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School Nurses' Course - Daily Schedule

September 18 - December 8, 1950

Date	A. M.	P. M.	Remarks
September 18 Mon.	Opening Ceremony (Takehaya)	Group Meeting	Wk 1
19 Tues.	Introduction	Attitude toward the Course Director Yamamoto	
20 Wed	Individual Conferences - Ferry	Individual Conferences - Ferry	
21 Thurs	School Health Administration Monbusho Health Sec. Official, Kinji Yusa	How to conduct the discussion Director, Yamamoto	
22 Fri	Duties of School Nurses (Purpose of Course) Discussion Yamamoto - Ferry	Recreation	
25 Mon	Introduction to Public Health Organization of Public Health Advisor, Matsuoka	Discussion	Wk 2
26 Tues	Health Statistics - Tokyo Univ. Ass't Prof San Nukada	Discussion	
27 Wed	Introduction to Communicable Diseases. Tokyo Univ. lecturer, Kohei Toyokawa	Discussion Meeting of IFEL Committees	
28 Thurs	Environmental Sanitation Advisor, Matsuoka	Observation: Tokyo-to Water Supply Dept. Mikawashima Disposal of Sewage	
29 Fri.	Environmental Sanitation Advisor, Matsuoka	Recreation	
October 2 Mon	Public Health Statistics Tokyo Univ. Prof. San Nukada	Discussion	Wk 3
3 Tues	Introduction to Nutrition Tokyo Univ. Prof Keizo Kodama	Discussion	
4. Wed	Prevention of Communicable Disease Tokyo Univ. Lecturer, Kohei Toyokawa	Discussion	
5 Thurs	Kanto Regional School Nurse Conference Minato Ward. Seio Elementary School		

Shikoku

6	Fri	School Lunch Poisening - Miss Ferry	Conference with the representatives of school nurses in Tokyo City at Kyoiku Kaikan	
9	Mon.	School Health Administration Monbusho Chief Health Sec Hideo Arai	Discussion	Wk 4
10	Tues	Nutrition for Children Tokyo Univ. Prof. Keizo Kodama	Discussion	
11	Wed	Effect of School Lunch on the Development of school children Tokyo Univ. Prof Shozo Kondo	Discussion	
12	Thurs	Re: School Nursing Service Miss Ferry	Discussion	
13	Fri	Environmental Sanitation Kanto Civil Affairs Mr. Allen	Recreation	
16	Mon.	Discussion	Observation: Special class, Kanda, Shinryu Elementary School	Wk 5
17	Tues	School Health Administration Chiba Pref. Board of Education, technician, Sanae Uchida	Discussion	
18	Wed	Industrial Hygiene - Miss Ferry	Discussion	
19	Thurs	Labor Hygiene - Industrial Advisor, Matsuoka	Adult Education - Miss Cologne and group	
20	Fri	Prevention of Communicable Diseases Tokyo Univ. Lecturer, Kohei Toyokawa	Recreation	
23	Mon.	School Health Program & Health Education, Monbusho Health Sec. Official, Seiko Hamada	Discussion	Wk 6
24	Tues	New Curriculum - St. Paul Univ. Ass't Prof. Shogo Tanaka	Study Report	
25	Wed	Hygiene of Milk - Production, Distribution & consumption methods, kinds of milk serving	Observation : Visit to Palace	
26	Thurs	School Health Administration Dr. Neufeld, CI & E	Discussion	
27	Fri	Guidance - St. Paul Univ. Ass't Prof. Shogo Tanaka	Discussion	

30	Mon.	Guidance St. Paul Univ. Ass't Prof. Shogo Tanaka	Dr. Stanton & Ferry to Crippled School Group Discussion Visit to Crippled Children's school Tokyo 2 students for group study	Wk 7
31	Tues	Study Report	Movies	
November				
1	Wed	Special Education -Dr. Stanton	Discussion	
2	Thurs	Education & Evaluation St. Paul Ass't Prof. Shogo Tanaka	Relation between the school nurse and Home Economic teacher in the health program - Dr. Williamson	
3	Fri	Holiday (Japanese)		
				Wk 8
6	Mon.	Population problem Director of Public Health Institute Yoshio Koya	Home visiting technique Visiting Bg technique Welfare technician PHN Sada Miura	Observation: Institute of PH, CD Lab.
7	Thes	Discussion	Discussion	
8	Wed	Observation: Special School (Blind School)	Conference with the Group on Special Education	
9	Thurs	Special Children - Dr. Stanton	Discussion	
10	Fri	Study Report	Recreation	
				Wk 9
13	Mon.	Health Education ..... Field Visit Minato Ward Takanawa Elementary School		
14	Tues	School Lunch Monbusho School Lunch Section Official, Chin Nakamura	Study Report	
15	Wed	Demonstration for School Nurse Follow-up (Health Cards Filing System) Miss Ferry	Observation : Unit Kitchen and Home Making Program The 5th Girls High School	
16	Thurs	Trip to Chiba Prefecture : Chiyoda-Kita Elementary School Choyo Elementary School (Full Days Field Observation & Conferences)		
17	Fri	Psychology of Adolescents - Dr. Crow	Recreation	

20	Mon.	Hearing Test - Demonstration of 4 A Audiometer Hearing Aid Miss Ferry	Mental Hygiene Tokyo Education Univ. Sago Nakano	Wk 10
21	Tues	Observation: Demonstration School of Nursing (Red Cross) Nursing School & Hospital Training Programs	Discussion	
22	Wed	Observation : School Health Council Demonstration Meeting Saitama Pref. Kawaguchi City. Aoki Lower Secondary School		
23	Thurs	Holiday ---	Thanksgiving	
24	Fri	Teacher-Nurse Conference - Demonstration Home Visiting (Play act)	Oral Hygiene Monbusho, Health Sec Official Mitsuharu Takeuchi	
25	Sat.	School Dental Hygiene Mitsuharu Takeuchi	Discussion	
27	Mon.	Public Health Nurse & School Nurse Conference (Play act)	Study Report	Wk 11
28	Tues	Observation : The American School Mrs. Typer's American Home	Function of the Nursing Section Welfare Ministry Sec Chief Mitsu Kaneko	
29	Wed	Study Report	Study Report	
30	Thurs	Vision Testing - Technique, Interpretation of Findings	Combining group studies into Class Report	
December 1	Fri	Combined into one report	Combined into one report	
4	Mon	Hearing - Testing Demonstration Follow up. Pure Tone Audiometer Japanese Company Tokyo Univ. Prof. Kirikae - Otologist	Group Study	Wk 12
5	Tues	Mental Hygiene - Tokyo Education Univ. Prof. Sago Nakano	Public Health - Institute of Public Health Kiyoshi Saito	
6	Wed	Group Study	Group Study	
7	Thurs	Group Study	Group Study Completion of Class Report	
8	Fri	Closing Ceremony (Takehaya)		

List of Students Enrolled in the School Nursing Course
IFEL Program Sept 18 - Dec 8, 1950

Prefecture	Student's Name	Prefecture	Student's Name
Hokkaido	Takahashi, Hana	Aichi	Yamada, Shimako
Yamagata	Tokairin, Yachiyo	"	Ito, Asako
"	Sekiya, Toshiko	Hyogo	Tsujii, Kazuo
Fukushima	Ohashi, Kyoko	Okayama	Yamashita, Maruko
Ibaragi	Ozawa, Chinami	Hiroshima	Okito, Sachi
Tochigi	Hatsukawa, Kiyoko	Tokushima	Takahashi, Asako
Gumma	Kogure, Yuku	Kochi	Kimura, Fumiko
Saitama	Uchida, Kiyoko	Fukuoka	Kuraoka, Michiyo
Chiba	Tanaka, Haruko	Kumamoto	Miura, Keiko
Tokyo	Muroi, Mitsuko	Kanagawa	Takimoto, Kotoko
"	Ito, Yoshino	Osaka	Moriki, Taka
Niigata	Ohtani, Yoshi	Kyoto	Yamamoto, Izuko
Yamanashi	Hada, Yoshiko		

Situation of Nurses in Schools

1949 -- 38,236 Schools in Japan as follows with
6,000 School Nurse Teachers

2,935 Senior H.)
12,419 Junior H.) 15,354 - Schools = 1500 School Nurse Teachers
20, 953 Elementary or 1 - 10 schools
142 Blind & Dumb
1,787 Kindergarten

38,236

January 1951

Recommended Follow-up Programs for
IFEL School Nursing Students

Each Prefecture will utilize the returning students as they feel they can best be used.

The Ministry of Education will make the following recommendations to the Prefectural Dept of Education.

I. If student "old enough" and qualified they are to be placed in the Prefectural Dept of Education as a Supervisor of School Nurses. Usually they will be in the Physical Education and Health Section of the Prefectural Dept of Education.

II. If the student is young she will remain in her own school and develop a demonstration or model school nursing program.

III. In special cases the nurses are doing outstanding programs - for example in Hiroshima Prefecture Miss Okitō is doing a generalized village health program (5000 pop) but is paid by the school department. She should develop this as a demonstration program. She is also qualified to become a supervising nurse in the Prefectural Dept of Education - either program will be useful.

IV. These students should also be utilized in training programs for school nurses. Either in programs exclusively for school nurses or on a part-time lecture basis in the Public Health Nursing courses - to assist to public health nurses instructor on the section on school nursing.

File

Not from SCAP

SCHOOL HEALTH

Cooperative Planning

In an endeavor to foster the growth and development of the whole child in his total environment, cooperative planning is imperative. Group thinking and planning become essential in the development of a health program in a school which bases its curriculum upon the concept of the development of the whole child within his total environment and assumes a responsibility for the health of its individual pupils and for making a contribution to a progressive community health program.

Membership in Planning Group

Those individuals directly responsible for the healthful living experiences in the school and community should make up this planning group. Its membership then naturally includes the county health department staff, the county commissioner of schools, representatives from the school administrators, teachers, parents, medical and dental groups, and those social agencies concerned with school age children. This may vary with the peculiarities of the community. Each person and agency will have certain responsibilities in developing the total program.

Cooperative planning for a school health program considers the needs of the whole child at the various stages of his development from elementary through high school formulating a plan of action whereby school, home, and community may meet these needs effectively.

Committee Work

The planning group or committee usually proceeds somewhat as follows:

1. Formulates objectives:
   a. Immediate.
   b. Long range.
2. Plans activities and assigns responsibilities to members of the cooperating group.
3. Evaluates program.

The planning group should consider all aspects of the health program assigning responsibilities to small groups or committees for analysis of the various phases of the problems. For example, one group might wish to consider the health appraisal of the school child breaking it down into such problems for consideration as:

1. Formulation of a statement regarding basic philosophy underlying appraisal of the school child.
2. Preparations to be made by teacher and student for the health appraisal.

Source? Date?

3. Cooperative procedures to be followed with the health department and private physician.
4. Cooperative procedures for follow-up.

Environmental factors, feeding and nutritional problems, health guidance, first aid, physical and recreational activity, safety education, studies of health, etc., may be studied.

Planning a Schedule for Visiting Schools

Upon a framework of cooperative planning the public health nurse organizes her activities. This is usually done on a zone basis. The frequency of visits to schools will depend upon such factors as:

1. Nursing service available.
2. Needs of the school child.
3. Number of children enrolled.
4. Health and social problems in area.
5. Experience and training in health education which teachers have.
6. Feasibility of group work with the teachers.

Where possible, it is well to plan to visit the large consolidated schools once a week. A definite time should be set for this visit as it facilitates work in the school and may be a means of encouraging parents to come to the school for conferences. Notes requesting a conference with the nurse by parent, pupil or teacher may be left in a box at the school--thus facilitating use of time.

The smaller rural schools should be visited as early in the school year as possible and thereafter as indicated by local needs and time available for visits. So that these visits can be of optimum value, it is recommended that a record of visits be made. Such a record would give information on previous discussions, observations, and suggestions. Teachers should be invited to come to the health center office for conferences with personnel on particular problems and projects. Smaller rural schools may be notified of the nurse's intended visit by post card. Planned visits are helpful to both the teacher and nurse.

The Role of the Nurse

The work of the nurse in the school is supplementary to that of the classroom teacher. She may advise and make suggestions on the general school health program and assist the teachers to develop better methods of observation of children and to provide experiences for the pupils in healthful living in the school.

The teacher's observation of her pupils should be a continuous one, and the nurse may help interpret this. For instance, the nurse will encourage the teacher to observe the children

at work, at play, alone and with groups and see how they behave; also to look at children for signs of physical h ealth and variations from a good condition and recognize symptoms that indicate need of care. The teacher who makes such observations is better able to help children recognize their health problems and to assist them to become increasingly able to accept responsibilities for the solution of these problems.

Public health nurses may demonstrate certain techniques that are included in the observation of children. These demonstrations may be given in teacher group meetings and include such activities as scientifically accurate weighing and measuring, vision and hearing testing, observation of symptoms frequently associated with communicable disease and looking at children's skin, teeth and other physical conditions.

Group meetings for teachers are usually held early in the fall term and throughout the year. These meetings afford health center personnel excellent opportunities to discuss health projects and demonstrate certain techniques.

Observations or Inspections for Communicable Disease

Every community can, by united action of parents, school officials and the health professionals, protect itself against outbreaks of communicable diseases, and nurses should make use of every opportunity to relate this concept to them. Parent s should protect their children from preventable diseases by immunization, keep children who show signs or symptoms of communicable diseases home and away from others, and cooperate with the physician and health center in the care and isolation of sick children.

Teachers and school administrators can do much to control communicable disease. Superintendents, principals and teachers of all schools and nurses in anyway responsible for the health program of any school may exclude from school any child suspected by them of having a communicable disease.
Teachers should:

1. Be always on the alert for signs of beginning illness in pupils.
2. When a communicable disease is present in a community, inspect or observe pupils each morning at the opening of school for early signs of illness.
3. See that any child showing such signs gets safely home, notifying the parents and reporting to the local health officer the name and address of the child so that investigation can be made. If the child cannot be sent home at once, separate him from the other pupils, if only in a corner of the room with a screen.
4. Readmit excluded children only with the consent of the local health officer.

5. Make exclusion for illness a learning experience for pupils, with discussion and participation by them in all immunization and control activities.

The Public Health Nurse Serving as a Resource Person

Primarily the public health nurse is a resource person in the school. For example, a group of secondary students in a home economics class may be working on a problem relating to the care of babies or young children in the home. The public health nurse may be called in to give demonstrations, to tell of particular problems in the community and what is being done about them. Furthermore, she may arrange field trips for the students and help to develop their understanding of community facilities. Experience has shown that when she is used in that capacity, more lasting values accrue, particularly when she and other resource people are used for program building and in-service education for teachers. "As a resource person, the nurse should help teachers primarily with accuracy of subject material, awareness of needs and content selection and only incidentally with problems of method. In the matter of the total health program in the schools, the teacher and pupils should at all times bear the central responsibility and resource people should never assume responsibility for directing a unit of study but should consider themselves as supplementary resources rather than as 'directive influence'."

Acting in the capacity of a resource person, the nurse will be asked frequently to secure authentic scientific material. To be able to do this the nurse needs to be familiar with books, pamphlets and reports relating not only to health education and health services in the school but also to community health problems.

Teacher-Nurse Conferences

A very important activity of the nurse in the school is the teacher-nurse conference. Conferences should be arranged frequently with individual teachers or groups of teachers. They may be held in the school, the nurse's office or other meeting place. Following are suggested topics for these conferences:

1. How to contribute to the normal growth and development of the school child through:

   a. Continuous observation of the school child.
   b. Detecting communicable diseases and contributing to their prevention and control.
   c. Pupil health appraisals, suggesting the use of all health services to children as learning experiences.
   d. Securing adequate data for the individual cumulative records and the use of these records.
   e. Use of various measurements and tests such as vision, hearing, weighing and measuring tests.
   f. Family situations and their bearing on the child's adjustment.

2. How to help the child become aware of health needs and acquire desirable ways of behaving in matters of personal and community health. An example would be, how to make the school environment and organization one which provides opportunity for and encourages good health practices.
3. How to prepare the child for and help him to understand the significance of such experiences as the health examination and routines concerning exclusions from school and admission following absences.
4. How to help the pupil understand the reasons for good health practices and the social significance of health behavior.

Aiding in the Selection of Experiences for Health Teaching

Educators today are concerned with the problem of bringing about the optimum development of the whole child through many and varied experiences. In health education this means that they will seek to give the child opportunity for and encouragement in healthful living through the day and an appreciation and understanding of health principles at his own level of comprehension. They will attempt to build on his interests and needs. They are one with the health worker in wishing him to be an individual capable of caring for himself--including his own health and of protecting the health of others. Experiences that may be utilized are many and varied. Activities that the nurse may suggest could include:

1. Study the individual child with reference to:

   a. His social and emotional adjustment; attitude toward his companions, teachers, work, play, responsibility, control.
   b. His health status as noted by absence or presence of physical handicaps, such as poor vision, poor hearing, poor dental health, etc.
   c. His health status as revealed by absences from school due to illness, fatigue, accidents, or other causes.
   d. His health behavior, such as habits of cleanliness, use of handkerchief, eating, play, posture, rest, safety, etc.
   e. His cooperativeness in healthful living.
   f. His knowledge about scientific reasons for healthful living.

2. Study the school environment with reference to sanitary and congenial surroundings and the way children use them.
3. Study the home and community for the discovery of health problems which become the basis for classroom discussion.
4. Study the communicable disease control work done in the community.
5. Study the nutritional need of the individual.

Personal Health Appraisal of the School Child

The personal health appraisal refers to the continuous evaluation of the physical, social and emotional behavior, the habits of living and the physical status of the individual. It includes that which has been commonly known as the periodic health examination. A number of persons should or may have a part in the health appraisal. Included in these are the teachers, the public health nurse, the public health physician, the family physician, dentist and others in addition to the parents and child. The effectiveness of the health appraisal is dependent upon the preparation and understanding of those who have a part in it. Teacher and parents have the advantage of observing the child every day and may note significant changes which would not be evident to a physician who may have had little intim ate knowledge of the child.

Interpretation of the Health Appraisal

To make the personal health appraisal effective a great deal of interpreting is sometimes necessary. The nurse may need to help the teacher and the parent in their understanding of the significance and value of daily observation of children as a part of personal health appraisals. There are many physical, social or emotional behaviors and physical signs which are indicative of health problems, and teachers and parents should be aware of these. Examples of these may be squinting, holding the book too close, mouth breathing, inattentiveness, pallor, listlessness, asking to have questions repeated, unsocial behavior, frequent absences from school, failure to gain weight, tooth decay, etc. These are best understood by parent and teacher when they are related to the child's daily functioning and continuous growth and development. The nurse may develop this understanding by raising simple questions about the child and his basic needs as:

1. Is he growing?
2. Does he come to school regularly?
3. Does he tire easily?
4. Does he enjoy his school work?
5. Is he reasonably successful in his work?
6. Is he extremely shy?
7. How does he play with other children?
8. What is his response to adults and their suggestions?

Physicians and dentists are also interested in personal health appraisals and will want to know about the teacher's observation of the children under their medical or dental supervision. Many physicians and dentists will be encouraged to know that the school and the health centers are thinking in terms of the welfare of the whole child and also that teachers want their advice and suggestions regarding each child so that they may better understand them and plan for their growth and development. The results of coordinated and continuous observation through health appraisals by the school, the health department, the parent, the child and the family physician and dentist should pro-

mote interest and action in providing for unmet needs.

Health Examination as a Part of the Personal Health Appraisal of the School Child

Personal health appraisals, including the physical examinations, are the basis for good individual health. Schools should make arrangements through their local health centers private doctor for the periodic examination of their students.

How frequently should physical and dental examinations be made? Perhaps the recommendation most often heard is an annual physical and semi-annual dental examination. But there are many children whose parents cannot provide such attention and many more who do not. Furthermore, any hard and fast rule as to the interval between periodic physical or dental examinations is open to question. Allowances should be made for the variable needs of individuals. The conscientious physician and dentist can better advise his people as to how often they should return.

As to the frequency of the physician's participation in the personal health appraisal in the school, every two to four years is considered most feasible and practical by the majority of public health authorities. An examination on entrance to school, on transfer to intermediate grades, on entrance to high school, and again in the final year of high school is the minimum in a worthwhile program. Provision should also be made for more frequent examinations when they are indicated by unusual health or developmental conditions of the child. Local needs and available personnel are among the determining factors as to frequency of the examinations in any school.

Schedule School Visits for Physician's Part in Pupil Health Appraisals

Medical directors usually make their plans for school visits in close cooperation with the school authorities or planning group well in advance of the date scheduled. By such planning the teacher has opportunity to assemble information on children that she may especially want to discuss with the physicians. The pupils may be prepared for the visit and the parents may be invited to the school to confer with the physicians about their children. If the physician plans to conduct a health or physical examination at the time of his visit to the school, the pupils to be examined should be prepared for it and the teacher should do her part in making the experience educational and meaningful. This may be done by discussing with them what the doctor will do and why and how the examinations may help them to understand their own abilities and limitations. When the health examination is conducted, a parent of each child should be present and sufficient time whould be allowed for a consultation between the parent and physician. On the secondary level the preparation for the health appraisal should be adapted for that age level. Since the adolescent should be encouraged to assume responsibility for his own welfare, parents are not invited to be present.

In some areas the private physicians and dentists are entirely responsible for the health examinations of school children. In those instances the nurse should participate in the formulation of plans for the examination. Sometimes plans are developed whereby a panel of physicians from the local medical society conduct the examinations, other times one or more physicians are employed by the school and in other instances the children are referred to their own family physician.

Mimeographed suggestions relative to the teacher's and pupil's part in the health examination are helpful and may be presented and explained at group meetings. They should be a result of cooperative planning, using the best and tried experiences of various individuals. Frequently a committee works out the suggestions.

Conduct of the Health Examination

Even though the public health nurse works closely with the teacher in order to facilitate the preparation for and the conduct of the health examination and even though the children and parents have had a part in the experience, still it is the public health nurse who sets the "emotional tone" and who is responsible for the smooth running of the conference. She commends and encourages, pointing out to parent and teacher the wide range of individual differences in growth and development. She builds a sense of security and acceptance which helps parents and children to face facts concerning themselves and motivates them to do the things indicated. She assists the parents to relate what the physician advises to home practices. She interprets to the parents the relationship between poor functioning and defects revealed in the examination. She brings to the attention of the teacher leads for further learning experiences as revealed by the pupil health appraisal including the health examination. More than a time for finding defects, it is a time during which physician, nurse, parent and teacher come together to grow in the understanding of the individual child and to plan ways of promoting his welfare.

Following the health examination the nurse, teacher and parent may need to have many conferences concerning the specific needs of certain children. This may necessitate home visiting, further consultation with other agencies or more careful handling and observation of the child. Those children, who after a health examination need special assistance, should be able to receive it. The nurse may need to give help in this matter.

Materials and Essential Equipment for the Examination

The public health nurse will plan with the teacher and her pupils regarding arrangements for the health examination.

1. Where is the best place for the doctor to work?
2. What are some of the things which the doctor will need and how may the things be provided?
3. What can the children do while the teacher is busy with the doctor and nurse?
4. Where will parent conferences be held?
5. How will parents be invited?

Such questions enlist the cooperative effort of teacher and pupil. It is wise to provide some degree of privacy to facilitate the examination and conference.

Necessary equipment usually includes:

1. Table for doctor's equipment.
2. Chairs or some seating arrangement for doctor, parent, teacher, nurse and child.
3. Screens to insure some degree of privacy.
4. Educational material including posters, books and pamphlets that will be of interest to both parents and pupils.
5. Table for records and special literature.
6. Tape measure, otoscope, stethoscope, flashlight, tongue blades, paper napkins or kleenex. Physician usually brings own otoscope and stethoscope.
7. Bowel with running water. If this is not available, a basin and a pitcher and a pail for waste water. Soap.
8. Immunization and testing equipment and supplies, if the treatments are to be given.

In situations where immunizations are given, the public health nurse is responsible for setting up safe procedures.

Records

From the foregoing one can readily see the need for adequate records and the value of a cumulative record for each school child. The Pupil's Health Appraisal Record, is used by the individual teacher in her daily work with the students and information recorded should include deviations from normal as discovered by family or school physician, a record of immunizations, of corrections of defects, and perhaps most important of all, a record of the teacher's observations as to health habits, emotional behavior and physical and mental problems.

Since the teacher is responsible for the guidance of the individual child and since she is the person making the day by day observations, the record should be readily accessible to her and should also be in constant use by her.

In most instances the health center also wishes to have a record of service rendered and observations made on the school child, and when it does, a duplicate record is made. Special care should be exercised so that health appraisal records are not used in an unprofessional way. They are confidential and must be properly maintained and protected. They should, however, always be set up on a utilitarian basis. It is not always necessary for the classroom teacher to know the exact medical findings although she must have an interpretation of the child's health status in order to make the necessary instructional adjustment.

When a nurse finds a school child whose welfare demands many home visits, it is advised that the child health record be used. Frequently, forms are devised by the health center personnel for reporting to the teacher the gist of the nurse's home home visits. These are desirable procedures and are devices that may be used to exchange needed information between the school and health center. When such forms and procedures are developed, they should be worked out on a cooperative basis.

Selection of Cases and Content of Home Visits

Since the public health nurse functions to conserve and protect the health of the entire family group, the school child and his health needs should receive as much consideration as others in the family group. Through her home visits, the public health nurse seeks not only to interpret to the family the needs of the school child and the factors which influence his adjustment in school but also endeavors to bring about a better appreciation of the community responsibility to the children of the age group. In her visits the nurse often needs to interpret the need for plenty of rest, adequate food and play as well as other activities which give opportunity for creative expression and worthwhile interest, thus fostering well-being and satisfactory adjustments. She needs also to interpret the relationship between the child's need for recognition, love and security and the behaviors which frequently show themselves. If these needs are not met.

Case finding is never difficult as it concerns the school child, but the success of the home visiting and special consultation program depends on case selection. Teachers should be encouraged to refer to the nurse children who would benefit from follow-up services in the home. Often at the time of the health examination the examining physician refers certain children for additional follow-up services by the nurse. Sometimes it is

necessary to make home visits to discuss with parents the need for correction of defects found in physical examinations. These visits often can be kept at a minimum if parents are present at the examination. When making visits of this nature, it is important to help the parent see the relationship between the defect and the child's probable inability to function to capacity. Parents often need guidance in understanding the child as a whole and emphasis should be placed on all aspects of his development. When referrals are made by the teacher, the nurse should make every effort to understand the school situation and the child's adjustment there so that she may tactfully promote good relationships between home and school.

In the secondary schools the students often ask to see the public health nurse. Such conferences should be allowed and time set aside for them both by the pupil and the nurse. Oftentimes in these conferences the nurse learns of the need for additional follow-up visits to the pupil's family or other agencies. Children who require additional follow-up services that involve persons other than the nurse and teacher should be carefully studied. Occasionally other workers in community agencies should be called as a group or individually to confer regarding needs of special children, particularly those showing serious behavior difficulties or delinquent tendencies. The responsibilities of each worker should be decided upon at this time. Such conferences often facilitate the rehabilitation of the child.

In order to bring about the best adjustment for the school child it is well that the nurse make her plans for sharing her understanding of family situations with the teacher. This may be done through conferences, special report forms, the school record, or by telephone. Again this may be confidential information and should be handled in a professional manner.

First Aid and Accidents

General policies for handling first aid and accidents as they occur in school should be outlined. It is suggested that they be studied and adapted to the needs of the local community. Every effort should be made to encourage the teaching of accident prevention as a part of everyday living.

Healthful School Environment

The public health nurse should work closely with the sanitarian who makes the yearly school survey. Together they will assist the teacher and children to develop learning experiences around the use of their physical environment.

Secondary School

Cooperative planning is especially important in working out a program for the secondary school. The organization of high schools makes it necessary that a planning group be formed to consider all aspects of the school health program. The needs of the students at this age are different from those of the elementary age group and should be given attention. Boys and girls at this age are often troubled by personal problems relating to their own growth and development, as well as to their social adjustments.

Tuberculosis should be guarded against. Programs in line with the best thinking regarding its prevention and control should be carried out since the incidence and dealth rate begin to rise in this age group.

"Health is a prime essential to the proper functioning of the human organism. It is primarily a responsibility of the home, but everyone from the school teacher to the national government also has an intense interest in the health of the individual. It follows naturally that institutions such as the secondary school should do their part to help the individual to be ready or, in a broad social sense, to guarantee good health in the general population.

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Civil Affairs Section
APO 500

091.4 (24 Jun 50) CAS-CE 24 June 1950

SUBJECT: School Health Program

TO: Chief, Chugoku Civil Affairs Region, APO 182
Chief, Hokkaido Civil Affairs Region, APO 7-5
Chief, Kanto Civil Affairs Region, APO 500
Chief, Kinki Civil Affairs Region, APO 25
Chief, Kyushu Civil Affairs Region, APO 24-5
Chief, Shikoku Civil Affairs Region, APO 1050
Chief, Tohoku Civil Affairs Region, APO 7
Chief, Tokai-Hokuriku Civil Affairs Region, APO 710
(Attn: Civil Education Officer)

Attached is copy of plan entitled "School Health Program" together with Organization Chart for School Health Program. This material is being forwarded for your information.

FOR THE CHIEF, CIVIL AFFAIRS SECTION:

/s/ J. A. O'BRIEN
/t/ J. A. O'BRIEN
CWO USA
Adm Off

2 Incls
1. Program
2. Chart

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Source?

SCHOOL HEALTH PROGRAM

I. Health Primary Objective of Education.

A. Health defined.

1. World Health Federation - "Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity."

2. Selection from the Fundamental Law of Education. Art. 1 - Aim of Education. "Education shall aim at the full development of personality, and striving for the rearing of the independent people, sound in mind and body, who love truth and justice esteem individual value and respect labor and responsibility, as builders of a peaceful state and society."

3. Good health of student imperative for effective education.

B. Comprehensive School Health Program has three major aspects.

1. Healthful Environment is essential for the best promotion of student health.

2. For dissemination of sound health information and establishment of good health habits Health Instruction should be given during the entire period of the students' school life.

3. Health Services are needed for the prevention of communicable diseases and early detection and correction of physical defects.

II. Organization and Administration.

A. Overall responsibility of board of education for school health program particularly as to 1, personnel; 2, facilities; and 3, budget.

B. Superintendent of Education as chief executive officer is responsible for:

1. Development of comprehensive, health program within area under his jurisdiction.

2. Selection of professional personnel capable of carrying out an effective program.

3. Establishment of liaison with public health department and other agencies in the promotion of coordinated school-community health education.

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C. District Health Council--may have as members board of education secretariat personnel, representatives of school administrators, physicians, dentists, nurses, health coordinators and others, representatives from health centers and other health agencies and representatives from PTA.

Functions:

1. To deliberate on health policies for the school system.

2. To coordinate the school and community health programs.

3. To receive reports from the teacher consultant responsible for health program on the board of education secretariate discuss and make recommendations concerning them.

4. To help arouse interest and enthusiasm for health in the education personnel under the jurisdiction of the board of education concerned.

5. Assign various duties and tasks to members of the council and others.

D. Teacher consultant for health.

Responsibilities:

1. Give guidance and technical advice to education personnel concerned on health matters.

2. Encourage the promotion and conservations of the health of all school children and school staff members under board of education jurisdiction.

3. As member of the district health council to act in advisory and executive capacity to this agency in determining policies and carrying out the program.

4. Encourage thepromotion and perpetuation of healthy environment in the schools of the district.

E. Principal as administrator for school education program is responsible for:

1. Establishment and adinistration of school health program.

2. Assignment of personnel and their duties in relation to health education.

3. Appointment of school health council.

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F. School Health Council may have as members administrator, health coordinator, nurse, school physician and dentist, teachers of special subjects directly connected with health, physical education director and custodian, etc.

Functions:

1. Deliberate and determine health policies in the school.

2. Receive and consider reports from health coordinator.

3. Help arouse interest and enthusiasm for health in the entire faculty.

4. Delegate various tasks to individual members of council or to other faculty members.

III. School Health Personnel and Their Duties.

A. Health Coordinator.

1. Provide administrative leadership in execution of policies of health council.

2. Coordination of health services and integration of health instruction.

3. Supervision of environmental conditions affecting safety, sanitation, student fatigue, etc.

4. Organization of school wide programs such as posture, nutrition, TB testing, etc.

5. Promotion of public relations.

B. School Nurse.

1. Assisting with physical examination follow-up and keeping health records.

2. Consultations with students, parents and teachers.

3. Promotion of safety program in coordination with health coordinator and giving first aid when necessary. (Not diagnosis and treatment)

4. Supervision of absences and excuses where sickness or injury student is involved.

5. Making visits to homes of sick students.

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C. School physician.

1. Supervision of physical examination and follow-up program.

2. Consultation with and guidance of students.

3. Disease prevention and control for the school.

D. Physical Education Director - Supervision of physical activity, fitness testing and corrective program.

E. School Dentist - Dental examination and student guidance in relation to dental problems.

F. School Lunch Supervision - School lunch program and nutrition guidance.

G. Buildings and Grounds Custodian - Sanitation, cleanliness and minor repairs of school buildings and grounds.

H. Teachers - Health instruction, health inspection and reference of student to physician or nurse, maintaining healthful classroom.

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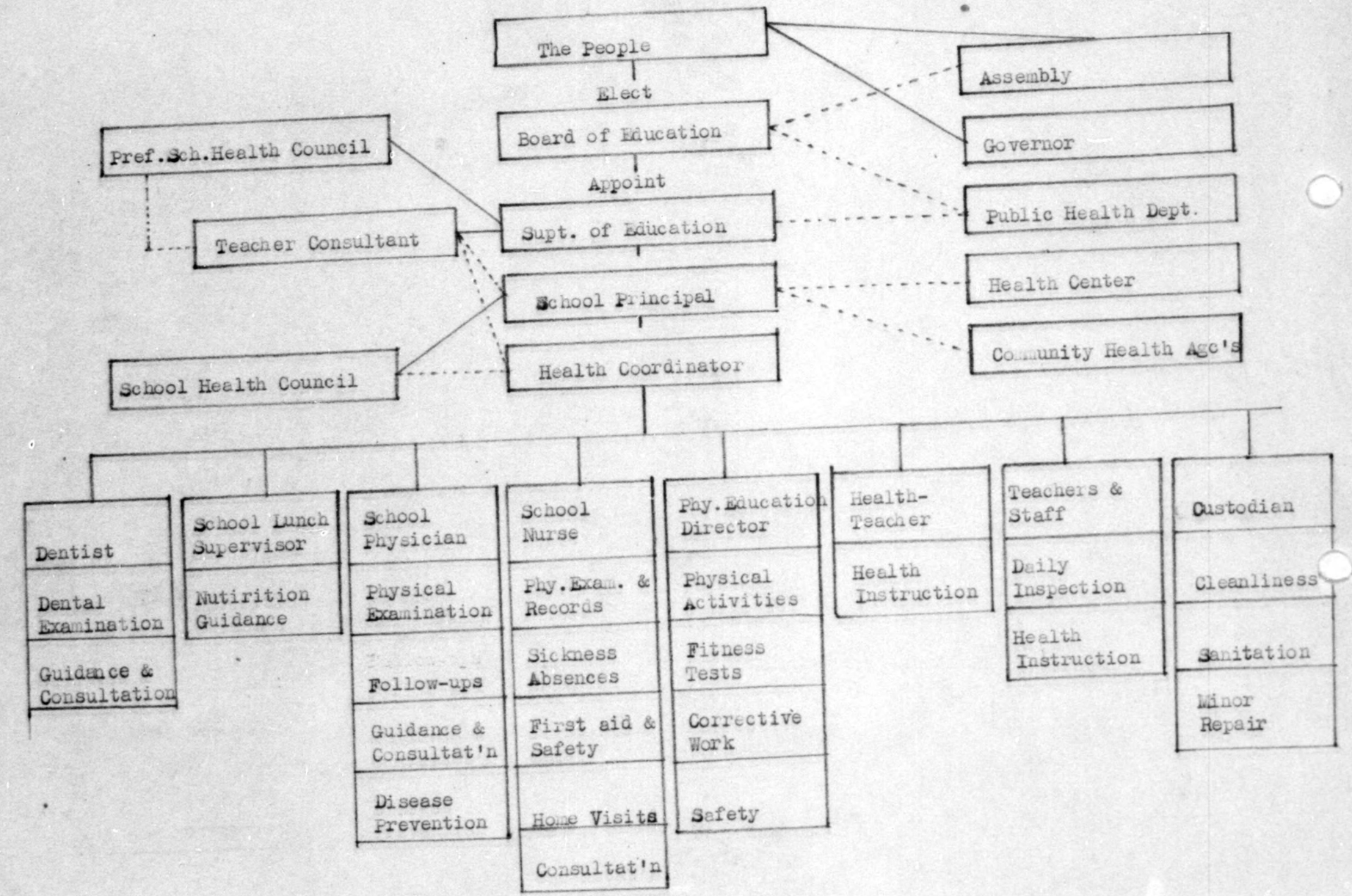
ORGANIZATION CHART FOR SCHOOL HEALTH PROGRAM



ON/OK

EDUCATION DEPARTMENT
KAGAWA LOCAL GOVERNMENT

Date : 16 Sept. 1948.

SUBJECT : Conference of Teachers in Charge of Child Nursing Representing Four Prefectures of Shikoku.

TO : Chief of Education Section, Shikoku M.G.R.

I hereby beg to report that a conference of the above subject is planned to be held according to the schedule mentioned in the attached sheets for the furtherance of close liaison among the child nursing teachers and at the same time for the improvement of their technical knowledge, so that children's health will thereby be greatly promoted.

Your presence and kind instructions in the conference are sincerely desired.

CHIEF OF EDUCATION DEPT.,
KAGAWA LOCAL GOVERNMENT.

SCHEDULE OF CONFERENCE
OF TEACHERS IN CHARGE OF CHILD NURSING
REPRESENTING FOUR PREFECTURES OF SHIKOKU
FOR YEAR OF 1948.

1. Place : Zentsuji Central Primary School.

2. Date : Sept. 28(Tuesday) and 29(Wednesday)

3. Lodging place : Zentsuji National Hospital.

4. Program of Class Inspection and Discussion :

(A) First Day, Sept. 28(Tuesday)

(1) Inspection of classes in teaching (From 8.10 a.m. to 10.00 a.m.)

a. Inspection of any classes at own free choice (From 8.10 a.m. to 9.00 a.m.)

b. Inspection of certain classes in model teaching (From 9.10 a.m. to 10.00 a.m.)

(2) Opening Address for Discussion Meeting(10.15 a.m.)

(3) Discussion (From 10.20 a.m. to 11.00 a.m.)

Main subjects: How to handle lessons related with children's health in Social Affairs, Housekeeping and Physical Culture Classes

11-12-
School nurses

(4) Special Lecture and Recreation.

a. Lecture by Chief of Education Sec., Shikoku M.G. R. or Chief of Education Sec., Kagawa M.G. T. (From 11.00 a.m. to 12.00)

b. Lunch

c. Recreation (Children of Zentsuji Primary School)

d. Lecture by Hamada, Chief of Plague Prevention section, Kagawa Local Government.

(5) Round-Table Discussion :

30 attendants including :

5 chief representatives of the respective prefectures; School Inspector Oda; Chief of Physical Culture Section; Chief of Plague Prevention Section, Hamada; Principal of Zentsuji Central Primary School.

(B) Second Day, Sept. 29 (Wednesday)

(1) Publication of study results before the Conference by one representative for each prefecture (three for Kagawa)

(2) Main session of conference of teachers in charge of child nursing representing the four prefectures of Shikoku. (From 10.00 a.m. to 12.00)

Two subjects of discussion will be proposed by each prefecture.

(3) Closing Address.

SCHOOL HEALTH

Cooperative Planning

In an endeavor to foster the growth and development of the whole child in his total environment, cooperative planning is imperative. Group thinking and planning become essential in the development of a health program in a school which bases its curriculum upon the concept of the development of the whole child within his total environment and assumes a responsibility for the health of its individual pupils and for making a contribution to a progressive community health program.

Membership in Planning Group

Those individuals directly responsible for the healthful living experiences in the school and community should make up this planning group. Its membership then naturally includes the ~~county~~ health ~~department~~ staff, the county commissioner of schools, representatives from the school administrators, teachers, parents, medical and dental groups, and those social agencies concerned with school age children. This may vary with the peculiarities of the community. Each person and agency will have certain responsibilities in developing the total program.

Cooperative planning for a school health program considers the needs of the whole child (at the various stages of his development from elementary through high school) formulating a plan of action whereby school, home, and community may meet these needs effectively.

Committee Work

The planning group or committee usually proceeds somewhat as follows:

1. Formulates objectives:
   a. Immediate.
   b. Long range.
2. Plans activities and assigns responsibilities to members of the cooperating group.
3. Evaluates program.

The planning group should consider all aspects of the health program assigning responsibilities to small groups or committees for analysis of the various phases of the problems. For example, one group might wish to consider the health appraisal of the school child breaking it down into such problems for consideration as:

1. Formulation of a statement regarding basic philosophy underlying appraisal of the school child.
2. Preparations to be made by teacher and student for the health appraisal.

3. Cooperative procedures to be followed with the health center ~~department~~ and private physician.
4. Cooperative procedures for follow-up.

Environmental factors, feeding and nutritional problems, health guidance, first aid, physical and recreational activity, safety education, studies of health, etc., may be studied.

Planning a Schedule for Visiting Schools

Upon a framework of cooperative planning the public health nurse organizes her activities. This is usually done on a zone basis. The frequency of visits to schools will depend upon such factors as:

1. Nursing service available.
2. Needs of the school child.
3. Number of children enrolled.
4. Health and social problems in area.
5. Experience and training in health education which teachers have.
6. Feasibility of group work with the teachers.

Where possible, it is well to plan to visit the large consolidated schools once a week. A definite time should be set for this visit as it facilitates work in the school and may be a means of encouraging parents to come to the school for conferences. Notes requesting a conference with the nurse by parent, pupil or teacher may be left in a box at the school--thus facilitating use of time.

The smaller rural schools should be visited as early in the school year as possible and thereafter as indicated by local needs and time available for visits. So that these visits can be of optimum value, it is recommended that a record of visits be made. Such a record would give information on previous discussions, observations, and suggestions. Teachers should be invited to come to the health center office for conferences with personnel on particular problems and projects. Smaller rural schools may be notified of the nurse's intended visit by post card. Planned visits are helpful to both the teacher and nurse.

The Role of the Nurse

The work of the nurse in the school is supplementary to that of the classroom teacher. She may advise and make suggestions on the general school health program and assist the teachers to develop better methods of observation of children and to provide experiences for the pupils in healthful living in the school.

The teacher's observation of her pupils should be a continuous one, and the nurse may help interpret this. For instance, the nurse will encourage the teacher to observe the children

at work, at play, alone and with groups and see how they behave; also to look at children for signs of physical health and variations from a good condition and recognize symptoms that indicate need of care. The teacher who makes such observations is better able to help children recognize their health problems and to assist them to become increasingly able to accept responsibilities for the solution of these problems.

Public health nurses may demonstrate certain techniques that are included in the observation of children. These demonstrations may be given in teacher group meetings and include such activities as scientifically accurate weighing and measuring, vision and hearing testing, observation of symptoms frequently associated with communicable disease and looking at children's skin, teeth and other physical conditions.

Group meetings for teachers are usually held early in the fall term and throughout the year. These meetings afford health center personnel excellent opportunities to discuss health projects and demonstrate certain techniques.

Observations or Inspections for Communicable Disease

Every community can, by united action of parents, school officials and the health professionals, protect itself against outbreaks of communicable diseases, and nurses should make use of every opportunity to relate this concept to them. Parents should protect their children from preventable diseases by immunization, keep children who show signs or symptoms of communicable diseases home and away from others, and cooperate with the physician and health center in the care and isolation of sick children.

Teachers and school administrators can do much to control communicable disease. Superintendents, principals and teachers of all schools and nurses in anyway responsible for the health program of any school may exclude from school any child suspected by them of having a communicable disease. Teachers should:

1. Be always on the alert for signs of beginning illness in pupils.
2. When a communicable disease is present in a community, inspect or observe pupils each morning at the opening of school for early signs of illness.
3. See that any child showing such signs gets safely home, notifying the parents and reporting to the local health officer the name and address of the child so that investigation can be made. If the child cannot be sent home at once, separate him from the other pupils, if only in a corner of the room with a screen.
4. Readmit excluded children only with the consent of the local health officer.

5. Make exclusion for illness a learning experience for pupils, with discussion and participation by them in all immunization and control activities.

The Public Health Nurse Serving as a Resource Person

Primarily the public health nurse is a resource person in the school. For example, a group of secondary students in a home economics class may be working on a problem relating to the care of babies or young children in the home. The public health nurse may be called in to give demonstrations, to tell of particular problems in the community and what is being done about them. Furthermore, she may arrange field trips for the students and help to develop their understanding of community facilities. Experience has shown that when she is used in that capacity, more lasting values accrue, particularly when she and other resource people are used for program building and in-service education for teachers. "As a resource person, the nurse should help teachers primarily with accuracy of subject material, awareness of needs and content selection and only incidentally with problems of method. In the matter of the total health program in the schools, the teacher and pupils should at all times bear the central responsibility and resource people should never assume responsibility for directing a unit of study but should consider themselves as supplementary resources rather than as 'directive influence'."

Acting in the capacity of a resource person, the nurse will be asked frequently to secure authentic scientific material. To be able to do this the nurse needs to be familiar with books, pamphlets and reports relating not only to health education and health services in the school but also to community health problems.

Teacher-Nurse Conferences

A very important activity of the nurse in the school is the teacher-nurse conference. Conferences should be arranged frequently with individual teachers or groups of teachers. They may be held in the school, the nurse's office or other meeting place. Following are suggested topics for these conferences:

1. How to contribute to the normal growth and development of the school child through:

   a. Continuous observation of the school child.
   b. Detecting communicable diseases and contributing to their prevention and control.
   c. Pupil health appraisals, suggesting the use of all health services to children as learning experiences.
   d. Securing adequate data for the individual cumulative records and the use of these records.
   e. Use of various measurements and tests such as vision, hearing, weighing and measuring tests.
   f. Family situations and their bearing on the child's adjustment.

2. How to help the child become aware of health needs and acquire desirable ways of behaving in matters of personal and community health. An example would be, how to make the school environment and organization, one which provides opportunity for and encourages good health practices.
3. How to prepare the child for and help him to understand the significance of such experiences as the health examination and routines concerning exclusions from school and admission following absences.
4. How to help the pupil understand the reasons for good health practices and the social significance of health behavior.

Aiding in the Selection of Experiences for Health Teaching

Educators today are concerned with the problem of bringing about the optimum development of the whole child through many and varied experiences. In health education this means that they will seek to give the child opportunity for and encouragement in healthful living through the day and an appreciation and understanding of health principles at his own level of comprehension. They will attempt to build on his interests and needs. They are one with the health worker in wishing him to be an individual capable of caring for himself--including his own health and of protecting the health of others. Experiences that may be utilized are many and varied. Activities that the nurse may suggest could include:

1. Study the individual child with reference to:
   a. His social and emotional adjustment; attitude toward his companions, teachers, work, play, responsibility, control.
   b. His health status as noted by absence or presence of physical handicaps, such as poor vision, poor hearing, poor dental health, etc.
   c. His health status as revealed by absences from school due to illness, fatigue, accidents, or other causes.
   d. His health behavior, such as habits of cleanliness, use of handkerchief, eating, play, posture, rest, safety, etc.
   e. His cooperativeness in healthful living.
   f. His knowledge about scientific reasons for healthful living.
2. Study the school environment with reference to sanitary and congenial surroundings and the way children use them.
3. Study the home and community for the discovery of health problems which become the basis for classroom discussion.
4. Study the communicable disease control work done in the community.
5. Study the nutritional need of the individual.

Personal Health Appraisal of the School Child

The personal health appraisal refers to the continuous evaluation of the physical, social and emotional behavior, the habits of living and the physical status of the individual. It includes that which has been commonly known as the periodic health examination. A number of persons should or may have a part in the health appraisal. Included in these are the teachers, the public health nurse, the public health physician, the family physician, dentist and others in addition to the parents and child. The effectiveness of the health appraisal is dependent upon the preparation and understanding of those who have a part in it. Teacher and parents have the advantage of observing the child every day and may note significant changes which would not be evident to a physician who may have had little intim ate knowledge of the child.

Interpretation of the Health Appraisal

To make the personal health appraisal effective a great deal of interpreting is sometimes necessary. The nurse may need to help the teacher and the parent in their understanding of the significance and value of daily observation of children as a part of personal health appraisals. There are many physical, social or emotional behaviors and physical signs which are indicative of health problems, and teachers and parents should be aware of these. Examples of these may be squinting, holding the book too close, mouth breathing, inattentiveness, pallor, listlessness, asking to have questions repeated, unsocial behavior, frequent absences from school, failure to gain weight, tooth decay, etc. These are best understood by parent and teacher when they are related to the child's daily functioning and continuous growth and development. The nurse may develop this understanding by raising simple questions about the child and his basic needs as:

1. Is he growing?
2. Does he come to school regularly?
3. Does he tire easily?
4. Does he enjoy his school work?
5. Is he reasonably successful in his work?
6. Is he extremely shy?
7. How does he play with other children?
8. What is his response to adults and their suggestions?

Physicians and dentists are also interested in personal health appraisals and will want to know about the teacher's observation of the children under their medical or dental supervision. Many physicians and dentists will be encouraged to know that the school and the health centers are thinking in terms of the welfare of the whole child and also that teachers want their advice and suggestions regarding each child so that they may better understand them and plan for their growth and development. The results of coordinated and continuous observation through health appraisals by the school, the health department, the parent, the child and the family physician and dentist should pro-

mote interest and action in providing for unmet needs.

Health Examination as a Part of the Personal Health Appraisal of the School Child

Personal health appraisals, including the physical examinations, are the basis for good individual health. Schools should make arrangements through their local health centers private doctor for the periodic examination of their students.

How frequently should physical and dental examinations be made? Perhaps the recommendation most often heard is an annual physical and semi-annual dental examination. But there are many children whose parents cannot provide such attention and many more who do not. Furthermore, any hard and fast rule as to the interval between periodic physical or dental examinations is open to question. Allowances should be made for the variable needs of individuals. The conscientious physician and dentist can better advise his people as to how often they should return.

As to the frequency of the physician's participation in the personal health appraisal in the school, every two to four years is considered most feasible and practical by the majority of public health authorities. An examination on entrance to school, on transfer to intermediate grades, on entrance to high school, and again in the final year of high school is the minimum in a worthwhile program. Provision should also be made for more frequent examinations when they are indicated by unusual health or developmental conditions of the child. Local needs and available personnel are among the determining factors as to frequency of the examinations in any school.

Schedule School Visits for Physician's Part in Pupil Health Appraisals

Medical directors usually make their plans for school visits in close cooperation with the school authorities or planning group well in advance of the date scheduled. By such planning the teacher has opportunity to assemble information on children that she may especially want to discuss with the physicians. The pupils may be prepared for the visit and the parents may be invited to the school to confer with the physicians about their children. If the physician plans to conduct a health or physical examination at the time of his visit to the school, the pupils to be examined should be prepared for it and the teacher should do her part in making the experience educational and meaningful. This may be done by discussing with them what the doctor will do and why and how the examinations may help them to understand their own abilities and limitations. When the health examination is conducted, a parent of each child should be present and sufficient time whould be allowed for a consultation between the parent and physician. On the secondary level the preparation for the health appraisal should be adapted for that age level. Since the adolescent should be encouraged to assume responsibility for his own welfare, parents are not invited to be present.

In some areas the private physicians and dentists are entirely responsible for the health examinations of school children. In those instances the nurse should participate in the formulation of plans for the examination. Sometimes plans are developed whereby a panel of physicians from the local medical society conduct the examinations, other times one or more physicians are employed by the school and in other instances the children are referred to their own family physician.

Mimeographed suggestions relative to the teacher's and pupil's part in the health examination are helpful and may be presented and explained at group meetings. They should be a result of cooperative planning, using the best and tried experiences of various individuals. Frequently a committee works out the suggestions.

Conduct of the Health Examination

Even though the public health nurse works closely with the teacher in order to facilitate the preparation for and the conduct of the health examination and even though the children and parents have had a part in the experience, still it is the public health nurse who sets the "emotional tone" and who is responsible for the smooth running of the conference. She commends and encourages, pointing out to parent and teacher the wide range of individual differences in growth and development. She builds a sense of security and acceptance which helps parents and children to face facts concerning themselves and motivates them to do the things indicated. She assists the parents to relate what the physician advises to home practices. She interprets to the parents the relationship between poor functioning and defects revealed in the examination. She brings to the attention of the teacher leads for further learning experiences as revealed by the pupil health appraisal including the health examination. More than a time for finding defects, it is a time during which physician, nurse, parent and teacher come together to grow in the understanding of the individual child and to plan ways of promoting his welfare.

Following the health examination the nurse, teacher and parent may need to have many conferences concerning the specific needs of certain children. This may necessitate home visiting, further consultation with other agencies or more careful handling and observation of the child. Those children, who after a health examination need special assistance, should be able to receive it. The nurse may need to give help in this matter.

Materials and Essential Equipment for the Examination

The public health nurse will plan with the teacher and her pupils regarding arrangements for the health examination.

1. Where is the best place for the doctor to work?
2. What are some of the things which the doctor will need and how may the things be provided?
3. What can the children do while the teacher is busy with the doctor and nurse?
4. Where will parent conferences be held?
5. How will parents be invited?

Such questions enlist the cooperative effort of teacher and pupil. It is wise to provide some degree of privacy to facilitate the examination and conference.

Necessary equipment usually includes:

1. Table for doctor's equipment.
2. Chairs or some seating arrangement for doctor, parent, teacher, nurse and child.
3. Screens to insure some degree of privacy.
4. Educational material including posters, books and pamphlets that will be of interest to both parents and pupils.
5. Table for records and special literature.
6. Tape measure, otoscope, stethoscope, flashlight, tongue blades, paper napkins or kleenex. Physician usually brings own otoscope and stethoscope.
7. Bowel with running water. If this is not available, a basin and a pitcher and a pail for waste water. Soap.
8. Immunization and testing equipment and supplies, if the treatments are to be given.

In situations where immunizations are given, the public health nurse is responsible for setting up safe procedures.

Records

From the foregoing one can readily see the need for adequate records and the value of a cumulative record for each school child. The Pupil's Health Appraisal Record, is used by the individual teacher in her daily work with the students and information recorded, should include deviations from normal as discovered by family or school physician, a record of immunizations, of corrections of defects, and perhaps most important of all, a record of the teacher's observations as to health habits, emotional behavior and physical and mental problems.

Since the teacher is responsible for the guidance of the individual child and since she is the person making the day by day observations, the record should be readily accessible to her and should also be in constant use by her.

In most instances the health center also wishes to have a record of service rendered and observations made on the school child, and when it does, a duplicate record is made. Special care should be exercised so that health appraisal records are not used in an unprofessional way. They are confidential and must be properly maintained and protected. They should, however, always be set up on a utilitarian basis. It is not always necessary for the classroom teacher to know the exact medical findings although she must have an interpretation of the child's health status in order to make the necessary instructional adjustment.

When a nurse finds a school child whose welfare demands many home visits, it is advised that the child health record be used. Frequently, forms are devised by the health center personnel for reporting to the teacher the gist of the nurse's ~~home~~ home visits. These are desirable procedures and are devices that may be used to exchange needed information between the school and health center. When such forms and procedures are developed, they should be worked out on a cooperative basis.

Selection of Cases and Content of Home Visits

Since the public health nurse functions to conserve and protect the health of the entire family group, the school child and his health needs should receive as much consideration as others in the family group. Through her home visits, the public health nurse seeks not only to interpret to the family the needs of the school child and the factors which influence his adjustment in school but also endeavors to bring about a better appreciation of the community responsibility to the children of the age group. In her visits the nurse often needs to interpret the need for plenty of rest, adequate food and play as well as other activities which give opportunity for creative expression and worthwhile interest, thus fostering well-being and satisfactory adjustments. She needs also to interpret the relationship between the child's need for recognition, love and security and the behaviors which frequently show themselves, if these needs are not met.

Case finding is never difficult as it concerns the school child, but the success of the home visiting and special consultation program depends on case selection. Teachers should be encouraged to refer to the nurse children who would benefit from follow-up services in the home. Often at the time of the health examination the examining physician refers certain children for additional follow-up services by the nurse. Sometimes it is

necessary to make home visits to discuss with parents the need for correction of defects found in physical examinations. These visits often can be kept at a minimum if parents are present at the examination. When making visits of this nature, it is important to help the parent see the relationship between the defect and the child's probable inability to function to capacity. Parents often need guidance in understanding the child as a whole and emphasis should be placed on all aspects of his development. When referrals are made by the teacher, the nurse should make every effort to understand the school situation and the child's adjustment so that she may tactfully promote good relationships between home and school.

In the secondary schools the students often ask to see the public health nurse. Such conferences should be allowed and time set aside for them both by the pupil and the nurse. Oftentimes in these conferences the nurse learns of the need for additional follow-up visits to the pupil's family or other agencies. Children who require additional follow-up services that involve persons other than the nurse and teacher should be carefully studied. Occasionally other workers in community agencies should be called as a group or individually to confer regarding needs of special children, particularly those showing serious behavior difficulties or delinquent tendencies. The responsibilities of each worker should be decided upon at this time. Such conferences often facilitate the rehabilitation of the child.

In order to bring about the best adjustment for the school child it is well that the nurse make her plans for sharing her understanding of family situations with the teacher. This may be done through conferences, special report forms, the school record, or by telephone. Again this may be confidential information and should be handled in a professional manner.

First Aid and Accidents

General policies for handling first aid and accidents as they occur in school should be outlined. It is suggested that they be studied and adapted to the needs of the local community. Every effort should be made to encourage the teaching of accident prevention as a part of everyday living.

Healthful School Environment

The public health nurse should work closely with the sanitarian who makes the yearly school survey. Together they will assist the teacher and children to develop learning experiences around the use of their physical environment.

Secondary School

Cooperative planning is especially important in working out a program for the secondary school. The organization of high schools makes it necessary that a planning group be formed to consider all aspects of the school health program. The needs of the students at this age are different from those of the elementary age group and should be given attention. Boys and girls at this age are often troubled by personal problems relating to their own growth and development, as well as to their social adjustments.

Tuberculosis should be guarded against. Programs in line with the best thinking regarding its prevention and control should be carried out since the incidence and death rate begin to rise in this age group.

Health is a prime essential to the proper functioning of the human organism. It is primarily a responsibility of the home, but everyone from the school teacher to the national government also has an intense interest in the health of the individual. It follows naturally that institutions such as the secondary school should do their part to help the individual to be ready or, in a broad social sense, to guarantee good health in the general population.

SHIKOKU M.G.R.

SCHOOL HEALTH

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1. Formulation of a statement regarding basic philosophy underlying appraisal of the school child.
2. Preparations to be made by teacher and student for the health appraisal.

Rec'd. from Mrs. Leadworth Sept. 48 but not approved by 8th Army.

3. Cooperative procedures to be followed with the health department and private physician.
4. Cooperative procedures for follow-up.

Environmental factors, feeding and nutritional problems, health guidance, first aid, physical and recreational activity, safety education, studies of health, etc., may be studied.

Planning a Schedule for Visiting Schools

Upon a framework of cooperative planning the public health nurse organizes her activities. This is usually done on a zone basis. The frequency of visits to schools will depend upon such factors as:

1. Nursing service available.
2. Needs of the school child.
3. Number of children enrolled.
4. Health and social problems in area.
5. Experience and training in health education which teachers have.
6. Feasibility of group work with the teachers.

Where possible, it is well to plan to visit the large consolidated schools once a week. A definite time should be set for this visit as it facilitates work in the school and may be a means of encouraging parents to come to the school for conferences. Notes requesting a conference with the nurse by parent, pupil or teacher may be left in a box at the school--thus facilitating use of time.

The smaller rural schools should be visited as early in the school year as possible and thereafter as indicated by local needs and time available for visits. So that these visits can be of optimum value, it is recommended that a record of visits be made. Such a record would give information on previous discussions, observations, and suggestions. Teachers should be invited to come to the health center office for conferences with personnel on particular problems and projects. Smaller rural schools may be notified of the nurse's intended visit by post card. Planned visits are helpful to both the teacher and nurse.

The Role of the Nurse

The work of the nurse in the school is supplementary to that of the classroom teacher. She may advise and make suggestions on the general school health program and assist the teachers to develop better methods of observation of children and to provide experiences for the pupils in healthful living in the school.

The teacher's observation of her pupils should be a continuous one, and the nurse may help interpret this. For instance, the nurse will encourage the teacher to observe the children

HEADQUARTERS
SHIKOKU MILITARY GOVERNMENT REGION
APO 1050

Takamatsu, Shikoku
24 June 1948

SUBJECT: Physical Examination

TO : Chief of General Medical Section
28th Station Hospital, APO 25

1. It is requested that Mrs. Geyer be admitted to hospital for a general physical examination.

2. She has run a mingal elevation of temperature for past 4 or 5 days. Has last 12 pounds weight in this time. Patient is generally run down and terid most of the time.

SIGNATURE

at work, at play, alone and with groups and see how they behave; also to look at children for signs of physical h ealth and variations from a good condition and recognize symptoms that indicate need of care. The teacher who makes such observations is better able to help children recognize their health problems and to assist them to become increasingly able to accept responsibilities for the solution of these problems.

Public health nurses may demonstrate certain techniques that are included in the observation of children. These demonstrations may be given in teacher group meetings and include such activities as scientifically accurate weighing and measuring, vision and hearing testing, observation of symptoms frequently associated with communicable disease and looking at children's skin, teeth and other physical conditions.

Group meetings for teachers are usually held early in the fall term and throughout the year. These meetings afford health center personnel excellent opportunities to discuss health projects and demonstrate certain techniques.

Observations or Inspections for Communicable Disease

Every community can, by united action of parents, school officials and the health professionals, protect itself against outbreaks of communicable diseases, and nurses should make use of every opportunity to relate this concept to them. Parent s should protect their children from preventable diseases by immunization, keep children who show signs or symptoms of communicable diseases home and away from others, and cooperate with the physician and health center in the care and isolation of sick children.

Teachers and school administrators can do much to control communicable disease. Superintendents, principals and teachers of all schools and nurses in anyway responsible for the health program of any school may exclude from school any child suspected by them of having a communicable disease. Teachers should:

1. Be always on the alert for signs of beginning illness in pupils.
2. When a communicable disease is present in a community, inspect or observe pupils each morning at the opening of school for early signs of illness.
3. See that any child showing such signs gets safely home, notifying the parents and reporting to the local health officer the name and address of the child so that investigation can be made. If the child cannot be sent home at once, separate him from the other pupils, if only in a corner of the room with a screen.
4. Readmit excluded children only with the consent of the local health officer.

5. Make exclusion for illness a learning experience for pupils, with discussion and participation by them in all immunization and control activities.

The Public Health Nurse Serving as a Resource Person Primarily the public health nurse is a resource person in the school. For example, a group of secondary students in a home economics class may be working on a problem relating to the care of babies or young children in the home. The public health nurse may be called in to give demonstrations, to tell of particular problems in the community and what is being done about them. Furthermore, she may arrange field trips for the students and help to develop their understanding of community facilities. Experience has shown that when she is used in that capacity, more lasting values accrue, particularly when she and other resource people are used for program building and in-service education for teachers. "As a resource person, the nurse should help teachers primarily with accuracy of subject material, awareness of needs and content selection and only incidentally with problems of method. In the matter of the total health program in the schools, the teacher and pupils should at all times bear the central responsibility and resource people should never assume responsibility for directing a unit of study but should consider themselves as supplementary resources rather than as 'directive influence'."
Acting in the capacity of a resource person, the nurse will be asked frequently to secure authentic scientific material. To be able to do this the nurse needs to be familiar with books, pamphlets and reports relating not only to health education and health services in the school but also to community health problems.

Teacher-Nurse Conferences A very important activity of the nurse in the school is the teacher-nurse conference. Conferences should be arranged frequently with individual teachers or groups of teachers. They may be held in the school, the nurse's office or other meeting place. Following are suggested topics for these conferences:

1. How to contribute to the normal growth and development of the school child through:

   a. Continuous observation of the school child.
   b. Detecting communicable diseases and contributing to their prevention and control.
   c. Pupil health appraisals, suggesting the use of all health services to children as learning experiences.
   d. Securing adequate data for the individual commulative records and the use of these records.
   e. Use of various measurements and tests such as vision, hearing, weighing and measuring tests.
   f. Family situations and their bearing on the child's adjustment.

2. How to help the child become aware of health needs and acquire desirable ways of behaving in matters of personal and community health. An example would be, how to make the school environment and organization one which provides opportunity for and encourages good health practices.
3. How to prepare the child for and help him to understand the significance of such experiences as the health examination and routines concerning exclusions from school and admission following absences.
4. How to help the pupil understand the reasons for good health practices and the social significance of health behavior.

Aiding in the Selection of Experiences for Health Teaching

Educators today are concerned with the problem of bringing about the optimum development of the whole child through many and varied experiences. In health education this means that they will seek to give the child opportunity for and encouragement in healthful living through the day and an appreciation and understanding of health principles at his own level of comprehension. They will attempt to build on his interests and needs. They are one with the health worker in wishing him to be an individual capable of caring for himself--including his own health and of protecting the health of others. Experiences that may be utilized are many and varied. Activities that the nurse may suggest could include:

1. Study the individual child with reference to:
   a. His social and emotional adjustment; attitude toward his companions, teachers, work, play, responsibility, control.
   b. His health status as noted by absence or presence of physical handicaps, such as poor vision, poor hearing, poor dental health, etc.
   c. His health status as revealed by absences from school due to illness, fatigue, accidents, or other causes.
   d. His health behavior, such as habits of cleanliness, use of handkerchief, eating, play, posture, rest, safety, etc.
   e. His cooperativeness in healthful living.
   f. His knowledge about scientific reasons for healthful living.
2. Study the school environment with reference to sanitary and congenial surroundings and the way children use them.
3. Study the home and community for the discovery of health problems which become the basis for classroom discussion.
4. Study the communicable disease control work done in the community.
5. Study the nutritional need of the individual.

Personal Health Appraisal of the School Child

The personal health appraisal refers to the continuous evaluation of the physical, social and emotional behavior, the habits of living and the physical status of the individual. It includes that which has been commonly known as the periodic health examination. A number of persons should or may have a part in the health appraisal. Included in these are the teachers, the public health nurse, the public health physician, the family physician, dentist and others in addition to the parents and child. The effectiveness of the health appraisal is dependent upon the preparation and understanding of those who have a part in it. Teacher and parents have the advantage of observing the child every day and may note significant changes which would not be evident to a physician who may have had little intim ate knowledge of the child.

Interpretation of the Health Appraisal

To make the personal health appraisal effective a great deal of interpreting is sometimes necessary. The nurse may need to help the teacher and the parent in their understanding of the significance and value of daily observation of children as a part of personal health appraisals. There are many physical, social or emotional behaviors and physical signs which are indicative of health problems, and teachers and parents should be aware of these. Examples of these may be squinting, holding the book too close, mouth breathing, inattentiveness, pallor, listlessness, asking to have questions repeated, unsocial behavior, frequent absences from school, failure to gain weight, tooth decay, etc. These are best understood by parent and teacher when they are related to the child's daily functioning and continuous growth and development. The nurse may develop this understanding by raising simple questions about the child and his basic needs as:

1. Is he growing?
2. Does he come to school regularly?
3. Does he tire easily?
4. Does he enjoy his school work?
5. Is he reasonably successful in his work?
6. Is he extremely shy?
7. How does he play with other children?
8. What is his response to adults and their suggestions?

Physicians and dentists are also interested in personal health appraisals and will want to know about the teacher's observation of the children under their medical or dental supervision. Many physicians and dentists will be encouraged to know that the school and the health centers are thinking in terms of the welfare of the whole child and also that teachers want their advice and suggestions regarding each child so that they may better understand them and plan for their growth and development. The results of coordinated and continuous observation through health appraisals by the school, the health department, the parent, the child and the family physician and dentist should pro-

mote interest and action in providing for unmet needs.

Health Examination as a Part of the Personal Health Appraisal of the School Child

Personal health appraisals, including the physical examinations, are the basis for good individual health. Schools should make arrangements through their local health centers private doctor for the periodic examination of their students.

How frequently should physical and dental examinations be made? Perhaps the recommendation most often heard is an annual physical and semi-annual dental examination. But there are many children whose parents cannot provide such attention and many more who do not. Furthermore, any hard and fast rule as to the interval between periodic physical or dental examinations is open to question. Allowances should be made for the variable needs of individuals. The conscientious physician and dentist can better advise his people as to how often they should return.

As to the frequency of the physician's participation in the personal health appraisal in the school, every two to four years is considered most feasible and practical by the majority of public health authorities. An examination on entrance to school, on transfer to intermediate grades, on entrance to high school, and again in the final year of high school is the minimum in a worthwhile program. Provision should also be made for more frequent examinations when they are indicated by unusual health or developmental conditions of the child. Local needs and available personnel are among the determining factors as to frequency of the examinations in any school.

Schedule School Visits for Physician's Part in Pupil Health Appraisals

Medical directors usually make their plans for school visits in close cooperation with the school authorities or planning group well in advance of the date scheduled. By such planning the teacher has opportunity to assemble information on children that she may especially want to discuss with the physicians. The pupils may be prepared for the visit and the parents may be invited to the school to confer with the physicians about their children. If the physician plans to conduct a health or physical examination at the time of his visit to the school, the pupils to be examined should be prepared for it and the teacher should do her part in making the experience educational and meaningful. This may be done by discussing with them what the doctor will do and why and how the examinations may help them to understand their own abilities and limitations. When the health examination is conducted, a parent of each child should be present and sufficient time should be allowed for a consultation between the parent and physician. On the secondary level the preparation for the health appraisal should be adapted for that age level. Since the adolescent should be encouraged to assume responsibility for his own welfare, parents are not invited to be present.

In some areas the private physicians and dentists are entirely responsible for the health examinations of school children. In those instances the nurse should participate in the formulation of plans for the examination. Sometimes plans are developed whereby a panel of physicians from the local medical society conduct the examinations, other times one or more physicians are employed by the school and in other instances the children are referred to their own family physician.

Mimeographed suggestions relative to the teacher's and pupil's part in the health examination are helpful and may be presented and explained at group meetings. They should be a result of cooperative planning, using the best and tried experiences of various individuals. Frequently a committee works out the suggestions.

Conduct of the Health Examination

Even though the public health nurse works closely with the teacher in order to facilitate the preparation for and the conduct of the health examination and even though the children and parents have had a part in the experience, still it is the public health nurse who sets the "emotional tone" and who is responsible for the smooth running of the conference. She commends and encourages, pointing out to parent and teacher the wide range of individual differences in growth and development. She builds a sense of security and acceptance which helps parents and children to face facts concerning themselves and motivates them to do the things indicated. She assists the parents to relate what the physician advises to home practices. She interprets to the parents the relationship between poor functioning and defects revealed in the examination. She brings to the attention of the teacher leads for further learning experiences as revealed by the pupil health appraisal including the health examination. More than a time for finding defects, it is a time during which physician, nurse, parent and teacher come together to grow in the understanding of the individual child and to plan ways of promoting his welfare.

Following the health examination the nurse, teacher and parent may need to have many conferences concerning the specific needs of certain children. This may necessitate home visiting, further consultation with other agencies or more careful handling and observation of the child. Those children, who after a health examination need special assistance, should be able to receive it. The nurse may need to give help in this matter.

Materials and Essential Equipment for the Examination

The public health nurse will plan with the teacher and her pupils regarding arrangements for the health examination.

1. Where is the best place for the doctor to work?
2. What are some of the things which the doctor will need and how may the things be provided?
3. What can the children do while the teacher is busy with the doctor and nurse?
4. Where will parent conferences be held?
5. How will parents be invited?

Such questions enlist the cooperative effort of teacher and pupil. It is wise to provide some degree of privacy to facilitate the examination and conference.

Necessary equipment usually includes:

1. Table for doctor's equipment.
2. Chairs or some seating arrangement for doctor, parent, teacher, nurse and child.
3. Screens to insure some degree of privacy.
4. Educational material including posters, books and pamphlets that will be of interest to both parents and pupils.
5. Table for records and special literature.
6. Tape measure, otoscope, stethoscope, flashlight, tongue blades, paper napkins or Kleenex. Physician usually brings own otoscope and stethoscope.
7. Bowel with running water. If this is not available, a basin and a pitcher and a pail for waste water. Soap.
8. Immunization and testing equipment and supplies, if the treatments are to be given.

In situations where immunizations are given, the public health nurse is responsible for setting up safe procedures.

Records

From the foregoing one can readily see the need for adequate records and the value of a cumulative record for each school child. The Pupil's Health Appraisal Record, is used by the individual teacher in her daily work with the students and information recorded should include deviations from normal as discovered by family or school physician, a record of immunizations, of corrections of defects, and perhaps most important of all, a record of the teacher's observations as to health habits, emotional behavior and physical and mental problems.

good

Since the teacher is responsible for the guidance of the individual child and since she is the person making the day by day observations, the record should be readily accessible to her and should also be in constant use by her.

In most instances the health center also wishes to have a record of service rendered and observations made on the school child, and when it does, a duplicate record is made. Special care should be exercised so that health appraisal records are not used in an unprofessional way. They are confidential and must be properly maintained and protected. They should, however, always be set up on a utilitarian basis. It is not always necessary for the classroom teacher to know the exact medical findings although she must have an interpretation of the child's health status in order to make the necessary instructional adjustment.

When a nurse finds a school child whose welfare demands many home visits, it is advised that the child health record be used. Frequently, forms are devised by the health center personnel for reporting to the teacher the gist of the nurse's home home visits. These are desirable procedures and are devices that may be used to exchange needed information between the school and health center. When such forms and procedures are developed, they should be worked out on a cooperative basis.

Selection of Cases and Content of Home Visits

Since the public health nurse functions to conserve and protect the health of the entire family group, the school child and his health needs should receive as much consideration as others in the family group. Through her home visits, the public health nurse seeks not only to interpret to the family the needs of the school child and the factors which influence his adjustment in school but also endeavors to bring about a better appreciation of the community responsibility to the children of the age group. In her visits the nurse often needs to interpret the need for plenty of rest, adequate food and play as well as other activities which give opportunity for creative expression and worthwhile interest, thus fostering well-being and satisfactory adjustments. She needs also to interpret the relationship between the child's need for recognition, love and security and the behaviors which frequently show themselves. If these needs are not met.

Case finding is never difficult as it concerns the school child, but the success of the home visiting and special consultation program depends on case selection. Teachers should be encouraged to refer to the nurse children who would benefit from follow-up services in the home. Often at the time of the health examination the examining physician refers certain children for additional follow-up services by the nurse. Sometimes it is

necessary to make home visits to discuss with parents the need for correction of defects found in physical examinations. These visits often can be kept at a minimum if parents are present at the examination. When making visits of this nature, it is important to help the parent see the relationship between the defect and the child's probable inability to function to capacity. Parents often need guidance in understanding the child as a whole and emphasis should be placed on all aspects of his development. When referrals are made by the teacher, the nurse should make every effort to understand the school situation and the child's adjustment there so that she may tactfully promote good relationships between home and school.

In the secondary schools the students often ask to see the public health nurse. Such conferences should be allowed and time set aside for them both by the pupil and the nurse. Oftentimes in these conferences the nurse learns of the need for additional follow-up visits to the pupil's family or other agencies. Children who require additional follow-up services that involve persons other than the nurse and teacher should be carefully studied. Occasionally other workers in community agencies should be called as a group or individually to confer regarding needs of special children, particularly those showing serious behavior difficulties or delinquent tendencies. The responsibilities of each worker should be decided upon at this time. Such conferences often facilitate the rehabilitation of the child.

In order to bring about the best adjustment for the school child it is well that the nurse make her plans for sharing her understanding of family situations with the teacher. This may be done through conferences, special report forms, the school record, or by telephone. Again this may be confidential information and should be handled in a professional manner.

First Aid and Accidents

General policies for handling first aid and accidents as they occur in school should be outlined. It is suggested that they be studied and adapted to the needs of the local community. Every effort should be made to encourage the teaching of accident prevention as a part of everyday living.

Healthful School Environment

The public health nurse should work closely with the sanitarian who makes the yearly school survey. Together they will assist the teacher and children to develop learning experiences around the use of their physical environment.

Secondary School

Cooperative planning is especially important in working out a program for the secondary school. The organization of high schools makes it necessary that a planning group be formed to consider all aspects of the school health program. The needs of the students at this age are different from those of the elementary age group and should be given attention. Boys and girls at this age are often troubled by personal problems relating to their own growth and development, as well as to their social adjustments.

Tuberculosis should be guarded against. Programs in line with the best thinking regarding its prevention and control should be carried out since the incidence and death rate begin to rise in this age group.

"Health is a prime essential to the proper functioning of the human organism. It is primarily a responsibility of the home, but everyone from the school teacher to the national government also has an intense interest in the health of the individual. It follows naturally that institutions such as the secondary school should do their part to help the individual to be ready or, in a broad social sense, to guarantee good health in the general population.

Transaldation of School nurse course matter to prefectural Education section by Ed. Ministry.
R.J.

11th June 1949

Sho Hatsu No. 7

From: Chief, Elementary and Middle School Education Bureau, Education Ministry.

To : Prefectural Education Boards and Governors.

We think that various short courses for the above purpose are under schedule. But this Ministry also is planning to hold them under the following schedule. Your cooperation will be highly appreciated.

1. To open a short course jointly with this ministry this year.

2. A short course for the training of nursing teachers in accordance with any one of the following items.

   a. A short course based on the educational Vice-Minister's instruction No. Tai 151 dated 28 Aug. 1947, on " The basic criterion for a short course for the training of nursing teachers". (refer to the annexed paper No. 1)

   b. A short course based on the Educational Vice-Minister's instruction No. Tai 215 dated 6 June, 1949 on " The basic criterion for a short course for the training of assistant nursing teachers" (refer to the annexed paper No. 2)
   Short courses based on the above two criterions can be held simultaneously.

3. Expenses:
   Expenses of these courses are to be shared by the ministry and prefectures.
   The Education Ministry entrusts a governor to pay 13,500 Yen for prefecturing a hall to be used.

4. To end a short course by the end of August.

5. To inform the Education Minister of the schedule and state of the short course in accordance with the criterion above mentioned.
   (When two kinds of short courses are held simultaneously, they shall be reported jointly described in the account column of the annexed paper No. I)

Taking the above into consideration, send a wire to chief of the Elementary and Middle school Education Bureau, telling whether you approve the opening of a short course or not.

ANNEXED PAPER NO. I

Tai No. 151 28 Aug. 1947
Vice-Minister of the Education Mini.

To : Prefectural Governors.
A short course for the training of nursing teachers stipulated by the Education Minister's instruction No. 137 made public on the official gazette dated 25 Aug. 1947 are to be held under the criterion shown in the annexed paper.
Standard of short course for the training of nursing teachers.

1. Sponsor: Metropolis, Hokkaido, Fu, and Prefecture.

2. Those who take training course.
Those who come under either of the following items and hold nurse's license.
   a. Those who graduated middle school.
   b. Those who passed the examination for qualification to enter college in accordance with the regulations governing examination to qualify the applicants for college and those who are qualified to enjoy the privilege to enter general collage without examination.
   c. Those who have the working experience as nurse over two years.

3. The period of the course:

More than two months.

4. The curriculum of the training course for nursing teachers and allotment of hours.

Curriculum	Allotment of hours
1. School hygiene	(more than 270 hours)
The outline of the school hygiene	more than 30 hours
Health education (including theory and teaching method)	" 150 "
School health examination	" 10 "
School health consultation	" 5 "
School feeding	" 5 "
School dental hygiene	" 10 "
School infectious disease prevention	" 10 "
Nursery school, special class	" 10 "
Business of nursing teacher	" 5 "
Hygiene statistics	" 5 "
Statutes and regulations governing school hygiene relations.	" 5 "
School hygiene technique	" 25 "
2. Education	(more than 55 hours
School administration	

The principles of education			
The general conception of principle to lead pupils	"	25	"
Education psychology	"	35	"
Total	"	325	"

Remarks:

1. " School administration" in the column of Education includes: New constitution, Education Fundamental Law, School Education Law, and Enforcement Regulations for school Education Law.

(2). " Education psychology" in the column of education shall be based upon the new text book " Education Psychology " published by the Ministry of Education for normal school.

5. Metroplis, Do, any Fu or prefecture that is going to hold the course shall submit its program along with the description of following items to the Minister of Education prior to opening course.

a. Place of training course.
b. Period of training course.
c. Number of student.
d. Description of course.
e. Allotment of hours.
f. Lecture in charge (Describe the detail about present title and qualifications).
h. Budgetary report on lecture course.

6. Metropolis, Do, Fu, and prefecture shall report to the Minister of Education on the following item immediately after finishing the course.

a. Place of training course.
b. Period of training course. From———— to———— days.
c. List of students

Order of merit	Permanent domicile	Name	Born	Attendance condition	Result of the final examina.	Remarks

d. Description of training course and allotment of hours.
e. Daily carriculum.
f. List of lectures.
g. Copy of the questions of final examination.
h. Accounting condition.

A. Income.

Classification	Amount	Remarks
Grant by Minister of Education. %		
Appropriation by Metropolis, Do, Fu, or Prefecture.		
Others		
Total		

B. Expenditure

Classification	Amount	Remarks
Remuneration		
Allowances		
Printing expenses		
Expenses for the place of course		
Sundries		
Total		

1. Other references.

ANNEXED PAPER NO. 2

Hatsu Tai No. 215 6th June, 1949
Vice-Minister of the Education Mini.

Rule of training course for assistant nursing teachers.

The standard for opening the course for assistant nursing teachers is as follows; those who are assigned and regarded as temporary license holders of assistant nursing teachers. By the Education Minister's instruction No. 101 dated 24th Dec. 1948

1. Sponsor; Education Committees located at prefectures.
2. Qualification of the attendances: Licensed nurse.
3. Term: More than one month.
4. Lesson and allotment of time.

A. School sanitation. More than 140 hours

Lesson	Allotment time
Outline of School education	More than 15 hours
Health education(including theory & teaching method)	" 30 "
Physical examination in school	" 10 "
Health consultation service in school	" 3 "
School feeding	" 2 "
School dental sanitation	" 5 "
Infectious disease prevention	" 10 "
Nursery school and special class	" 5 "
Business of Nursing teacher	" 10 "
Sanitary statistics	" 10 "
School sanitation relations laws	" 5 "
Practice of the school sanitation	" 15 "

B. Education.

	School management	More than		hours
	Educational principle	9 "		
	Outline of method of guiding pupil's study.	"	10	"
	Educational psycology	"	10	"
All	Total hours	"	160	"

Remarks:

a. The " School management " mentioned above includes the constitution, Education standard Law, School Education Law & Regulation for enforcement of the school education Law.
b. The " Educational psycology " a text published by the Education Ministry for naval School is to be used for the lesson of the " Educational psycology " mentioned above.

5. In case the education committees of prefectures hold the course of this kind, they shall have to present its program beforehand stating the followings.
   a. Place
   b. Term
   c. Number of attendance.
   d. Contents of lectures.
   e. Time allotment.
   f. Lectures in charge. (the present position and qualification should be mentioned)

6. After closing the course, the Education Committees of prefectures shall have to present a report on the following matters.

   a. Place.
   b. Term. From ———— to ———— for days.
   c. List of attendances.

Order of merit	Permanent domicil	Name	Born	Attendance condition	Result of the final examina.	Remarks

   d. Contents of lesson and time allotment.
   e. Daily schedule.
   f. List of lectures.
   g. Copy of the result of the final examination.

6. Duties of the Public Health Department in the School Health Program

I. Health Education.

A. Approve curriculum

1. On basis of needs as determined by statistics.

2. On basis of needs medical knowledge.

B. Assist in instruction.

II. Sanitation.

A. Assist in formulating minimum standards.

B. Periodical inspections of sanitary facilities.

1. Garbage collection.
2. Sewage disposal.
3. Proper drainage.
4. Insect and rodent control.
5. Water supply (lab. test monthly)
6. General cleanliness.

III. Individual Health Supervision

A. Physical examinations.

B. Immunization.

1. Typhoid - paratyphoid
2. Smallpox
3. Whooping cough
4. Diphtheria
5. B.C.G.

C. Follow-up

1. Home visits when corrections have not been made.
2. Absenteeism.
3. "Problem" children.
4. Referral to Welfare Agencies when necessary.
5. Referral by Health Center or private physician.

D. Supervision of School Nurses.

7. Legal Bases for Health Program:

Provisions and regulations pertaining to school health are found in:

Fundamental Law of Education (art.1) School Education Law (arts. 12, 28, 35, 36, 40, 41, 42, 71, 72, 73, 74, 75, 76)

Standards for Establishment of Upper Secondary Schools

Infectious Disease Prevention Law Enforcement Regulations of the

Tuberculosis Prevention Law

Parasitic Disease Prevention Law

Trachoma Prevention Law

Venereal Disease Prevention Law

Preventive Vaccination Law

Health Center Law

July 48

SUBJECT: School Health Services
Heal th Education in the School

TO : M. Kerlinger

FROM : J. Watterworth

1. School Health Services are those service rendered to the school by the nursing and medical profession. Classes to promote the professtioned grouth of all the personal engaged in Public Health Work in each Health Center area, are being conducted twice a month. School Nurses are included in these classes. It is the hope of the Regional Public Health Nursing Section to develope a generalized Public Health Services - Centered around the Health Center, and that all school nurses will work under the direction of the Health Center. An outline of a school nursing program is enclosed.

2. Healt h Education rightfully belongs in the Education Section. But in line wit h the policy been established with the Japanese wherein they are encouraged to use the Public Health or School Nurse as a Resource Person to assist, advise and help in the Health Education program, this section wishes it known to the Education Section that we are available for consultation in the established of the School Health Education program.

PROPERTY ISSUE SLIP
(EXTRA SHEET)

VOUCHER NO.

ITEM NO.	STOCK NO.	NOMENCLATURE	UNIT	AUTHORIZED ALLOWANCE	ON HAND	DUE IN	QUANTITY REQUESTED	ACTION
20.		Beaker 100 c.c.	ea					1
21.		" 250 "	ea					1
22.		Eosin Y. 10 Gm	vial					1
23.		Procaine hyd.	box					1
24.		Tubing, glass	foot					6
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OFFICIAL GAZETTE

Ministry of Education Instructions No. 8

3 September 1947

The Regulations governing Subsidies for the Establishment Expenses and the Ordinary Expenditure of Nurse-teacher Training Institutes shall be stipulated as follows:

Minister of Education
Morito Tatsuo

Regulations governing Subsidies for the Establishments Expenses and the Ordinary Expenditure of Nurse-teacher Training Institutes

Article 1. The Nurse-teacher Training Institutes as called in the present Regulations are the institutions established by prefectural governments for training nurse-teachers.

Article 2. The National Treasury shall give subsidies for expenditure of Nurse-teacher Training Institutes in accordance with the budget every year.

Article 3. The subsidies from the National Treasury referred to in the foregoing Article shall be delivered to the prefectural governments which establish Nurse-teacher Training Institute within the limits of one third of the expenses for establishing such institutes as well as one third of ordinary expenditure.

Article 4. When a prefectural government wants to obtain a subsidy from the National Treasury for the expenses for establishing a Nurse-teacher Training Institute, it shall apply to the Minister of Education with the description of the following items:

1. Name
2. Location
3. Date of inauguration
4. Regular-number of students
5. Length of course
6. Qualification for admission
7. School regulations
8. Map indicating the topography and area of the site, the position of the buildings, and the geographical features of the neighborhood.

9. Building specification and a ground-plan, of the buildings. (In case existing facilities are used for the purpose, it is to be expressly mentioned to that effect.)

10. Detailed account of the budget of the annual revenue and expenditure for the establishment expenses.

11. Detailed account of the budget of the annual revenue and expenditure for the ordinary expenditure.

12. Numbers of primary schools and secondary schools in the prefecture.

13. Number of nurse-teachers of primary schools and secondary schools in the prefecture.

The school regulations mentioned in Item 7 of the foregoing paragraph shall have stipulations for matters concerning the regular number of students, length of course and the qualification for admission, matters concerning the curriculum and the number of teaching hours per week, matters concerning the school, school term and holidays, matters concerning the completion of courses and the graduation, matters concerning admission, withdrawal and disciplinary punishment, matters concerning the dormitory and other necessary matters.

Article 5. When a prefectural government has obtained a subsidy from the National Treasury for the expenses for establishing a Nurse-teacher Training Institute, it shall report the settlement of the revenue and expenditure to the Minister of Education after the completion of the buildings of the Institute without delay together with a document containing a plan of the completed buildings as well as an outline description of furniture and equipments.

Article 6. When a prefecture government wants to obtain a subsidy from the National Treasury for the ordinary expenditure of a Nurse-teacher Training Institute, it shall apply to the Minister of Education with the description of the following items:

1. Name
2. Number of students
3. Date of inauguration
4. School regulations
5. List of the names, educational backgrounds, salaries and dates of appointment of the staff members.

6. Detailed account of the budget of the annual revenue and expenditure for the ordinary expenditure.

7. Settlement of accounts of the annual revenue and expenditure for the ordinary expenditure of the preceding fiscal year.

8. Number of the graduates of the preceding year.

Article 7. When a prefectural government has obtained a subsidy from the National Treasury for the ordinary expenditure of a Nurse-teacher Training Institute, it shall report the record of the works and the settlement of accounts of the revenue and expenditure in the current fiscal year to the Minister of Education by the end of May every year.

Shi Roku

SCHOOL NURSING RELATIONSHIPS

(From the Standpoint of an American School Physician.)

By Rose J. Jirinec. M.D., School Physician
Department of Health, Evanston, Illinois.

Let us examine first the relationships which exist between the school nurse and the school physician in a community where there is a full time school physician. The school nurse can, of course, obtain a welath of information and data from the full time school physician as to the health needs of the pupils, and, having this information at hand, can better plan a more effective health education program __ one which will emphasize the positive aspects of health promotion rather than the negative aspects.

Where there is a full time school physician, usually there is more time available, and, therefore, proportionately more time devoted to the medical examination of pupils. The nurse cooperates with the school physician in every step during the examination.

Suppose we take a specific case of a youngster in the first grade. Jerry, a bright but timid boy of 6, who has been ill a great deal, is to be examined. His past experience with doctors has been of such a nature that he associates pain with the word, "doctor." Because in every class there are bound to be a certain number of children who have had similar experiences, the nurse has been asked to speak to the class. She assures the children that the doctor, too, is their friend and explains to them the general nature of the examination.

The time for Jerry's examination has arrived. The nurse has, prior to this time, invited his parents to be present during the examination. Jerry is brought to the examining room. He knows that his parents have been invited to witness the examination and asks if they have arrived. He enters the doctor's room much more adequately prepared to derive benefit from this educational experience __ the periodic medical examination __ which in reality is the backbone of the school health program. His parents, too, have been made receptive to the educational implications which this examination affords.

The nurse now actually assists the school physician by preforming those tasks which have been relegated to her. She makes note of the defects found and plans for their correction. In Jerry's case an ocular defect has been found. The nurse recommends that an oculist be consulted and is prepared to give the names of qualified oculists in the community if this information is requested. However, Jerry's parents, anxious though they are to have the defect corrected, are financially unable to afford private medical attention. The nurse acquaints the parents with the available clinic facilities in the community and offers to arrange for an appointment.

Jerry gets his appointment. Glasses are prescribed for him and again financial aid is necessary in order to procure them. The nurse refers this case to one of the many welfare agencies in the community in hopes of getting the needed glasses.

If the parents are unable to be present at the examination, the nurse assumes the responsibility for acquainting them with the findings and recommendations of the doctor by means of written notices, telephone calls of home visits. Having notified the parents of the results of the examination, she then proceeds to acquaint the teacher with the doctor's findings. This information helps the teacher individualize her health teaching and enables her to base it on the needs of her pupils.

Whenever a condition exists which requires a child to have a curtailed physical education program, be that condition a temporary or a permanent one, the nurse, upon the suggestion of the physician, will acquaint the physical education instructor with this fact.

Sometimes, during the course of the periodic medical examination, a defect is discovered of such a nature that even with adquate correction the child is unable to carry on satisfactorily in the regular class. Under such circumstances, upon the advice of the private or school physician, the nurse makes the necessary arrangements for placement in a special room.

Occasionally a child is found who possesses a defect of such a degree that it does not warrant placement of the child in a special class but it does require that the child be given special consideration in the regular class. The nurse arranges for this.

In spite of all precautions, accidents will sometimes occur in the school. The nurse, since she is usally more easily reached than the school physician, is often called first. She decides whether this is a case which she is qualified to take careof or whether the doctor should handle it. If the case requires the school doctor's attention, she contacts him, gives him information as to the nature of the emergency and asks him what preparations she should make before he arrives. Upon his arrival the nurse assists the doctor to the best of her ability.

Although most calls for emergency treatment are due to accidents, occasionally a case of acute illness will occur which also demands emergency treatment. What if a child becomes acutely ill in school? The nurse, upon the advice of the school physician, excludes the child, and if the child is seriously ill she accompanies him home. She urges the parents to call their private physician. If this child develops __ for example __ scarlet fever, the school doctor and nurse then together compose a letter for the parents of all the children in this pupil's room, informing them that a case of scarlet fever has occurred in the room, telling them what signs and symptoms they should look for before sending their youngsters to school, and also telling them what the school is doing to prevent the spread of this disease.

It now becomes the joint responsibility of the school physician and nurse to inspect the pupils in this child's room and to isolate and exclude any child with suspicious symptoms or findings.

Thus we see that there is a full time school physician, the nurse's relationships with him are based upon constant, congenial, cooperation. This is also true where there is a part time school physician, but in this case the nurse must assume alone some of the responsibilities which she might otherwise share

with the school doctor. Needless to say if the nurse is held responsible for duties which can better be handled by the school doctor or jointly by the school physician and nurse, the school health program will not function with the maximum degree of efficiency.

The nurse's tasks are even more complicated if there is no school physician. She must get all the information concerning the medical condition of the pupils from the private physician or the clinic. Usually the picture which the nurse gets as to the health of the school as a whole under these circumstances is full of gaps. With this limited information at her disposal she cannot give the teachers the information which they need to help them individualize their health teachings and to aid them materially in basing their health teaching on the needs of the pupils.

To be sure, we are looking forward to the day when the private physician will play a greater role in our school health program. But we must first acquaint our practicing physician with what we are trying to do in the school and thereby obtain better cooperation from him. For then, and only then, can we expect the private physician to contribute to his maximum capacity to the school health program.

I believe that all the school nurse's relationships can be summerized in the one word,"cooperation," which literally means "working together." The establishment of cooperation among all concerned today is still the greatest problem in any school health program.

School Health

- Examination Questions-

Value Each Question (5)

Please a X before the statment if it is true, a - if it is false.

1) X A good school health program is dependent upon the cooperation of the teacher, the nurse, the doctor and the school principal.

2) X Every good school health program recognizes the need of competant medical supervision.

3) - If the school has a good public health nurse or nurse teacher directing the health program a doctor's services are not necessary.

4) - In a good school health program the nurse does all the health teaching herself.

5) - The teacher should never exclude a sick child from school; only the nurse

6) - After the teacher has inspected her classroom in the morning she need not worry anymore all day that some child might be sick.

7) X Incidental health teaching is as important as formal classroom health teaching.

8) X In a good school health program the nurse considers home visiting as a necessary part of her work.

9) X The physical examination of the school child is of little value unless the parents are notified of physical defects found.

10) X The public health nurse cannot successfully cooperate with the school nurse teacher unless she is familiare with the school program.

11) - The school nurse teacher should be responsible for cooking the school lunch.

12) X Home visiting by the school nurse teacher or the public health nurse is an important part of health supervision of the school child.

13) X A report of the physical examination which is done in the school should be given to the child's family following the examination.

14) - The principal of the school has no responsibility in the school health program.

15) - The school nurse teacher should not take time from her day to make home visits to sick children.

Value (10)

16) List the 3 objectives of a good school health program.

1) _____ Health service

2) _____ Health teaching

3) _____ Healthful environment

Value (10)

17) List at least 4 persons who should take an active part in the school health program.

1. _____

2. _____

3. _____

4. _____

_____

_____

Value (5)

Put a X before the correct answer.

18) If a child fractures his arm while at school

____ The school nurse teacher or the public health nurse should set the fracture.

____ A physicians' services should be sought to set the fracture.

Shirokiw

SCHOOL NURSING

Today we are going to begin our discussion of school health work. The course is so planned that you will be given 4 lectures. Miss Hayashi, a public health nurse from the Central Health Center in Tokyo will give 2 of the lectures and I will gove the other two. In today's lecture I am going to discuss the objectives of a good school health program. Wednesday Miss Hayashi will explain to you the present school health program in Japan. Today school nursing in Japan is carried on under two different programs; under one program a school nurse teacher is employed by the Monbusho works full time in the school. Under the other program the public health nurse has complete supervision of the school health program in her district as one of her dutiesof the generalized program of the health center. On Thursday I will discuss with you how the public health nurse from the health center works when she has complete supervision of the schools in her district. On Friday Miss Hayashi will explain to you how the public health nurse from the health center works with the school nurse teacher when she is in an area where schools have nurse teachers on duty full time. On Wednesday, October8 (Eighth) we will have the examination.

Today we are going to consider the objectives of a good school health program. These objectives are basic - they apply to a good school health program anywhere - be it in Japan, America, Canada, Germany etc. These objectives will be the same regardlessa of whether the health program has a full time nurse teacher in the school or a public health nurse who work in a health center and spends only part of her time in the school. The reason they do not change is that they are dependent not only upon the nurse but upon the school doctor, the principal and the teachers as well. Every person working in the school has a responsibility to the health program of that school. Unless every one cooperates to make the school a healthful place and a place where healthful living is taught the school health program will not reach its highest possible efficiency. The nurse is usually the one person in the school to whom everyone looks for health direction. She and the doctor are the persons especially trained in matters pertaining to health, and since the doctors time in the school is limited the nurse must be the one who is ready and able to give leadership in the health program.

The objectives of a good school health program are three. In other words there are three functions which the school must carry out if it is to have a good school health program.

1) It must provide health teaching.
2) It must provide health service.
3) It must provide a healthful school environment.

Let us consider these objectives <u>one</u> at a time. First we will discuss what is meant when we say that the good school program must provide <u>health teaching</u>. (Sometimes this is referred to as health education.) Health teaching is without a doubt the most important function of the school health program. Unless the

whole school program is carried out in such a way that the child learns something about healthful living by every health service he receives and by the very environment in which he spends his school day the health program in the school is lakeing in effeciency. Every day the child spends about 8 hours in school; these hours present many opportunities for health teaching and the persons who are best able to do this teaching are the teacher and the nurse. I would like to point out to you that there are two methods doing of health teaching; the first is the planned lesson method and the second is the incidental teaching method. When we say a person teaches according to the planned lesson method we mean that she has especially planned her health lesson; for example, she might decide thatone hour every day shallbe used for health instruction - one week she will talk about nutrition, the next week about posture, etc. Incidental teaching is the type of teaching which is done when a situation arises presenting a teaching opportunity. For example: Hanachan came to school one day even though she had a bad cold; she came into the room coughing and sneezing forgetting even to cover her mouth when she coughed or sneezed - the teacher noticed Hanachan immediately and realized she should not be in school with a cold, spreading germs around the room each time she sneezed or coughed, so Hanachan was sent home. The teacher then talked to the children about the common cold. She told them how a cold is spread; she explained to them why they should always cover their mouth and nose when they sneezed and coughed; she told them why they should not come to school when they have a cold and how to take care of a cold. This is what we mean by incidental teaching - it is teaching which is done whenever something happens which shows a need for teaching. The classroom teacher should be the person responsible for most of the actual health teaching given to the child. She is the person who has received special training in methods of teaching therefore she is the one who is best able to put the subject across to the children in her room - she is with her children 6 - 8 hours of the day, therefore she learns to know them better than anyone else in the school knows them - she knows how they learn best and what they especially need to know. But what the teacher often does not know are the facts of good health, the incidence of diseases, the fundamentals of sanitation, hygiene, nutrition, etc. It is therefore the responsibility of the nurse to help the teacher plan her lessons by giving her necessary facts; the nurse has access to printed materials on health subjects, these she should lend to the teacher to read when it pertains to a subject she is teaching. Posters, pictures, and movies are always a big help to teaching and the nurse should help the teacher obtain these visual aids whenever she can. Posters and pictures on health subjects can be made by the children in art classes; they can learn a great deal about health by making a poster with the teachers help. Posters and pictures on health can be well used on the walls of the classrooms or in the nurses office.

The Mombusho is now preparing a new curriculum which includes time for teaching health in every grade from 1st through the University. This should be an excellent guide to the teacher in planning her lessons in health instruction - and the nursemust be her guide andhelper. The nurse should be on the curriculum planning committee in her school and she must meet regularly with her teachers individually and in groups. Once in a while the nurse may be asked to plan a lesson and present a talk to the children on some specific

subject like immunization, need of the body for rest, etc. -- this should do occasionally -- but usually the teacher should do the formal classroom teaching and the nurses teaching to the child should be mostly incidental; she will have plenty opportunities.

The second objective of a good school health program is to provide health service. By health service we mean those things which are done for the child -- Let me list them: The physical examination done annually by the school physician, the school lanch program, the weighing and measuring program, the visual and hearing tests, the first aid given in school, the medical and nursing information given out, and routine health inspections done by the nurse or teacher. Another important health service rendered is that of home visiting by the nurse. In Japan school nurses have not considered home visiting as a part of their program but I sincerely hope that this attitude will change. Visiting in the homesof school children is a very important phase of school nursing in other countries; why not in Japan? The school nurse goesinto the home to visit and give care to children who are sick; she goes into the home to teach the family the importance of immunization and disease prevention; she goes into thehome to discuss with the parents the physical examination which was done in school particularly with the aim of securing correction for defects found, she goes into the home in an effort to determine some reason why a child may not be getting along in school; only by means of home visiting can these services be adequately rendered.

Let us briefly consider each of these services particularly in light of the functions of the nurse and the teacher in each instance. First we will discuss the physical examination; there is much that could be said about the physical examination but I am going to try to pick out for you the one important factor which in my opinion needs particular attention in Japan. What is the purpose of the physical examination? (To determine the physical status of the child in an effort to insure a healthy body.) Too often in Japan (as well as in other countries) the physical examination is done, defrets are ound, but nothing is done to bring about their correction. Year after year the physical examination is done, the same defects are found but nothing is done to bring about correction -- the physical examination is of no value unless the parents areinformed of the findings of the physical and they are helped to understand the necessity of correction -- This is the nurse's responsibility and can best be accomplished by a personal interview with the parents either in the home or in the nurses office.

The nurse should take an active participation in the school lunch program. Since there is usually no nutritionist in the school she is the one who should give guidance to the program but she should not be the one to prepare the food, cook the meal and distribute it. This function could well be carried out by persons hired for this purpose or by a couple of mothers who would volunteer their services.

The weighing and measuring program should be done by the teacher or by the teacher with the help of the nurse. Children should be weighed and measured at regular intervals, preferably every one or two months. Last week I visited a school in Tokyo in which all of the children from the 1 - 6 grades were keeping

their own individual height and weight records -- this is an excellent idea because it makes the child interested in his own weight gain or loss -- the teacher then helped the child to figure out why he had gained or lost; this is another example of how a health service can be used as a teaching experience for the child.

The visual and hearing tests can also best be done by the teacher under the guidance of the nurse. Vision and hearing tests should be done once a year but they like the physical examination are of no value unless defects which are found are reported to the parents.

First aid is the direct responsibility of the nurse but in the event that the nurse is not available some one person should be designated and trained to give first aid in the nurse absence. A minimum of medications should be used in the school and in every instance the school nurse should have medical standing orders which would give her permission to give medication and treatment in the absenceof the physician.

There are any number of reasons which call for health inspections by the teacher and the nurse from time to time. One very important one is the daily inspection which sho ld be done by the teacher. The purpose of this inspection is to make sure that no sick children are allowed to remain in school. One good way of insuring this is by means of a continuous daily inspection. In the morning as soon as all the children arrive in school the teacher conducts a morning inspection. She stands with her back to the window so that she can observe the children in a good light. The children with sleeves rolled to the elbows and their collars and shirts unbuttoned at the neck file past her one at a time. Without touching the child the teacher looks in the child's mouth, observes his skin, eyes, hair and general body cleanliness. (Demonstrate). Children who present any symptoms suggestive of illness or communicable diseases are sent to the nurse -- or excluded if the nurseis not available. After the teacher has conducted this one fairly thorough inspection she must not feel that the children will be free from symptoms of illness for the rest of the day. She must continue throughout the day to be alert to any unusual symptom which might develop in any child.

I have given you only isolated examples of health services for a school program; please do not think I have included them all -- there are many more.

The third objective of the school health program is to provide a healthful environment. I will merely list the conditions which should receive attention in a good school health program.

1. Cleanlinessof the school building
2. Cleanliness of the school grounds
3. Adequacy of lighting
4. Adequacy of ventilation and heating
5. Adequacy of screening
6. Adequacy of seating
7. Clean drinking water facilities
8. Adequate hand washing facilities
9. Adequate toilet facilities
10. Adequate lunchroom.

When defects are found in any of these conditions it is not the responsibility of the nurse to correct them -- but it is her responsibility to be aware of conditions and bring them to the attention of someone who is in a position to correct them.

School nursing is a job filled with possibilities -- it is a job which presents a real challenge because it is an opportunity to work with youth -- and work with youth is always interesting and challenging.

Shikoku

SCHOOL HEALTH

Today we are going to discuss how the public health nurse works when she has the complete supervision of schools as part of the generalized nursing program of the health center in which she is employed.

In Japan today many schools have nurses who are employed full time in the schools as school nurse teachers. In other areas in Japan the village nurse, working in one particular village, will serve as the nurse for the schools of that village and will do this school health work along with the other nursing service she gives. In still other areas no-one gives nursing supervision in the schools. I was informed by the Mombusho just today that only ½ of the schools have nursing service of any kind.

Nursing service should be available to every school in Japan. Today I want to suggest to you a plan which would make nursing service available in schools which do not have a nurse either on a full time or a part time basis. I would like to suggest to you a plan whereby you might be the one to make nursing servicemavailable to these schools.

First of all I would like to know how many of you are chief nurses in a prefecture (1) -- chief nurses in a city (2) -- village (2) -- chief nurses in a health center (16) -- general staff nurses of a prefecture (31), city or health center.

Let us imagine that each one of you nurses are interested in making school nursing available to school in your area which do not have this service. If you are a staff nurse your first step should be to discuss the problem with your supervising or chief nurse; with her cooperation I would like to suggest a few steps which should be taken in starting such an effort if you are a chief nurse yourself these steps could be taken by you.

1) Make a survey of your district. Find out how many schools there are in the area and who is responsible for the health service there.

2) Talk to the medical director of your prefecture, city,, or health center discuss the findings of your school survey. Point out to him the schools in the area which are without school nursing and medical service. Some schools may have a program where a doctor or a team of doctors come into the school once a year to do physical examinations but have no "all-year-round" medical and nursing program that you should plan to serve. If you can interest the medical director in the need for such service in the schools you can then work together to try to start such a program

3) The next step you, or the medical director, should take should be a visit to the Superintendent of Schools of the Prefecture, City of Village and discuss with him the possibility of working in the schools. With his permission and assistance you can begin to make plans for working in these schools. If

you are the only public health nurse in the area you will have to assume the responsibility yourself for all the schools in the area which are without nursing service. If you are one nurse of a staff of nurses the responsibility for the various schools should be divided between the various nurses. In either instance the school nursing supervision should be done along with the rest of the public health nursing you carry on in your present program.

4) Of course no public health nurse should ever work in any program without medical supervision. Therefore, find out if there is a doctor in these schools, sometimes there will be one employed on a part time basis (particularly to do the medical examinations in the schools). If there is no doctor attached in any way to the school find out from your medical director who it is that you are to turn to for medical direction. It may be that a doctor from the prefectural office, or a doctor from the city or village office, or a doctor from the health center may be assigned -- or it may be that the individual school will hire and pay their own school doctor. Your job will be to find out who will be the doctor for each school which is to be included in the school nursing program you are planning to start.

5) Of course you must early visit the principal of each school. The best policy to follow would be to have the Superintendent of schools of the prefecture, city or village call upon him and infom him that you are to be giving a nursing service in his school. The principal of the school is the one person with whom the nurse will be doing much work. The cooperation of the principal is of utmost importance. Every detail of planning of the nursing program must be carefully discussed with him. The nurse should ask the preincipal if she could be given a room in the school which could be used as the school health office. If possible, this room should be easily accessible to the students. It should be light, clean and sufficiently large to meet the health needs.

6) The next important step which should be taken should be on effort to seek the cooperation of the teachers. Probably the principal would call meeting of all the teachers of the teachers of the school it which time the nurse could be introduced to them. This first introduction to the teachers is vitally important. At this time the nurse should explain to the teacher why she hascome to the school. She should explain to the teachers the plan of work she intends to follow. She should ask their cooperation to work along with her and should explain to them how they can be a help to her in her work as well as how she can be of help to them in their work.

7) Always -- in starting a new program of any kind we must begin our work at the place where the people are. In order to do this we must be familiar with their problems and their needs as well as with their present understanding of the program in which we intend to work. Therefore, you, as the nurse, should determine, with the help of the principal, teachers or members of the community where the greatest needs are for the children of that school. Probably, the need is for a better understanding of health habits such as cleanliness. sleep or exercise. If so, you might begin the health education program through emphasizing health habits. Probably the greatest need is for

better nutrition; then you could work with the teachers in an effort to bring about a better understanding of methods of teaching good nutrition to school children. Probably the greatest need would be that of disease prevention. Probably many children in the school have been getting smallpox, diphtheria or typhoid. If so, you could begin the program with an emphasis on immunization procedures. Probably, an immunization program could be carried on in the school under the direction of the school doctor.

When giving school health supervision as a part of a generalized nursing service, the amount of time you are going to be able to spend in the schools will be dependent on a number of conditions. It will depend on the number of schools you will be supervision; if you are to accept the supervision of all of the schools in your area you will not be able to visit them as frequently as you could if you were supervising only one or two. The factor of distance must also be considered. If you have to travel many kilometers to reach your schools you cannot plan to visit them as frequently as you could if they were near-by. It will be dependent too on the teachers in your schools; if they need considerable help from you in order to carry out a good health program you should try to visit your schools frequently. In any instance try to get into the schools at least 2 times a week, preferably in the mornings. When you have decided on your plan of visits to the schools, let your teachers know on which days they may expect you. When you have informed your teachers as to when they may expect you -- keep these appointments -- if you find we are unable to keep your school appointments be sure to notify the principal of the school so that he and the teachers may know you arenot coming.

Try to get your teachers to take as much responsibility for the school health work as you possible can. If they can be given responsibility in the health program they will be able to carry on in your absence and you will serve as a councillor to them instead of as a servant. All of the teacher should be made to feel responsible for having only well children in school encourage them to make themorning and all day health inspections and to exclude all children who present symptoms of illness. Encourage them to teach health regularly, both by planned lessons and incidentally. Teach them to be aware of environmental conditions in their classroom, in the school and on the school grounds. Appoint at least one of your well qualified teachers to be responsible for giving first aid when accidents of sudden illness occur in the school in your absence. Help this teacher to understand her responsibilities in the first aid program and if possible get your school doctor to write up simple directions in first and aid which the teacher might use as her standing orders.

In a school health program where you are serving only on a part time basis you will need the whole hearted cooperation of your teachers and principal. Therefore, meet frequently with your teachers -- individually and in groups. Help them to make their plans for health teaching and also for health service. Help them to decide how they are going to plan their program to include the weighing, measuring and vision testing activities. Help them to understand that you are their counsillor in the school health program, that you will be coming to the school regularly -- but on a part time basis and are therefore depending on them for their assistance and cooperation to provide a continuous good health program in the school.

Introduction

to

School Nursing Demonstration

(School Nurse & H.C. Nurse Relationships)

The School Health Program in Japan is administered through the Ministry of Education - and locally through the Education Department of the Prefecture, City or Ward. However, the Public Health Nurse working in the health center may render a valuable service to the school health program. This could be done in one of two ways.

1. By giving a part time nursing service to schools which do not employ a full time nurse. (In order to do this arrangements would have to be made through the Education Department of the prefecture, city or ward.)

2. By working cooperatively with the school nurse in an effort to make health facilities of the health center district available to the school.

The purpose of this demonstration is to show how the health center nurse and the school nurse might work together in an effort to provide a better health service to the school through utilizing the health center facilities. This demonstration represents a true situation which occurred in Suginami Ward; it demonstrates 2 specific ways in which the school used the health center facilities.

1. The principal of _____ school made arrangements with the Director of Suginami Health Center to have all children who had positive tuberculin tests to have x-ray and physical examinations at the Health Center. (The tuberculin tests had been given by the school physician, in school.) These physical and x-ray examinations revealed 36 children to be in need of medical attention; 18 were diagnosed as active cases of tuberculosis and 18 as children "under par" and in need of follow up care.

2. The School Nurse reported to the Health Center Nurse that she suspected a number of cases of trachoma among the school children. At the request of the school a doctor was sent from the Health Center to assist the part-time school physician in making eye examinations; as a result 15 cases of trachoma were found and placed under treatment.

Text of Health Education

1. Primary School

Health
Cleanliness of the body - hands, feet, face, teeth, nose, eyes, hair
Hygiene on food and clothing - cloths, foods, washing, sunshine and fresh air
Rest - sleep
Hygiene of exercise - Rubbing of skin, hygiene of exercise
Posture - At rest, in movement
Physical Examination - Height, weight, chest, pulse, temperature
Prevention of sickness - Contagious disease, disinfection T.B. trachoma, intestival worms, near sightness, bad tooth, colds
First Aid - Accident, burns, first aid treatment

2. Middle School

Health
Posture
Hygiene on food clothings and houses
Rest and exercise
Physical Examinations
Prevention of sickness
First Aid
Public Hygiene
Mental Hygiene
Sex Education

3. High School

Health
Posture
Hygiene on food, clothing and housed
Rest and exercise
Physical examinations
Prevension of sickness
First aid treatment
Public Hygiene
Mental Hygiene
Sex Education

4. College

Hygiene of the students
Nutrition of the people
Hygiene of the rural districts

Hygiene of work
Superior race
Problem on population
Health statistics
Mental hygiene
Insurance and medical systems
Public health institutions

Text of Primary School

1. 1st and 2nd grade

Cleanliness of the body

(1) Washing of face also neck and ears
(2) Cleaning of finger nails
(3) Use own tooth brush and brush teeth every morning
(4) Comb your hair every morning
(5) Bring tissue paper to blow the nose
(6) Use handkerchief when coughing or sneezing
(7) Washing hands before meals and after using the lavatory
(8) Move bowels regularly
(9) Clean the feet
(10) Wash the body clean when going to the bath
(11) Do not put pencils in the mouths

Clothing

(1) Keep cloths neat
(2) Don't use cloths as towels or handkerchief
(3) Change clothing wet from sweat or rain
(4) Raincoats and umbrellar should be kept in the proper place
(5) Foot gears must be kept orderly

Foods

(1) Wash hands before meals
(2) Chew food well
(3) Eat everything without making fuss
(4) Eat at a definite time
(5) Brush teeth after meal
(6) Rest after meals
(7) Don't rush breakfast
(8) Wash raw vegetables and fruits before eating
(9) Don't eat foods which has dropped on the floor
(10) Drink clean water
(11) Don't drink ice water

Exercise

(1) Play outside during fine weather
(2) Wash and wipe sweats before entering school rooms
(3) Wear cloths before getting cold after exercise
(4) Rub Hands and ears furing cold weather

Rest and sleep

(1) Sleep early
(2) Don't drink or eat before going to bed
(3) Go to the latrine before going to bed
(4) Wear night-gowns before going to bed
(5) Don't read or eat in bed

Posture

(1) Good posture before studing
(2) Avoid throwing out one leg and sitting
(3) Avoid bending the head when walking

Safety

(1) Don't play on railroad trachs
(2) Don't hang on trucks and carts
(3) Look before crossing the road
(4) Keep to the left
(5) Don't play with fire
(6) Don't play with knives
(7) Don't go alone to the river or sea
(8) Call an adult when friend is drowning or hurt
(9) Do you know the names of your parents on the address of your home.

2. Fourth and Fifth Graders

Cleanliness of body

How and why face, eye, ear, teeth, and other parts of body must be kept clean.

Clothing

Type of clothing to be worn on the different seasons
Foods

Questions regarding food, what happens to food we eat. What are good what are bad and why.

Cleanliness of ones dwelling

Asking the pupils whether they keep the house and the surroundings clean

Fresh air and sunshine in ones dwellings

Why sunshine and fresh air are essential

Exercise

Asking the pupil if they play outside. What type of clothing must be worn and what should be done when dirty?

Rest and sleep

When and why rest must be taken.

Posture

Asking whether the pupil are holding the right posture.

Physical examinations

Asking if the pupil are keeping regular records of their measurements.

Safety

When should railroads and roads be crossed. What place are dangerous for swimming.

What measures should be taken when clothing catches fire. Care in riding and getting down from vehicles.

Prevention from disease.

What measures should be taken to prevent colds, trachoma, bad tooth, near sightness, intestival worms, T.B., infections disease.

3. 5th and 6th graders

Health

Reason for keeping oneself healthy

Cleanliness of body

Reason for keeping clean. What method should be taken.

Clothing

How and why clothing must be kept clean. How and why different type are worn.

Food

What happens to food assimilated reasons for eating certain foods, what cause food pood poisoning. Why bowels must be moved.

Cleanliness of dwellings

How and why place must kept clean.

Sunshine and fresh air

How and why it is necessary.

Exercise

How and why it must be taken.

Sleep and rest

How and why it is necessary.

Posture

How and why it is necessary.

Physical examinations

How and why it is necessary.

Safety

What measures and why the necessity of various safety measures.

Prevention of disease

How and what happens if a person is infected with trachoma, bad tooth, near sightness, intestival worms, T.B.

Infections disease

What causes disease, what methods are taken to prevent it.

First aid and nursing

A general method of caring the sick and those who met accident.

The following is an extract from the Editorial in the 14 August 1948 issue of the SATURDAY EVENING POST, entitled "Who's Paying for Japan's 'Economic Democracy'?"

"Teaching democracy to another country through the medium of a military occupation is an exacting task. The conqueror is likely to feel that the prescription calls for an imitation of the democracy he enjoys at home. So he sets up an enormous staff equipped with business machines capable of tearing off a directive every five minutes. He institutes a Federal Trade Commission, an SEC, a National Labor Relations Act and various other blessings which may or may not fit into the pattern of experience of the lowly Jap. He goes farther and sets up controls and regimentations which would not be tolerated at home. It hardly ever occurs to him that labor relations might conceivably prosper in a system under which the employer keeps his people alive during depressions, and pays them according to the number of children they have rather than the work they do—even if such practices are 'feudal.'

"In a recent issue of the New Leader, Manabu Sano, a Japanese liberal and former communist, treats the MacArthur revolution sympathetically, but reports that the Japanese are 'beginning to ask whether this revolution has not failed to fit some of the realities of a Japan whose social life is dropping speedily.' As for Americans, we must keep on asking why we should pay taxes to support defeated enemies who could come closer to supporting themselves if we would let them."

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Mrs Wittenwalk
PH

1st Ind

HEADQUARTERS, SHIKOKU MILITARY GOVERNMENT REGION, APO 1050 25 Aug 48

TO: Commanding Officer, Ehime Mil Govt Team, APO 1050
Commanding Officer, Kagawa Mil Govt Team, APO 1050
Commanding Officer, Kochi Mil Govt Team, APO 1050
Commanding Officer, Tokushima Mil Govt Team, APO 1050

The basic report presents a vast field of opportunity for real work by your public health sections. The Japanese must be encouraged to improve the deplorable conditions exposed by this report. It is our task to educate them to the need and to keep everlastingly after them to produce results. Future activities reports should note the effort being directed in this field.

R. E. COUGHLIN
Colonel CE
Commanding

9

Demonstration of School Nursing
(H.C. Nurse & School Nurse Relationship)

H.C.N. These are the manes of the children who were found by X-ray examination this Tuesday to be in need of follow up, Miss Kimata. (Hands list of names and diagnosis to Miss Kimata.)

Sch.N. Thank you very much, Miss Shimizu.

H.C.N. There are 36 cases, Miss Kimata, and within these 36, are 18 who must be under medical supervision and 18 of whom must rest at home.
The children under medical supervision may attend school. They have been given regular appointments at the Health Center: if they do not return I will contact you and would appreciate if you would encourage them to return. The 18 children who are to stay at home -- in bed -- should be under medical and nursing supervision. Since they have been examined at the H. C. Clinic we will give follow up nursing care in the home.

Sch.N. Under the circumstances of the present school program, I'll not be able to go their homes at all, and so, if you can make arrangement for a health center nurse to do so, I'll be very appreciative.

H.C.N. Well, yes, we can. We will go into the home and give instruction regarding isolation technic and nursing care. We must try and get their families examined too. We'll keep you informed about their conditions.

Sch.N. Thank you, please do so. I'll report to the teachers about all 36 of these children and help them to understand the need for careful supervision of the 18 who may remain in school.

Then - these 15 children were diagnosed as having Trachoma at the eye-examination the other day when we asked one of the H.C. doctors to come to help our Doctor examine the children.
(Hands list of names to Miss Shimizu.)

H.C.N. I see. Do all go to the eye doctor to have treatment now?

Sch.N. Yes, they were all referred to the doctor for treatment. Yesterday I found out that there are only half of them who have reported to a doctor, the other half have not. They were referred again to an eye doctor. I called to Doctor in this community who has been treating the cases and inquired about them; he felt that follow up instruction to the home by the nurse would be very helpful.

H.C N. Does he mean for all 15 cases, Miss Kimata?

Sch.N. Yes, he does. I'll try to get the other half who have not visited the doctor to do so. Could you nurses in the health center make arrangement to visit their homes and give instruction under the doctor's prescription?

H.C.N. We'll do so! Would you give me his phone number and name so I may call him for orders? We'll let you know how they are coming along.

Sch.N. That would be very helpful, thank you!

H.C.N. Are't these drawing pictures sweet !
(Comments on health posters on the wall)

Sch.N. Yes, they are! Our children did them.
I think we need to stress health habits more than we do and pictures such as these help them to understand these habits.

H.C.N. Hm, hm, That is good health education, isn't it?
Well, I'll go. We'll make home visit as soon as possible and will keep you informed. Good bye.

Sch.N. Good bye ! Thanks a lot, see you again.

CHUGOKU SCHOOL NURSE PROGRAM

1. The school nurse problem being complex, pertinent information and statistical material were needed before work plans could be made. The following sources of material were used:

a. Questionnaire form submitted through Regional Education Officer
b. Visits to Primary, Lower and Higher Secondary Schools
c. Conferences with:

(1) School Nurses
(2) President, School Nurses' Association
(3) Principals of Schools
(4) Prefectural Chiefs of School Health

d. Observation of School Nurses' Work Day
e. Group Discussion with:

(1) Public Health Nurses
(2) Prefectural Advisory Council on Education

f. Civil Education Officers and Assistants

2. Background of school nursing in Japan - In October 1929, the school nurse system was established for the first time in Japan and title of school nurse (Gakko Kangofu) was given. In March 1941, by National School Law, the school nurse title became that of school nurse teacher, elementary school (Yogo Kundo) placing her on equal footing with other teachers of the staff and school health became a part of school education. In July 1942 this title, school nurse teacher, was made official and the duty of the school nurse teachers established.

On 31 May 1947 the new School Education Law was passed and the school system revised. Because of the breakdown of the middle school and its revision to lower and upper secondary schools the title, school nurse teacher, elementary schools (Yogo Kundo) was dropped and given the title of school nurse teacher, secondary school (Yogo Kyoyu). On 3 September 1947 the Ministry of Education issued regulations governing subsidies for expenditures of Nurse Training Institutes.

Cabinet Order No. 20, effective 28 January 1948, permitted dispensing with the nurse teacher on a public secondary or primary school level because of the lack of school nurse teachers in spite of the same order listing a nurse teacher as being essential in this category, and the nurse teacher change of official title of prefecture nurse (Chiho Kyokan) and the vocational name remaining the same.

3. Administration of the School Health Division - The School Health Division of the Public Health Section of the prefectural government only has supervision over school dental and school lunch program. There is no special division in the Education Section set aside for school hygiene; however, in Hiroshima prefecture there is a trend toward this which will probably materialize after the school board election. Although the school nurse teacher does not have a special budget set aside, they use funds from the school teacher's budget and in some instances the school nurse teacher is for administrative purposes hired as a teacher. Liaison is established between the Education and School Health Division for the purpose of furnishing instructors for nurse teachers' institutes.

4. Preparation for School Nurse Teacher - To become a school nurse teacher the nurse, in addition to her nursing certificate and license, must qualify in one of the following:

a. Be graduated from a girls' high school.

b. Pass an examination given by the national government equivalent to a high school education.

c. Have two years actual experience as a school nurse.

Nurses qualifying in the above manner then can file a prefectural application to take a school nurse teacher's course varying from one week to three months. In Hiroshima prefecture a 60 day course was given which totalled 325 hours; the curriculum is representative of other curriculums in the region. The following subject material was included in the 60 day curriculum presented:

a.	Introduction to School Hygiene	30 hours
b.	Health Education	150 "
c.	School Physical Examination	10 "
d.	School Health Consultation	5 "
e.	School Lunch Program	5 "
f.	School Dental Sanitation	10 "
g.	School Infectious Disease Control	10 "
h.	Special Class for the Undernourished	10 "
i.	School Nurse Teachers' Duties	5 "
j.	Vital Statistics	5 "
k.	Regulations Regarding School Sanitation	5 "
l.	School Hygiene Techniques	25 "

5. After completion of this course recommended by the Ministry of Education, the school nurse takes a prefectural examination and then receives a teaching certificate. Upon making the change from school nurse to school nurse teacher, the nurse is automatically transferred from the

payroll of the city, town or village to the payroll of the prefectural government and is then under the jurisdiction of the Education Department. In many instances the school nurse teacher's salary then becomes lower than that of a school nurse when this change is made.

6. This new title, after a one week or three months' course, does not in any way effect a change in her work, but she receives the prestige of being classified as a teacher and then is theoretically on a higher plane than the school nurse. There is also a supposed change of attitude by teachers upon a school nurse receiving a teacher's certificate. The school nurse teacher also is apparently not hindered as much in school planning and receives closer cooperation by the teachers on the staff and a feeling of belonging. Comparing the relatively low professional status of the school nurse teachers to a school teacher, it can be said that approximately 1/3 of the school teachers in each of the 5 prefectures have had only 8 years or the 6 years of compulsory elementary schooling, with special examination, for teacher.

7. The salary of the school nurse is comparable to the school teacher and is paid by town or village funds; however, upon becoming a school nurse teacher and being paid by prefecture funds, the salary is often lower. The professional prestige acquired in becoming a school nurse teacher often compensate over a period of time,and so causes many resignations. The fact that the school nurse teacher enjoys a higher professional and monetary status than the public health nurse was recently brought to light at a conference with approximately 100 public health nurses in Chugoku Region.

8. Distribution - Of the 664 primary schools in Hiroshima prefecture, 220 employ school nurses or school nurse teachers. The remaining seventy school nurse and school nurse teachers in the prefecture are divided between the 107 lower secondary, prefectural, municipal, private and deaf and dumb and blind schools. The 366 higher secondary schools have no nurses.

9. Because of economic factors and compulsory elementary school education, apparently emphasis is put on primary schools making school nursing a health service for the younger group. The establishment of this value for the older group as well will take time, because an educational program is necessary as well as the aforementioned economic factor.

10. From observation the three major functions of the school nurse and school nurse teacher are first aid treatment, environmental hygiene and association with the school lunch program. Some of her minor functions are: trachoma treatment, personal hygiene of children -- check weight and measurement, teaching of personal hygiene, intestinal parasite control, care of cuspidors, cleaning, serving tea to guests and workers of the school, shopping for teachers, school office work, benjo disinfection, pulse survey, student temperature survey, serving of powdered milk, cutting of boys' hair, care of head lice for girls, assisting physician in tuberculosis testing

and home visits for absenteeism. The work of the nurses depends on the nature of the school and the comprehension of the principal and teachers. There are schools where the principal and other teachers are not yet fully aware of the worthiness of the school nurse teacher and thereby hinder their work.

11. In the school lunch program the nurse's duties also vary. These may include being in complete charge of making reports, supervising eating habits, storing food, planning daily menus and the actual preparation of foods and cutting of vegetables.

12. The following is an example of contrasts prevailing in schools. One school nurse teacher has 1,331 primary school children and spends sixteen hours weekly teaching personal hygiene and on one day, having five consecutive hours of teaching. In addition, she also supervises the school lunch programs. The regular classroom teachers; however, make home visits on absenteeism. One primary school, having both a school nurse and school nurse teacher whose duties do not differ except the school nurse teacher has a lower salary than the school nurse. One lower secondary school has 950 students and the school nurse teacher concerns herself mainly in giving 450 students trachoma care.

13. According to the Ministry of Education, Issue-17 July 1942, the main duties of the school nurse teacher are interpreted as follows:

a. "The school nurse teacher shall always inspect the condition of the children's body and mind and especially take care of health training and children's nursing.

b. "In order to take care of the children, the school nurse shall have the jobs mentioned below:

(1) Body Inspection
(2) Health Equipment
(3) Food Supply and Nutrition
(4) Health Advice
(5) Prevention of Disease
(6) First Aid
(7) School Dentist
(8) Special Nursing of Weak Children
(9) Other Matters Concerning School Nursing

c. "In working the school nurse teacher shall always have connections with other teachers.

d. "The school nurse teacher shall be guided by the school doctor and school dentist.

e. "The school nurse teacher when needed shall visit the children's

home and have connections between the school and home concerning the children's care."

14. Present trends or goals - Since the promulgation of the nurse teachers' duties it would seem that in 1942 there was a positive trend for a constructive school nurse program, but the war years may have prevented further development. To eliminate deficiencies and to give guidance in existing school nurse programs, the following is a work plan for Hiroshima prefecture.

a. The existing practice of hiring as school nurses laymen who have no qualifications as such is being discontinued.

b. The present unqualified so-called school nurses will be given other work and removed from the school system as school nurses.

c. Health center nurses will be used to cover rural areas that do not have school nurses.

d. Appointment of school nurse supervisors to give adequate supervision of material, equipment and personnel in lieu of school inspectors.

e. Recommendations have been made to increase the prefectural budget so that school nurses can be increased.

f. Nurses who have had one year or less of nursing training are to have a three months' course in basic principles and practices of nursing.

g. Courses are to be given nurses during a regular work week not to include Sundays and holidays.

h. Twenty-two schools have already been selected to work toward model schools for health education which will be a cooperative enterprise of the health center nurse, school nurse, parent-teachers' association and principals. The prospective school nurse will have a period of observation in these schools.

i. A number of P.T.A.'s are paying the school nurse's salary instead of this being a community responsibility. Education officers and assistants are stressing that P.T.A. financial support go toward the purchase of needed equipment and supplies for nurse's office and rest room. School doctor is held in high esteem; team education officers are working toward the recognition of school nurse and her place in P.T.A. study groups.

j. Recognition of the need for doctors written standing orders, record keeping, and their interpretation of findings, referrals and follow-ups.

k. Home visits by the nurse instead of teacher so that it may be interpreted to the teachers and physicians. Interpreting the findings of

examinations and the advice of physicians in regard to the prevention and control of illness and the correction of defects.

l. Coordination of the work of the school with health center activities.

m. To be included in already established school nurse teacher programs:

(1) Nurses home visits
(2) Record keeping, filing
(3) Nurses' bag technique
(4) Observe model school and health center activities

n. Development of relationships between the home and the school and all health centers of the community by cooperating with existing social agencies.

15. School Nurses' Association - The school nurses and school nurse teachers belong to the following:

	Hiroshima	Yamaguchi	Tottori	Okayama	Shimane
Total Number of School Nurses & Nurse Teachers	265	60	128	112	89
Teachers' Union	106	56	106	88	75
Nurses' Association	44	4	0	1	8
Both Associations	65	0	22	18	4
No Associations	50	0	0	5	2

The school nurse teacher has apparently associated herself with the teachers' union.

The teachers' union, in most instances, is bending their efforts toward attempting to control school administration instead of improving teaching and professional standards of teaching. The primary reason for the amalgamated nurses' association is education and elevating the profesional standards of nursing.

Shimane and Hiroshima prefectures have school nurse teachers' associations but have not joined the amalgamated branch nurses' association.

The president of Hiroshima nurses' association has attempted joining, but there has been obstacles within the school nurses' association itself and with the midwives' association.

16. The low professional standing of the present school nurse leads them to be regarded as casual employees. In order to secure and maintain true nursing standards, the following recommendations to higher headquarters for establishing standards are made:

a. Prospective nurse should be a graduate of a higher secondary school.

b. A three years' training course in an accredited nurses training school.

c. One year of Public Health Nurse training as established by the Public Health Midwife Nurse Ordinance.

17. The name, school nurse teaher, is misleading and weakening instead of strengthening the profession of nursing. The word "teacher" should be dropped since all qualified nurses are potential teachers in public health. The school nurse teacher primarily considers herself a teacher and allies herself with the teachers' union and is considered by the Ministry of Education as a teacher, subjugating her profession as nursing.

18. The school nurse and nurse teacher is not usually identified with the clinical group or the public health group.

The present Japanese midwife, clinical nurse and public health nurse association makes no provision for the school nurse and nurse teachers as such in this organization.

The school nurse teacher is encouraged by the Ministry of Education to be a member of the teachers' union; if this situation continues they will completely be absorbed by this group.

To rectify this and for the school nurse and nurse teacher to become a part of the professional nurse organization, it is suggested:

a. That an additional branch of school nurse and nurse teacher be included in the already amalgamated nurses' association.

b. That in the public health section there be a separate division for this group.

JEANETTE PITCHERELLA
PHN Chugoku MG Region