be able to tell that something is wrong. This is the first step in diagnosing and treating these problems. You may even be able to identify a significant health problem, such as diabetes or a kidney infection, if a child frequently asks to use the restroom. If a well-adjusted child becomes unglued every day before lunch, for example, you should suspect a health problem.

Drug Abuse

Educate yourself to recognize the symptoms of illegal drugs and alcohol. Watch for changes in attitude, interests, friends, and personality. Usually the child's grades will

drop and you will see a significant change in his or her behavior. However, the evidence may not be all that dramatic at first. Just don't be naive and think it cannot happen in your school.

This advice also applies to suicide prevention. Become familiar with signs of a deep depression. Watch for a dramatic change in mood and behavior, feelings of hopelessness, lack of planning for the future, giving away personal possessions, and related symptoms. Be alert to the moods of students who are having home or school problems, such as a parent leaving the home, or the teenager who is suffering a loss, such as the break-up of a romance. The child may be restless or complain of sleep disturbances. These problems are very real and assume major proportions to a youngster, although an adult may consider the problem to be minor.

A Few Words About Parents

Church school teachers have a unique relationship with the parents of their students. They often attend the same church and are a part of the same social circle. In some instances this interaction may make the teacher's role more difficult. Your

observations about the child's development and behavior have to be reported to the parent. The kind of connotation you put on it is up to you, but it is your responsibility to report.

As mentioned before, there are a few things about which you immediately need to call the parent. Included in this list would be accidents or serious illness. A severe bump on the head or a broken bone has to be treated immediately by a physician. If a child is vomiting, has diarrhea or a significant elevation in temperature, the parent needs to be called. A parent should be contacted immediately if a child faints, has a seizure, or gets an uncontrollable nosebleed.

Many other problems can wait until the end of the day. A few examples are a stomachache that comes and goes, a slight nosebleed, a crying spell, skinned knees, and so on. Other things that you can discuss with a parent in a day or two are problems detected during health screening.

If you report a possible problem and the parent does not take any action, don't hesitate to follow up. Most parents will take their youngster to a doctor if they have the money or know where to find affordable health care. Some families do not have health insurance. Their children attend our schools because someone helps pay their tuition. It is often possible to find a public service agency to help the child with a specific medical problem.

The one thing you must not discuss with a parent is child abuse or neglect. It is your responsibility to report the suspected abuse to the authorities. You must keep the information confidential. Your employer may help if you have any problem with parents and reporting. However, your employer cannot decide whether you should



the doctor's telephone number. If it is an asthma medication, you will want to know what to do if it does not work, whether the medication can be repeated, and how soon. A form can be printed and given routinely to all such parents for non-prescription drugs as well as for prescribed medication. Be sure to get everything in writing, because even aspirin can be dangerous.

Unless the medication is to be taken at mealtime, most of the requests to give medicine at school can be eliminated. For instance, if medication is ordered three times a day, it can be administered before and after school and at bedtime.

Be sure to keep all medication in a safe place. It is not usually wise to allow students to carry their own medication around

with them.

Too many times teachers have assumed that the emotional and mental health of their students is a moral rather than a psychological problem.

report the suspected abuse because it is the teacher who, by law, is held responsible. Be sure to keep good records in case you have to discuss the abuse with social service agencies or in the courts.

Giving a Child Medication at School

Many parents will ask that medication be given to the child at school. In such cases, it is wise to require a doctor's note providing the following information: name of medication, why it is being given, any possible side effects, the date when the medication is to begin and end, the time of day when it is to be given, and

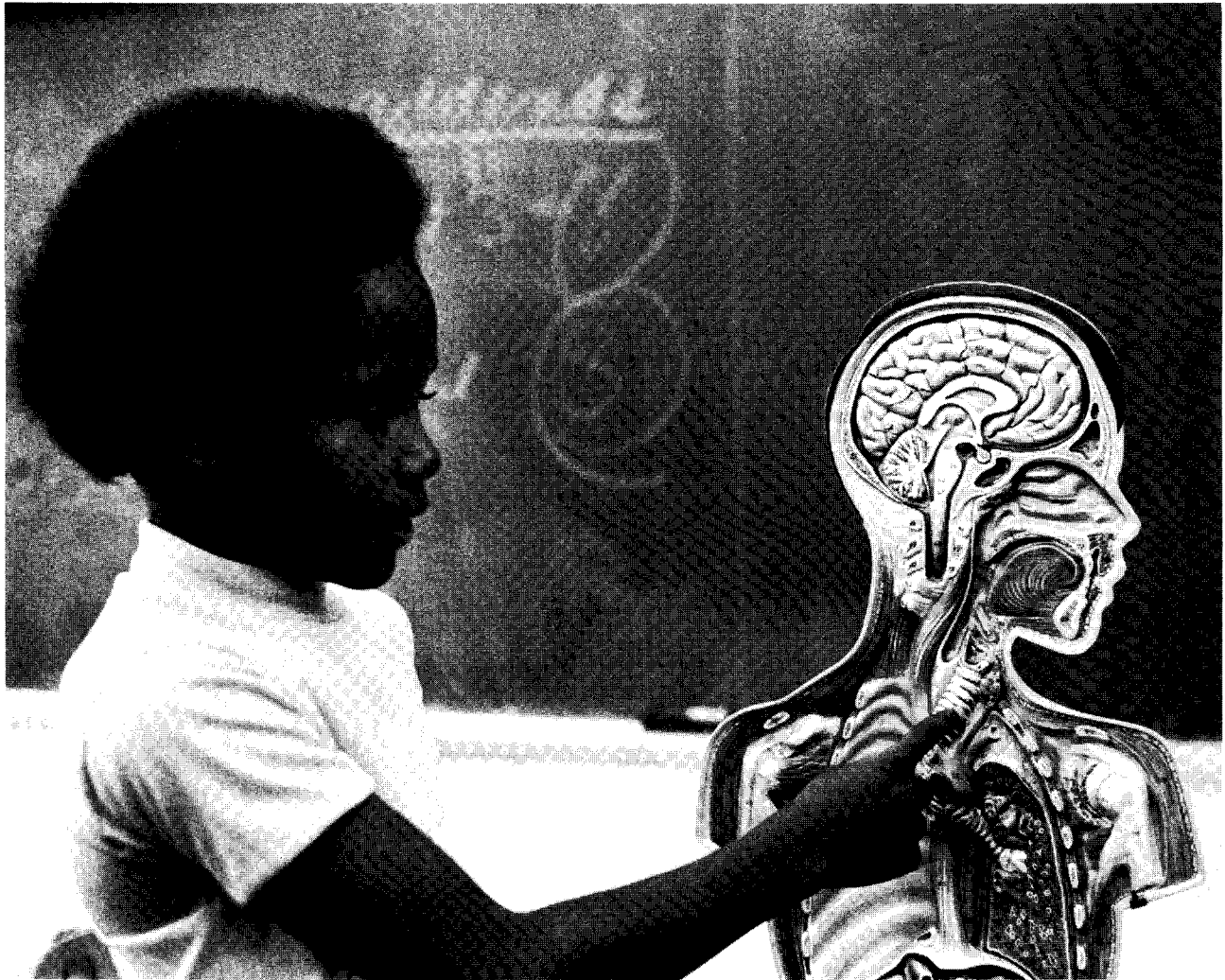
Improving Your Health Awareness

Keeping up to date professionally is time- and energy-consuming.

However, there are a number of ways to become knowledgeable about school health. Look for articles and books on the subject. Choose topics you want to know more about, and ask your administration (or conference superintendent) to include them in in-service classes. The first step is to identify a need in your school, then investigate ways to solve the problem.

Student Health Education

Health classes should deal with much more than just the parts of the body. Young people are interested in health and related topics. One occasionally hears the complaint that there are insufficient health classes in the curricula. However, children love clubs where they can express themselves and ask questions. Teacher-led clubs in different subject areas relating to health can be planned for various age groups.



Health fairs offer another way for students to expand their knowledge. Health can also be integrated into many other subjects, such as science, history, current events, and English.

Helpful Equipment

First aid supplies, including disposable gloves.

Non-mercury thermometers.

Sphygmomanometer and stethoscope for checking blood pressures.

Eye chart (Example: Good-Lite Co., 1540 Hannah Ave., Forest Park, IL 60130. 800-562-5200.

Pseudo-Isochromatic plates for testing color perception. American Optical Corporation.

Illustrated poster - Health Information Services: Merck, Sharp and Dohme, West Point, Pennsylvania. (Pictures the

rashes of six childhood diseases.)

Resources

Learn to rely on public agencies, such as your state or provincial department of education, for help and information. The local health department and medical centers are also useful. Become friends with the nurse at a nearby public school by going to her school's open house or by stopping by her office at a mutually convenient time.

The local library can provide you with a number that will give you access to the 800 numbers in your area that provide free information on a variety of subjects.

Here is a sample:

Cancer Hotline	800-4-CANCER
National Child Abuse Hotline	800-422-4453
Runaway Hotline	800-843-5200
Cocaine Hotline	800-262-2463

Many types of information and many pamphlets are available through the Consumer Information Center, Pueblo, Colorado 81009. Their telephone number is 202-501-1794. ✍

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Resource Books

Ronald S. Illingworth and Churchill Livingstone, *The Normal Child*. Edinburgh, London and New York: Churchill Livingstone, 1975.

Jerry Newton, M.D., *School Health Handbook*. Englewood Cliffs, N.J.: Prentice-Hall Inc., 1984.

Richard D. Anderson, James F. Bale, Jr., James A. Blackman, and Jody R. Murph, *Infections in Children*. Rockville, Md.: Royal Tunbridge Wells, 1986.