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- (2) Folder title/number: (10)  
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GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Civil Affairs Section  
APO 500

46120 FEB 1951 CAS-CE

20 FEB 1951

SUBJECT: School Health Handbook

TO: Chief, Chugoku Civil Affairs Region, APO 182  
Chief, Hokkaido Civil Affairs Region, APO 309  
Chief, Kanto Civil Affairs Region, APO 500  
Chief, Kinki Civil Affairs Region, APO 15  
Chief, Kyushu Civil Affairs Region, APO 1105  
✓ Chief, Shikoku Civil Affairs Region, APO 1050  
Chief, Tohoku Civil Affairs Region, APO 547  
Chief, Tokai-Hokuriku Civil Affairs Region, APO 710  
(Attn: Civil Education Officer)

Forwarded for your information is a copy of "Handbook of Elementary School Health Program."

FOR THE CHIEF, CIVIL AFFAIRS SECTION:

1 Incl  
Health Handbook





November 30, 1950

To: Chief of Civil Education Section  
Shikoku Region

From: Superintendent, Nagawa Board of Education

Subject: Designated schools for school lunch

In accordance with the school lunch program of this year, the following primary schools have been selected as the designated schools of school lunch.

Name of schools: (Mitoyo-gun)

Saita Kami Primary School  
 Kami Takase Primary School  
 Kasada Primary School  
 Kunita Primary School

*will be approved after the school lunch facilities are well arranged.*

*92 primary school were already carrying out school lunch,*

*The above mentioned 4 schools have been newly added, after inspecting the school lunch facilities by Board of Education.*

*Of course the school authorities had requested to have school lunch.*

RMS

cgj

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用紙を節約いたしませう

二五發教事第百五十六号

昭和二十五年十一月三十日

香川県教育委員会 教育長

四國民事部教育課長 殿

放出物資による学校給食校指定について

本年度学校給食拡充計画に基づき本年度第二期分として受入態勢の完了している凡記小学校を放出物資による学校給食実施校として選定したので報告する。

記

一、学校名

≡ 豊 郡

財田上小学校

上高瀬小学校

笠田小学校

柞田小学校 (一部改造後給食用始許可)

香川県教育委員会



菅元得 田園家文(1) (終)

菅元得 田園家文(1) (終)



Oct. 2, 1950  
I called Miss Kubo, an official  
of School Lunch, Ehime Guidance  
Section:

She told me that she has  
never ~~never~~ heard of the Minami  
Lower Secondary School's case.

She will tell to the School Lunch  
Committee, P.T.A. people of  
that school that there is no  
primary school who do not want  
milk! and so forth. -

Seno



September 19, 1950

13 mothers of the Niihama Minami Lower Secondary School who are representatives of P.T.A. School Lunch Committee, came to see Mr. Dobbins.

They expressed their petition as follows:

They have got released milk for school lunch until July, 1950. However the prefectural authorities announced that no milk will be given to any lower secondary school from August, 1950. In stead, it was decided that every primary school will get milk.

This Minami L.S.S. is the model school of health and school lunch. They have completed a good facilities for school lunch recently, and at the same time milk distribution stopped.

As this is a the model school for school lunch, the school lunch committee and P.T.A. members have made great efforts for getting model facilities. The equipment has just completed and the health of all the children have been improved.

All the children and parents wish to continue get school lunch milk distribution, continuously.

The principal all the teachers and parents and children want to get milk as well as before.

Now, they have stop of milk.

They heard that some primary schools in rural parts are do not like to receive milk distribution, and puzzled. Because children do not like milk and greatly they have no facilities for school lunch.

They went to the prefectural office and city office to ask their petition.

They asked the authorities to forward the milk of any primary schools who do not like milk distribution to their school, or forward milk of such primary schools collecting little by little, to their school.

The authorities answered to them that if Shikoku Civil Affairs Region approves it, it will be permissible.

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----- BASIC ----- SUBJECT ----- DESCRIPTION ----- DATE -----

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They decided to come over to Takamatsu to ask for milk.

They hope that Civil Affairs Region will give an permission to the prefectural authorities to distribute to the Minami Lower Secondary School, who are ardently wishing for milk distribution.

They know that no more lower secondary school will submit a petition to the authorities for milk. The other lower secondary schools except the Minami L.S.S. do not want milk any more.

They asked opinions of some primary schools who do not like milk distribution, they said it will be all right to forward milk to their school if permissible.

After talking with me, they went to the Yobancho Primary School to see the school lunch situation.

They came back here and asked me again to tell Mr. Dobbins, and Miss Johnson kindly consider on their problem and answer them as soon as possible.

Seno







Miss. Reno -  
A she me  
please.

cy

sent a letter to Mikama  
City Office on  
Sept. 27.



29 September 1950

To : Miss Carmen Johnson

From: H. Saito, chief of Education Section, Niihama city

I have received your letter dated Sept 27, 1950. I talked with people of PTA of the Minami Lower Secondary School and investigated other schools. As the result, I hereby inform you as follows:

1. There is no school who does not want milk. In fact, being principal material of school lunch is milk, there will be much troubles in school lunch cooking, without milk.

Milk is indispensable for school lunch. So, every school are getting milk with thanks and wish to get it continuously.

2. The Minami Lower Secondary School were getting milk until July 1950. However, it was decided to distribute milk to primary school only, excluding lower secondary school. The Minami Lower Secondary School authorities and PTA understand the real meaning of school lunch and have completed a fine facilities for school lunch.

The lower secondary schools in Niihama city who were getting milk were the Minami Lower Secondary School and the Nishi Lower Secondary School. The Nishi Lower Secondary School is in the same situation, too. You heard from PTA people of the Minami Lower Secondary School that some primary school do not want milk, but it is wrong.

I know there were some children in farming villages who could not drink milk because of their traditional customs or their physical constitution. However, at present, there is almost no child who can not drink milk.



RELEASE NOTICE  
OF  
JAPANESE NATIONAL

\_\_\_\_\_  
(date)

1. \_\_\_\_\_,  
(Last name, first name) (Address)

\_\_\_\_\_, is release from employment (with) (without)  
prejudice as of \_\_\_\_\_, for the following reasons:  
(Day, month, year)

- a.
- b.
- c.

2. Subject employee worked for this organization from \_\_\_\_\_  
(Day)  
\_\_\_\_\_ to \_\_\_\_\_  
(Month, year) (Day, month, year)

3. Subject Japanese National (was) (was not) given thirty(30) days  
notice of discharge. Subject Japanese National (is)(is not) entitled to  
discharge allowance.

4. Subject employee (is) (is not) eligible for re-employment by the  
Occupational Forces. (In the event person IS NOT eligible for re-employ-  
ment the unemployable period will extend for sixty (60) days.

5. Pass Number \_\_\_\_\_

\_\_\_\_\_  
(Signature of Labor Officer)

\_\_\_\_\_  
(Name printed, Rank)

\_\_\_\_\_  
(Unit Designation)

\_\_\_\_\_  
(APO) (Telephone Number)



學第二六九號

昭和二十五年九月二十九日

新居濱市學務課長 齊藤

四國民事部教育課

カルメン・ジョンソン 殿

九月二十七日付文書を以て御照會のありました件につきまして、學校及び先日参上いたりました南中學校のP.T.A.関係者につき調査いたしました結果をのこり回答いたします。

一脱指粉乳の受配を希望しない學校はありません。

現在の學校給食は事實上ミルクが主体となつてありまして、完全給食になりましてはミルクがなければその献立にも困難する様な状態です。

以上やうな理由でミルクが現在の給食に絶対不可欠の物資で

新居濱市

ありますから全校感謝して受配してあり、今後の継続を希望してあります。





現在粉乳の受配を希望しない学校は有りません  
現在の学校給食は事実上ミルクが主体となつてありまして、完全  
給食になりましてはミルクがなければその献立にも困難する様な  
状態です。

以上のやうな理由でミルクが現在の給食に絶対不可欠の物資で  
新居濱市

ありますから全校感謝して受配してあり 今後の継続を希望  
してあります

二南中は今迄ミルクの配給を受けて給食を実施して居りました  
が去る七月配給対象が小学校と限定され中学校は除外され  
ました。当校は実に給食に対して熱心なP.T.A.の理解も深く  
現在の児童に栄養補給が如何に必要であるかを又給食による  
教育上の利點意義につきまして深く理解があり、その施設  
も相當に整備されてあります。ところがミルクの配給がな  
かりその運送も中止になってはならない状態にあります。  
そのやうにミルクが給食の主体と成つており配給がなれば

南中のみならずこの学校も困ります。新居濱市に於て中学校  
で給食を実施して居ました学校は南中学校と西中学校の  
二校でありまして、西中学校に於ては南中学校と同じ立  
場にあります



尚南中の給食委員及びPTAの方々が、何時もミルクを飲ま  
ない小学校があると云われたりは、何かの間違ひで、左にのべた様に  
学校では辞退するはずがなく、それはミルクを飲まない、きらいな児童  
のことではなかりでせうか。

農村地区の小学校では、今迄の食生活の風習上、又体質によつて  
よう飲まない児童のありましが、それも現在では殆どありません。



新居濱郵便局  
料後納金  
便納金

カルメン・ジョーンソン殿

教育課

高松市四國民事部



運送

愛媛縣

新居濱市役所

電話 自至 6868

振替 大坂 64481 島 4293





新居濱市學務課



6 June 1950

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Mr. Matsumoto, Kagawa Guidance Section, answered by phone to Miss R. Shiota.

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Number of School Nurses in Kagawa

Total number of school nurses paid by Prefectural School Board - 66

Primarily all of these nurses are working for sanitary projects in respective schools. But half of the nurses are teaching in classes about sanitation, say 2 or 3 hours in a day, so that they may help achieve the purpose of jobs of school nurses.

Rest of the nurses are just working as school nurses, such as, on the result of physical check-up and child patients.

Besides these 66 nurses, there are 23 school nurses paid by local communities. They get national subsidy to their Trachoma clinics. But they are not under the School Board jurisdiction.



## Monthly Activities Report - April 1950 (Cont'd)

(2) Seniority Clauses. During the month all conferences held with either management or union stressed the need for collective bargaining agreements. Some emphasis was placed on the question of seniority clauses. Resistance encountered from both sides indicates unwillingness of the Japanese mind to seek clearly written seniority provisions. The reasons given, though bewildering, are set down here to indicate the immaturity of present thinking within Japanese trade unionism. Japanese interviewed contend that by and large the seniority idea is applied at times of layoff, and that it constitutes an unwritten and understood way of doing things. However, it is not desirable to write it into the contract because written provisions will tend to divide the union within itself, those not having seniority will lose their sense of solidarity with those having it. There is also the fear, probably based on superstition, that to mention such an undesirable thing as "layoff" or "firing" would tend to create the fear that it may come; the very mention of it will presumably help to create further unemployment. Unions prefer to handle the situation when it arises through negotiation. Furthermore, in the Japanese tradition the only form of old age insurance in effect is that whereby a man is taken care of by his children when they reach the wage-earning stage. Men, therefore, look forward to the day when they can stop work and let their children take care of them. At times of layoff, therefore, the younger workers with young children expect the older workers with wage earning children to stop work. Thus opportunity is provided at times of layoff for "resignations" of men who expect their children to give them a well earned rest. Education for seniority clauses in this relatively primitive island area has to contend with this pattern of traditional thinking.

(3) Collective Bargaining Agreements. Conferences with all concerned in seeking to promote the idea that collective bargaining agreements are valuable to both sides elicited unexpected responses. The presentation of the case for agreements made by this office emphasized the contention that a concretely written agreement with all possible vagueness eliminated provides the basis for peace and security for the term of the agreement. This includes doing away with the necessity of continuous discussion, and negotiation because most possible contingencies can be anticipated and provided for. Management is sincerely anxious to reach a stage of relationship which will eliminate the year round negotiation that appears to be the present practice. Union, on the other hand, seems to prefer vagueness sufficient to open the way for continuous negotiation. The union representatives consulted have the idea that unless continuous negotiation with management exists their work will not be interesting enough to challenge them. On the other hand this phenomenon may be interpreted as a desire on the part of management to escape all negotiation and a fear on the part of union that it is being suggested that their negotiation rights are to be slowly withdrawn. This office, in its program of education is continuing to stress the value of the security possibilities of agreements.

(4) Grievance Procedure in Textile Industry. Conferences with textile plant managers reveal some fear about future labor recruitment for girl workers. At the moment, with the unemployment index disadvantageous for the workers, textile plants can get the girls they need through PESO. The fear is expressed



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## MEMORANDUM FOR RECORD

SUBJECT : Data on school nurses in Kochi

Date 18 May 1950

## 1. Distribution of school nurses (total 70)

# of schools	# school nurses
Primary 415	45
Secondary 192	0
High Schools	4 - Kochi city
Primary 23 (Kochi city)	16

2. At least one or two school nurses now attend public Health nurses' monthly meeting in the health center and report to the other school nurses in the monthly branch school nurses meetings.

3. In Kochi city in Nagahama primary school a special health program is being carried out because of the large number of cases of epidemic diseases in this school. This is a fishing village where there are epidemics in the general population.

4. Misato primary school in Kochi city is the model school for an environmental sanitation program.

5. This report was made by Miss Tashi Kiaoka, president of the school nurses association, who is employed in the Kodakasa primary school in Kochi City

*Mary Anne Eitel*  
MARY ANNE EITEL



Excerpt from A Summary The Public Health Nurses Conference, May 1-2, 1950, Tokyo, Japan

\* \* \* \* \*

### The School Health Program

Mr. W. Neufeld, Education Specialist Branch, CI&E Section was invited to discuss with the nurses the School Nurse Program. At present there are 36,000 schools in Japan. The school nurses are approximately 12,000 in number with about 7,000 of these certified as school nurses. The total need for Japan as based on one (1) school nurse for 1,200 students is approximately 21,000 school nurses.

Mr. Neufeld brought the conference members up to date on some new legislation. He first referred to Law #170 (15 July 1948) entitled Board of Education Law. An amendment to this law passed the Diet a few days ago. Art. 49, Item 16, 17 and 19 were added and should give a big push to this program. Art. 50, Item 5, "Law of the Prefectural Board of Education" referring to the school lunch and article 54, Item 2, of the same Law concerning the Health Centers was mentioned as important aspects of the Health Program.

Law #147 (1 June 1949) "Certification of Educational Personnel" Art. 16 gives the School Nurse Certification and Mr. Neufeld stated "that the school nurses are educators as well as nurses and they do give guidance to youngsters."

School nurses have three (3) types of certificates. The 1st class certificate requires; an A Class Nurses license - with 4 units of teaching practice, 4 units general education, and 12 units of health. The 2nd Class give a certificate which permits the school nurse to work (teach) for five years and the educational requirements are one-half of the units mentioned above. The 3rd Class is a temporary certificated and the details were not given but neither the 2nd class nor the 3rd class certificate require a Class A Nurses license.

At present there are nine (9) training units in Japan for the education of school nurses and although at present they are not attached to the universities they are now in the process of this transfer.

The summer session for the preparation of school nurses will be at Tohoku, Tokyo, Osaka, Okayama and Kyushu. These courses are attached to the Universities and it is the responsibility of the respective universities to plan these courses but it was suggested that recommendations from the Civil Affairs nurses would be appreciated especially in the selection of students, planning the course of study and in the selection of teacher to give the courses. Mr. Neufeld suggested that the Civil Affairs nurses in the areas mentioned above contact the Civil Affairs Education Officer of the regional team.

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Excerpt from A Summary The Public Health Nurses Conference, May 1 - 2, 1950, Tokyo, Japan, contd.

The Organisation Chart for School Health Program was shown and discussed in detail. Under the school nurses responsibility, the use of records, readmission to school after all illness and the school routine of the children who are readmitted are matters which need considerable help present.

In closing Mr. Neufeld stated that the Ministry of Education is perhaps the most decentralized ministry today.

\* \* \* \* \*



School Lunch at Ehime

29 April 1950

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## 1. The office in charge:

School Education Section, Ehime Secretariat

Sanitary technician	-	1
Official	-	1
Clerks	-	3

## 2. Ehime Prefectural School Lunch Association:

Office: School Education Section, Ehime Secretariat

It is consisted of officials at secretariat and the principals who get school lunch for their schools.

President	1	- Superintendent (Instructed by Mombusho)
Vice-president	1	
Chief-director	1	- Chief of School Education Section
Director	7	- (1 Sanitary technician (6 Principals (Appointed by councillors
Councillors	18	- One representative (Principal) per one gun and city is elected by the Prin- cipals who get school lunch for their schools.
Auditors	2	- Principals
Managers	4	- Officials in School Education Section in charge of school lunch affairs

Term: One year (may be re-appointed)

Beside, 2 clerks are working for school lunch affairs.

Meeting: (Regularly in a year)

Councillors' meeting	-	3 times
Directors' meeting	-	6 times

Auditor inspects the accounts once every month.

Transportation: School lunch materials come from the Mombusho to the Secretariat 4 times a year. School Lunch Division, Secretariat receive it and hand it all to the Prefectural School Lunch Association, who makes a plan of allocation to each school, mostly by train. Secretariat pays Transportation charges to the Mombusho before each school pays transportation charges after receiving the materials to Secretariat.



SCHOOL: Uchiki Elem.

DATE: 6 Oct. 47

IV. TEXTBOOKS AND CURRICULIA

	YES	NO
A. 1. Is any instruction being given in the following courses?		
a. Morals.		✓
b. Japanese History.	✓	
c. Geography.	✓	
d. Aviation.		✓
2. Has the school received new textbooks?	✓	

B. 1. If religious instruction is being given, what type of instruction is it?

*None given*

2. What types of group athletics form any part of the physical training program?

*Relay races, group dances & exercises, various group ball games.*

3. What type of student publications does this school have?

*None*

4. What student organizations does the school have?

*Students "jichi kai" (self governing body)*

How are the student officers selected?

*lected by students*

C. Comments and suggestions:



Transportation charges from the Mombusho to Secretariat

Milk (1 pound)	¥4.50	
	<u>¥2.25</u>	- from Secretariat to each school
	¥6.77	

School Lunch expenses

¥30 - per one pupils one month in villages, towns

¥40 - in cities

Besides milk, sometimes sugar, oil, soy and bean paste are distributed from the Mombusho. Moreover each school buy vegetables, beef, fire-woods for school lunch.

Budget for School Lunch

For encouragement of school lunch	¥1,470,054
1. Miscellaneous expenses for school lunch	¥1,258,000
2. Guidance for nutrition and cooking	¥ 60,000
3. School lunch guidance	11,000
4. Auditing expenses	40,000
5. School Lunch Memorial Day program	6,000
6. Subsidy for UNISEF	100,000

The UNISEF designated school for school lunch are the Dogo Primary School, Matsuyama City and Matsuyama City Kindergarten.

The schools who take school lunch

Primary School	206
Lower Secondary School	30
Kindergarten	1
Total	<u>237</u>



PROPOSED FIELD TRIPS FOR May 1950

Branch:

Civil Education Section

Lv	Date		Destination	Purpose	Transportation			No. of Person		Est. Cost Japanese	Remarks
	Ret				Jeep	Rail	Boat	DAC	Japanese		
	22 May	26 May	Ehime	Adult Education		x		1	1	¥2,520	Miss Johnson Miss Shiota



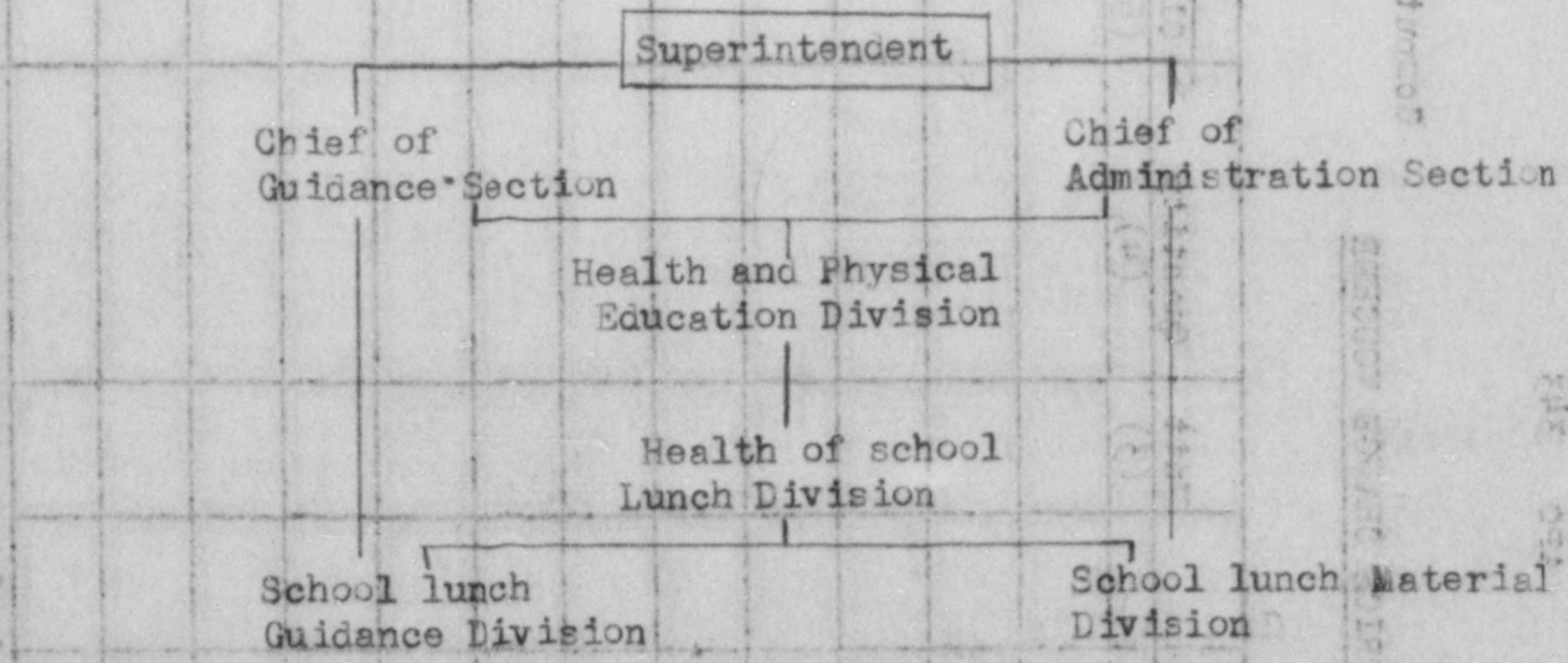
School Lunch in Kagawa Prefecture

19 April 1950  
by Mr. M. Wada

The office in charge of school lunch:

Board of Education Secretariat is in charge of school lunch in each prefecture. In Kagawa prefecture, the concerned sections are as shown below:

1. School Guidance Section -- guidance for school lunch
2. School Administration Section -- materials and finance for school lunch



In short, school lunch is in charge of the officials of Health and Physical Education Division who handle social physical education, school physical education, school health and school lunch

3. The health of school lunch division controls the officials of school lunch in Guidance Section and the officials of school lunch materials in Administration Section.

4. There are 3 officials for School Lunch Guidance Division including one woman nutrition. From the view point of health and sanitation, they give guidance for administration and facilities of school lunch (Nutritionists of Health Center join them).

5. There are 3 officials for school lunch materials. Their job is to take care of milk and other materials which was distributed from the Mombusho and UNISEF Tokyo. They handle the business of transportation, allocation of the materials and collecting the transportation charges, (Each school has to pay transportation charges) and see the materials reach school safely.

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School Lunch Subsidy from the Kagawa Prefectural Government

Kagawa Prefectural Government, Budget for subsidy 1950

- a. Prefectural subsidy for school lunch in general ¥300,000

This is the subsidy for the poor children except those who receive National Subsidy.

- b. Prefectural subsidy for UNISEF school lunch ¥247,000

This is the subsidy for UNISEF experimental school that is: Yobancho Primary School in Kagawa Prefecture. Each prefecture has one or two experimental schools.

Prefectural School Lunch Association

The Kagawa Prefectural School Lunch Association is in Guidance Section Secretariat. President is J. Nishiyama, Chief of Health and Physical Education Division. The councillors are 10 principals who represent all guns and cities. They are to take care of the allocation of materials to each school but in fact, Guidance Section and Administration Section are working for it.

Transportation of School Lunch Materials

The Mombusho sends school lunch materials to Board of Education Secretariat in each prefecture four times a year. Secretariat receives it and hand it to the Prefectural School Lunch Association who make plans for allocation and distribute it to the schools, designated. Transportation charges from the Mombusho at each prefecture is equally ¥4.50, per one pound, and from Kagawa Secretariat to each school is ¥2.50 per one pound totalling ¥7 per one pound. In Kochi prefecture, it is ¥14.50 per one pound equal throughout the prefecture. Because Kochi prefecture is a large prefecture and costs a lots of transportation charges.

Number of schools where school lunch given

School lunch is given at every primary school in the cities and in towns and villages for only the schools who wanted it, but as for lower secondary school, only the schools who applied for school lunch are to be given, upon being considered of their real circumstances and their facilities.

Number of the designatory schools

	<u>Primary</u>	<u>Low Sec</u>
Takamatsu City	10	3
Marugame City	4	
Sakaide City	7	
Okawa-gun	4	
Kita-gun	5	



Shozu-gun	8
Kogawa-gun	3
Ayuta-gun	8
Nakatsubo-gun	4
Mitoyo-gun	24
Total	83

Expenses for School Lunch

School lunch materials which come from the Mombusho and UNICEF is free. The children who get school lunch are to pay the transportation charges, expenses for fuel, side-dishes etc.

Milk, canned goods, sugar, oil, bean-mash, soy etc and distributed from the Mombusho. Each school buy vegetables, beef, fish powdery food.

It costs ¥20 per one pupil one month in towns and villages at the cheapest, and ¥100 per one in the cities at the highest. The cost is due to how many times school lunch be given in a month. In the cities, school lunch is given every day, but every other day in towns and villages. Tea and cakes are served at the Yobancho Primary School in every morning and afternoon besides lunch.

Mothers of P.T.A. cook the meals by turns under the guidance of School Guidance Section, and nutritionists of Health Center. Teachers help them too. There are some schools who employ full-time cooks.

*Slava*







Excerpt from Law No. 26, School Education Law, March 29, 1947

x x x x x x x

Chapter II. Primary School

x x x x x x x

Article 28. The primary school shall have a principal, teachers, nurse-teachers and business clerks. Under special circumstances, however, it may dispense with the business clerks.

The primary school may have assistant teachers and other necessary personnel besides the above.

The principal shall administer school affairs and supervise the personnel of the school.

The teachers shall take charge of the education of children.

The nurse-teachers shall take charge of nursing and protection of children.

Chapter IX. Penal Regulations

x x x x x x x

Article 103. Primary schools and secondary schools may for the time being not have teacher-nurses, despite the provision of Article 28 (including cases to which this shall apply in Article 40.)

yogo shokunin  
nursing personnel

gakuho bangofu (old term)  
school nurse

Law- yogo kyogyu  
nursing teacher

Children call nurse "knasi".

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Excerpt from Law No. 203, The Public-Health Nurse, Midwife and Nurse Law, 30 July 1948

Chapter II. Licence

- Art 7. One who wants to be a public-health nurse, a midwife or a class-A nurse shall pass the national public health nurse examination, the national midwife examination or the national class-A nurse examination and be licensed by the Minister of Welfare.
- Art 8. One who wants to be a class-B nurse shall pass the class-B nurse examination and be licensed by a prefectural governor.

Chapter III. Examination

- Art. 19. Only those who have passed the national class-A nurse examination or come under one of the items of Art. 21, and thereon come under one of the following items shall be allowed to take the national public-health nurse examination:
- (1) Those who have studied the curriculum concerning public-health nursing one year at least in the school authorized by the Minister of Education;
  - (2) The graduates from the public-health nurse training schools authorized by the Minister of Welfare;
  - (3) Those who graduated from foreign public health nurse schools or received the licence of public-health nurse in foreign countries, and are recognized by the Minister of Welfare to be equivalent to those under the preceding two items in the knowledge and technical ability.
- Art 21. Only those who come under one of the following item shall be allowed to take the national class-A nurse examination;
- (1) Those who have studied the class-A curriculum concerning nursing three years at least in the school authorized by the Minister of Education;
  - (2) The graduates from the training school for class-A nurse authorized by the Minister of Welfare;
  - (3) Class-B nurses who graduated from a high school and have been engaged in nursing three years at least after obtaining licence, and have studied one year at least at a school or training school under the preceding two items;
  - (4) Those who graduated from foreign nursing schools or received the licence of nurse in foreign countries, and



are recognized by the Minister of Welfare to be equivalent to those under item 1 or item 2 in the knowledge and technical ability.

Art 22. Only those who come under one of the following items shall be allowed to take the class-B nurse examination:

- (1) Those who have studied the class-B curriculum of two years concerning nursing in the school authorized by the Minister of Education;
- (2) The graduates from the training school for class-B nurses authorized by the Minister of Welfare;
- (3) Those who come under item 1, item 2 or item 4 of the preceding Article;
- (4) Those who graduated from foreign nursing school or received the licence of nurse in foreign countries, and do not come under item 4 of the preceding Article and are recognized by the Minister of Welfare to be appropriate.



From PHN

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29 May 1950

The Education Certification Law #147 was passed by Mombusho on 1 June 1949. This law set the date 31 March 1951 as the date the new qualifications would be effective. As near as can be ascertained by the Nursing section nothing has been done to acquaint the school nurses with this law or to prepare them to meet the requirements of this law. The period between the time the law was passed and the time the law becomes effective was to have been the time to be used to prepare the school personnel to meet the new requirements. As the school nurses must meet requirements set up in the Nursing law #203 it is felt that both law #147 and law #203 should be studied carefully and plans for the school nurses be made immediately.

It should be pointed out there will be an acute nurse shortage for at least the next 5 years and no plans to recruit nurses from other fields should be considered as no nurses will be available in any prefecture in Shikoku.

At present 5 month Public Health courses are being given in each prefecture. These courses have been set up and sponsored by Welfare Ministry. However, the school nurses have been invited to attend this course as the ken Public Health officials recognize the importance of having well trained nurses in the schools. This course leads to a Public Health certificate and will meet the requirements for a 1st class school nurse. Mr Neufeld, SCAP CIE, Tokyo, expressed the opinion that all school nurses who could should attend this course and be permitted to have leave from schools with pay to do so. Miss Chiba, school nurse in Mombusho, has been working with Miss Miura, instructor of the Public Health Institute in Tokyo and has a thorough understanding of this course. Miss Chiba asked me to work with the school nurses as much as I could and to encourage them to attend this course. She also asked me to talk with school authorities and explain the importance and urgency of this matter. All school nurses who hold a prefecture nursing license should be preparing to take the national nurses examination. Other school nurses who can meet the requirements should be preparing to take the prefecture nursing examination and the national examination if they wish to continue working as school nurses.

Tokyo?  
Kagawa  
Ehime  
Kochi

There will be a summer session for school nurses in Okayama. The following number of school nurses from Shikoku may attend:

Tokushima	- -	7
Kagawa		4
Ehime		18
Kochi		9

} Education part

A total of 700 school nurses in all of Japan will attend these courses given in five universities. It is obvious that this is an insignificant number in view of the fact that of an approximate total of 12,000 school nurses only 7,000 are licensed. The total need for Japan based on one school nurse for 1,200 students is at present approximately 21,000 school nurses.

Another fact that should be made known to the public is that the school nurses are being used as substitute teachers so that the situation is even worse than the above figures show.



Another matter for serious consideration is the fact that although 7,000 school nurses are licensed, the majority of these so called school nurses have had no nursing training of any kind what so ever. Yet these are the people who are expected to carry out the public health program in the schools. It seems that if anything is to be done about this the general public in general and the womens clubs and PTA groups in particular should be made cognizant of the facts.



SCHOOL HEALTH PROGRAM

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Recd  
24 June 50  
from CE,  
CAG, G HQ,  
SCAP

## 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.
- C. District Health Council--may have as members board of education secretariat personnel, representatives of school administrators,

Goal 1



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 the promotion 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 administration of school health program.
2. Assignment of personnel and their duties in relation to health education.
3. Appointment of school health council.

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.

C. School Physician.

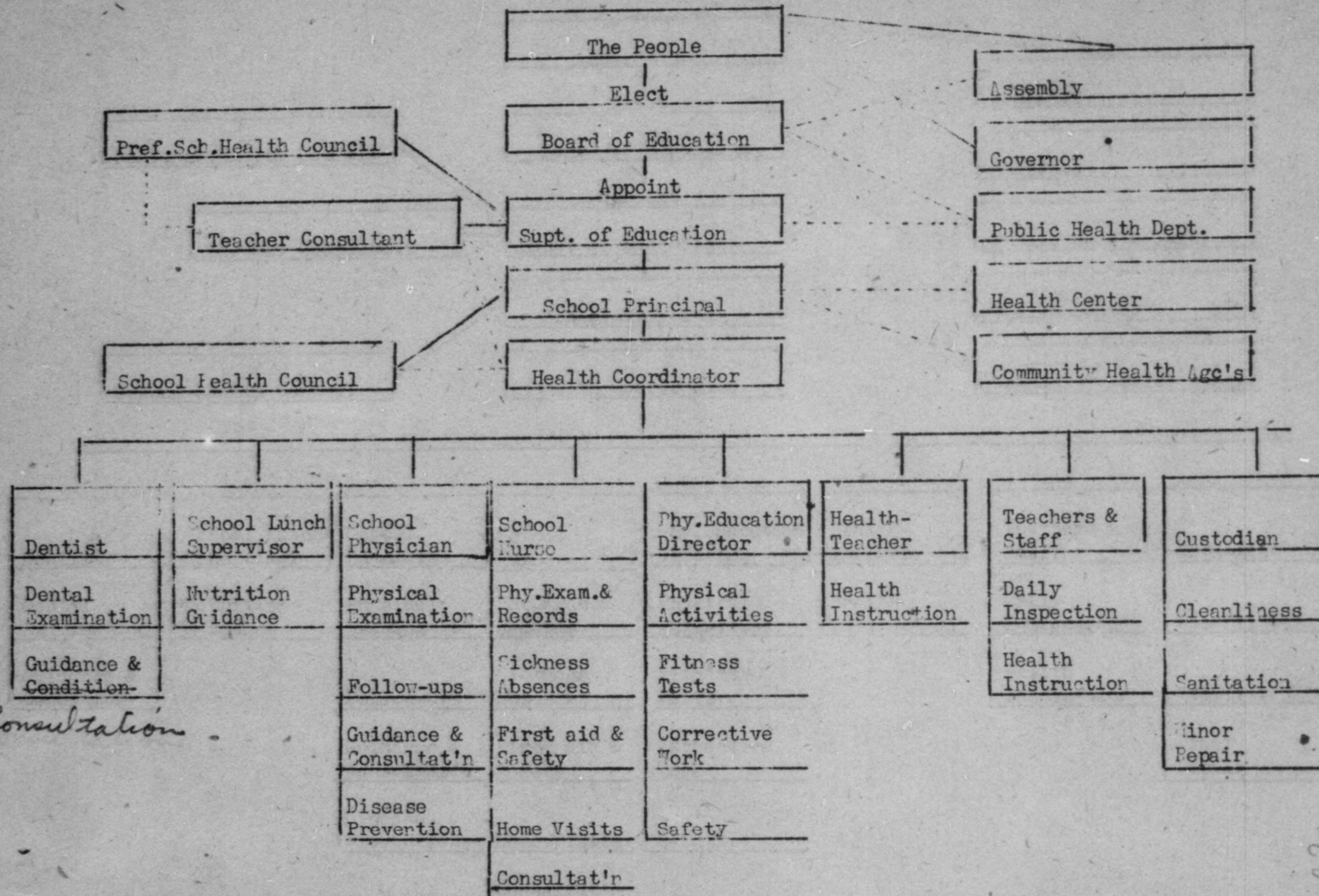
1. Supervision of physical examination and follow-up program.
2. Consultation with and guidance of students.
3. Disease prevention and control for the school.



- 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.



ORGANIZATION CHART FOR SCHOOL HEALTH PROGRAM



*consultation*

*2*



Miss Johnson

Since this visit a 5 month  
P.H. course has been started with  
30 school nurses attending.

This is being taught for the  
most part by the same  
instructors who teach the  
regular 5 mo. course.

A copy of curriculum attached.

Miss Kamamura has discussed  
this with Miss Kaser P.H. & W.

M.A.C.



SHIKOKU CIVIL AFFAIRS REGION  
APO 1050Takamatsu, Shikoku  
26 June 1950

## MEMORANDUM FOR RECORD:

SUBJECT: Field Trip to Kochi Ken, June 19 - 23

## 1. Conferences in Kochi Ken

- a. Inspection of newly completed out-patient clinic - Kochi Ken Hospital
- b. Conference with Ken officials
- c. Study of curriculum for one year course
- ✓d. Interview with Mr Kitamura, Board of Education
- ✓e. Visit to 6th Primary school - Kochi City
- ✓f. Conference with school nurses and officials of Education Board.
- g. Visit to Oshino-cho
- h. " " Noichi-cho
- i. " " Yasu-cho
- j. " " Akaoka Health Center

## 2. Inspection of Kochi Ken Hospital Out-Patient Clinic.

- a. The newly completed out-patient clinics and surgeries will be ready for occupancy in July. This is a well constructed building built to handle an increased number of patients. At present the hospital has only 34 patients in an old building connected to the new clinic by a covered ramp. A new building will be built beyond this building this year, after the completion of which the present hospital building will be removed and another new wing will be built next year. At the end of this year according to plan there will be 100 beds and by the end of 1951 there will be 200 beds. It is hoped that a B school can be established here in 1951. At present there is dormitory space for only 34 nurses. There are 5 rooms with 6 beds and one with 4 beds on the second floor of the new clinic building. This of course will be inadequate for a school of nursing so a new dormitory will also have to be constructed before a school can be established.

## 3. Conference with Ken Public Health Officials

A general discussion of current nursing and hospital problems was held. There is great concern about the future shortage of nurses in all fields.



4. Study of curriculum for 1 year course.

The curriculum adopted is essentially the same as for the 2 year B school, except that additional hours have been added making the total class hours 610 instead of 590. The class work will be given in 3 terms of 10 weeks, 5 weeks and 8 weeks. The students taking this course are from 5 different hospitals but the classes are being given in the Kochi Municipal hospital for all of the students. Because of the travel difficulty the students will not work in the hospitals while they are taking class work. The time except for the three class terms will spent in hospital practice. These students live at home, furnish their own food and do not receive any pay. Books and aprons are furnished to them.

5. Interview with Mr Kitamura - School Health Official  
(Miss Wai and Miss Kamimura)

The need for refresher courses to prepare school nurses for the national nurses examination was discussed at length. The Ken nurses offered to give assistance in preparing and giving the course.

There are 45 licensed school nurses in Kochi Ken and over 600 primary and secondary schools.

The future shortage of school nurses was discussed.

In some areas the village nurses are doing school nurses. If the school health programs are to be carried out on the level with the general public health program more programs of this type will have to be established. Where it is being done now the results are very satisfactory.

6. Visit to 6th Primary School

Mr Murata - School principal  
Miss M. Yamamoto - School nurse  
Mr Kitamura  
Miss Wai & Miss Kamimura

A better than average school health program is being carried out here. Miss Yamamoto seems to have a good understanding of what is important and seemed to appreciate suggestions given in front of the school officials that all non-nursing duties be taken out of the hands of the nurse. I was pleased to learn that she is the secretary of the school nurse association. She seemed to be anxious to study to prepare for the national examination. Miss Yamamoto was pleased at the suggestion that the school nurses should prepare some type of a home visiting bag. The Ken nurses offered to help with the preparation and give instructions on its use.



## 7. Conference with School officials and school nurses

Miss Shun Kitaoka - Pres. School nurse Association  
 Miss Yuri Uchigawa - Vice-Pres. " "  
 Miss Haruko Okura - Pres. Kochi School Nurses Association  
 Miss Masumi Yamamoto - Secretary of Ken School Nurses Association  
 Miss Suzue Okada - Committee of Ken Association  
 Mr S. Kitahiro - Chief clerk of School Administration Section  
 Mr T. Kitamura - Clerk of School Administration Section  
 Mr K. Nishiuchi - " " " "  
 Dr Seiyo, Miss Wai and Miss Kamimura - - -

The nursing laws and education laws affecting school nurses were discussed. The general nurse shortage and the shortage of nurses in every field was pointed out. Emphasis was placed on the fact that no nurses would be available in the future for the school nurse program. Cooperation between health center nurses and school nurses will become increasingly more important as the health programs develop.

All of those attending with exception of Miss Kitaoka seemed to have an understanding of the need for refresher courses for the school nurses. She has the attitude that the school nurses are well educated and need no further nursing education. She does not think it important for the school nurses to take the national examination. All of the other nurses present expressed the desire to take the examination.

## 8. Visits to Oshino-mura, Noichi-cho and Yasu-cho

### a. Oshino mura

Mr Iwamura, Mayor of Oshino mura  
 Miss Asakawa, PHN, takes care of 3 villages  
 Miss Nagao, Chief nurse of Central Health Center  
 Miss Kimura, School nurse of Oshino Primary School  
 Mr Kawabe, sanitary engineer of Oshino villages

### b. Noichi-cho

Mr Katsuro Kitamura, Assistant Mayor  
 Mr Nagura, Clerk in charge of hygiene.  
 Miss Fumiko Komura, PHN, takes care of 3 villages

### c. Yasu-cho

Mr Goto, Assistant Mayor  
 Miss Yoshioka, PHN

### d. At each village the need for hiring a village nurse was discussed by Miss Wai and Miss Kamimura. The village officials seemed to have a good understanding of the need and all seemed confident that the assembly would vote the necessary funds. These villages had been especially selected by the Ken Health officials as villages which were financially able at this time to hire their own nurses.



31 July 1950

The report of P.H.N. training given to school nurses in Kochi-ken is the most epoch making subject happened during this reported period.

The coordination between school nurses and P.H.N. and to give the education of PHN to the school nurses are the hot subjects of discussion in this Region area as well as it is discussed at the Welfare and Education Ministry level.

It was very lucky that Kochi ken could start the school after settling many problems for the 1st time in Japan. Good understanding and help of P.H. Department chief, active and capable work of Nursing affairs officials and to have one good and cooperative official concerned in Education Department brought this success.

Three other prefectures have still many problems before <sup>it</sup> ~~problem~~ is settled.

It is very desirable that this problem is solved at the Ministry level, and education of school nurses is left to the hand of Welfare Ministry. If the problem is solved at <sup>the</sup> top level, most of the problems in the local area will be solved at once.

Mrs Kinuko Hayashi



25 July 1950

**SUBJECT:** Report on P.H.N. Training Given to School Nurses in Kochi-ken**1. Period of Education**

- (1) 1st period ..... from 13 July 1950 to 30 Sept. 1950.....3 months

During this period, 33 hours' class work will be given in a week from 9 a.m. up to 4 p.m. (Saturday....9 a.m. to 12:00 noon) in compliance with the curriculum of Annex 1.

- (2) 2nd period ..... from 1 Oct. 1950 to 30 Nov. 1950.....2 months

School nurses return to their own schools, because every school is in its busiest season in a year.

- (3) 3rd period..... from 1 Dec. 1950 to 31 Jan 1951.....2 months

The curriculum of Annex (2) will be taught during this period. After they are through they will have one month practice at P.H.C., villages and schools.

**2. Number of Enrolment**

30 school nurses in service.



Annex 1

<u>Subject</u>	<u>Hours</u>	<u>Instructors</u>
Introduction to Public Health	12	Pref. Public Health Sect., Dr. Nakaya
Theory and Practice of Public Health Nursing	52	" " " " , Miss Wai
Health Statistics	8	Pref. Medical Sect., Miss Kamimura Mr. Nishio
Nursing Art	70	5 months' P.H.N.T. Instructor..... Miss Takayama
Theory of Nutrition	18	Disease Prevention Section, Mr. Mando
Medical side ( Communicable Disease	10	" " " " , Mr. Yamasaki
	18	Welfare Hospital, Mr. Ishikawa
C. D. Nursing	18	Pref. Public Health Sect., Miss Kamimura
T. B. Medical side	18	Public Health Center, Mr. Takashima
T. B. Nursing	20	Public Health Sect., Miss Kamimura
T. B. Nursing		Central Public Health Center, Miss Takemura
Theory of Education and Method	14	Public Health Sect., Miss Wai
School Health Medical side	5	Central Health Center, Dr. Morioka
School Health Nursing side	8	Public Health Sect., Miss Wai
Health of Infants Medical side	16	Minami Hospital, Dr. Minami
Health of Infants Nursing side	8	Public Health Sect., Miss Wai
Sanitation	14	Public Health Sect., Mr. Kawashima
Social work	10	Welfare Sect., Mr. Akazawa
Tooth Hygiene	6	Central P.H.C., Mr. Takahashi
Mothers' Health Medical side	16	Welfare Hospital, Dr. Hamawaki
Mothers' Health Nursing side	14	

Total hours 362 hours.



## Annex 2

<u>Subject</u>	<u>Hours</u>	<u>Instructors</u>
V. D. Medical side	14	Pref. Gyokusui Hospital, Dr. Yajima
V. D. Nursing side	14	Public Health Sect., Miss Kamimura
Nursing Art	30	Instructor of 5 months' P.H.N.T., Miss Takayama
Non Communicable disease	6	Engineer of P.H.C. Sect., Miss Wai
Industrial Hygiene	6	" " " " . Miss Wai
Undecided	10	
	<b>Total</b>	<b>100 hours</b>



Excerpt from A Summary The Public Health Nurses Conference, May 1 - 2,  
1950, Tokyo, Japan

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#### The School Health Program

Mr. W. Neufeld, Education Specialist Branch, CI&E Section was invited to discuss with the nurses the School Nurse Program. At present there are 36,000 schools in Japan. The school nurses are approximately 12,000 in number with about 7,000 of these certified as school nurses. The total need for Japan as based on one (1) school nurse for 1,200 students is approximately 21,000 school nurses.

Mr. Neufeld brought the conference members up to date on some new legislation. He first referred to Law #170 (15 July 1948) entitled Board of Education Law. An amendment to this law passed the Diet a few days ago. Art. 49, Item 16, 17 and 19 were added and should give a big push to this program. Art. 50, Item 5, "Law of the Prefectural Board of Education" referring to the school lunch and article 51, Item 2, of the same Law concerning the Health Centers was mentioned as important aspects of the Health Program.

Law #147 (1 June 1949) "Certification of Educational Personnel" Art. 16 gives the School Nurse Certification and Mr. Neufeld stated "that the school nurses are educators as well as nurses and they do give guidance to youngsters."

School nurses have three (3) types of certificates. The 1st class certificate requires; an A Class Nurses license - with 4 units of teaching practice, 4 units general education, and 12 units of health. The 2nd Class give a certificate which permits the school nurse to work (teach) for five years and the educational requirements are one-half of the units mentioned above. The 3rd Class is a temporary certificated and the details were not given but neither the 2nd class nor the 3rd class certificate require a Class A Nurses license.

At present there are nine (9) training units in Japan for the education of school nurses and although at present they are not attached to the universities they are now in the process of this transfer.

The summer session for the preparation of school nurses will be at Tohoku, Tokyo, Osaka, Okayama and Kyushu. These courses are attached to the Universities and it is the responsibility of the respective universities to plan these courses but it was suggested that recommendations from the Civil Affairs nurses would be appreciated especially in the selection of students, planning the course of study and in the selection of teacher to give the courses. Mr. Neufeld suggested that the Civil Affairs nurses in the areas mentioned above contact the Civil Affairs Education Officer of the regional team.

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Excerpt from A Summary The Public Health Nurses Conference, May 1 - 2, 1950, Tokyo, Japan, contd.

The Organization Chart for School Health Program was shown and discussed in detail. Under the school nurses responsibility, the use of records, readmission to school after all illness and the school routine of the children who are readmitted are matters which need considerable help present.

In closing Mr. Neufeld stated that the Ministry of Education is perhaps the most decentralized ministry today.

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PUBLIC HEALTH NURSE  
SURVEY

April 1950

LICENSED	KAGAWA	KOCHI	EHIME	TOKUSHIMA	SHIKOKU	
1947	12	32	106	86	296	} 564
1948	16	40	44	44	144	
1949	54	23	69	38	184	
1950			29			
1951						

P.H. Nurses

Working 1950	108	93	239	102	542
P.H. Nurses Lic (Total)	454	244	722	250	1670
PHN. - Villages & HC. & Ins.	92	90	224	85	491
Industrial nurses	11	1	1	5	18

SCHOOL NURSES &  
HEALTH TEACHER

Total Personnel	41	70 ( $\frac{1}{2}$ unlic.)	267	106	484
Health teacher	98	10	30	73	151
Assist S. Nurse	3	35	60 (non-lic.)	17	115 untrained
school nurse	30	25	130 or 160	16	201 or 231

DISTRIBUTION OF  
SCHOOL HEALTH PERSONNEL

Primary Schools (nurses)	40	62	220	97	399
Lower 2ndary (nurses)	1	2	20	3	26
High schools (nurses)	0	16	27	6	59

NUMBER OF SCHOOLS

Primary schools	223	477	443	297	1440	} 2457
Lower 2ndary schools	176	232	279	147	884	
High schools	59	60	49	21	183	



*Official Copy*F  
705SHIKOKU CIVIL AFFAIRS REGION  
Public Health sectionTakamatsu, Shikoku  
17 April 1950

## MEMORANDUM FOR RECORD:

SUBJECT: Field trip to Tokushima Ken - Nursing Affairs - Mary A. Eitel  
10 - 14 April 1950

## 1. Conferences held:

- a. Dr. Sato, Chief of Ken Health Department, Ken nurses and Chief nurses of 6 Health Centers.
- 11 apr* b. Conference at Tokushima Health Center.
- c. Tokushima National Hospital.
- 12 apr* d. Tokushima University Medical School of Nursing.
- e. Tokushima City Conference
- f. Tokushima Ken Officials
- 13 apr* g. Bando-cho Office.
- h. Muya Health Center
- i. Banzai Sanatorium.

## 2. Conference at Ken Health Department:

## a. Persons attending conference

Dr T. Sato, Chief Tokushima Ken Health Department  
 Miss S. Yagi, Chief Ken nursing affairs  
 Miss Shingai, Ken P. H. Nurse  
 Miss Morizaki, Ken midwife  
 Miss Kimoto, Instructor 5 month P. H. course.  
 Miss Dainichi, Chief nurse, Anabuki Health Center  
 Miss Oe, " Kawajima " "  
 Miss Yamanaka, " Hiwase " "  
 Miss Komatsu, " Ikeda " "  
 Miss Hasane, " Muya " "  
 Miss Oike, " Tokushima " "

## b. Subjects discussed:

- (1) The school nurses place in the public health program.

The school nurse should be doing the same type of work in the schools that the health center and village nurses are doing in the communities. At present the school nurse is a health teacher, cooks for the school lunch, and assists with biannual examinations by the school doctor.



To improve her work further education will be needed. The Ken Health Department wishes to have school nurses attend the 5 month public health course. No instructions have been given from Mombusho for the improvement of the school health program. It was pointed out that this is no reason to ignore the problem in the Prefectures but rather a good reason why the Health Department here should go ahead and establish a good program. It was suggested that perhaps model programs could be set up as an example as at present very few of the school principals or nurses really know what type of work can be and should be done in the schools.

(2) Insurance Nurse:

At present there are still insurance nurses in Tokushima Ken who are doing little but clerical work and assisting with the immunization program. This makes it difficult to have a good all over program as often the insurance nurse is the only nurse assigned to the area in which she works. This is true in three areas in Tokushima city. The insurance nurse should all be carrying out a general public health nursing program now. These nurses should all take the 5 month public health course if they wish to continue work as nurses.

(3) Five Month Public Health Course.

The first course in Tokushima Ken graduated 13 students. 28 more will graduate 10 May. This is a total of 41 nurses and a total of 100 could have been trained. There are about 12 villages and insurance nurses now employed who should attend the next course. H.C. nurses were asked to recruit students for the next course.

(4) Village Nurses.

Many of the health center nurses are serving 3 and 4 villages. Some have very large populations and in most the travel is difficult. This means that some of these village have a nurse on an average of 8 days a month and others an average of 5 days a month. The employment of nurses by the villages and their public health training is another matter of concern.

3. Conference at Tokushima Health Center.

- a. Interview with Dr. Tominaga, Miss Oike, Mrs Yagi, Miss Kimoto and Miss Shingai.
- b. Weak points in the public health program in this health center area were discussed. Three of the city areas are assigned to insurance nurses who are doing little except clerical work and assisting with the immunization program. These nurses make no home visits and do not attend the health center nursing conferences. The school nurses present a similar problem. Further public health education is needed by both groups before they will be able to take their place in a complete well organized public health program. Assistance was asked from Civil Affairs nurse in working out some solution to this problem.



- c. At present a group of private physicians, including many specialists, have been working to improve the school program in Kamona District in this health center area. Monthly examinations are made by various specialists. Dr. Suzue has been very active in getting the support and cooperation of the local medical society. Dr. Tominaga feels that much of this good work will be ineffectual unless the school nurses are taught home visiting, the use of the health agencies in the area and are assisted in establishing a good school health program in cooperation with the health center and the Prefecture Health Department.
4. Conference at Tokushima National Hospital: (Class "B" nursing school)
- a. Persons attending conference
- Dr T. Sakurai, Chief doctor  
 Dr Goto, Assistant Chief doctor  
 Mrs. Niki, Chief nurse  
 Miss T. Fujioka, Instructor  
 Miss H. Mizuguchi, Instructor  
 Miss Yagi, Miss Shingai, Miss Kimoto
- b. This hospital has 150 beds with an average patient census of 130. From 162 applicants 30 students were selected for the first "B" class. The cost of training has been estimated as ¥30,000 per student for 2 years, 25% of the cost is subsidized by the Finance Ministry and 75% is paid by the hospital.
- c. At present this hospital will not be able to meet requirements of the "B" school as it has only one class room and the dormitory facilities are very inadequate. A new dormitory would cost ¥2,000,000. The first floor of the present dormitory is now being used as a store room. To convert this to living quarters would cost ¥500,000. To build a school building with three class rooms would cost ¥1,200,000. This hospital is still hoping to secure one of the three buildings on adjacent property which have recently been released by occupation forces to the Finance Ministry. The disposition of these buildings has been a matter causing much ill feeling with the Tokushima Medical University which is located on the other side of these buildings. They have already moved patients into one of the buildings and are planning to convert the buildings into communicable disease ward, TB. ward and a central kitchen. The governor has promised the buildings to the medical school but at present the Finance Ministry seems to favor the National Hospital. This is entirely a Japanese problem and Civil Affairs has no authority in the decision of disposition. This nursing school will be graded in May and it is hoped that a provisional license to operate a school will be granted as this is one of two schools for the entire Prefecture under the new law. The teaching curriculum is well planned a floor assignment plan is being made now. This was discussed at length.
5. Conference at Tokushima Medical University (11 April 1950)
- a. Persons attending conference



Dr. Y. Shirakawa, Chief doctor  
 Mr. Ikari, Chief Clerk  
 Miss Miyazaki, Chief nurse  
 Miss Yagi, Miss Shingai, Miss Kimoto.

- b. This hospital reported at the time of the nursing school grading that they had 302 beds. Today they said 200, with an average patient census of 120. At present they have a total of 67 students. 35 are students completing the old school in March 1951, 15 2nd year "A" students and 17 1st year "A" students. 89 licensed nurses are employed. This will make a total of 156 licensed nurses and students. An average of 300 patients are seen in the outpatient clinic daily. Doctors complained that they did not have enough clinical nurses. Time did not permit a study of this problem at this time. It is obvious that the nurse assignments are not well planned.
- c. Dr Shirikawa made it very plain that he felt that this hospital should train only the nurses they need for work in the hospital and stated that they felt no responsibility for training nurses to work in other programs. Later Mayor Hara of Tokushima city remarked that this was a very selfish attitude especially when this institution never hesitated to ask for donations from the people of Tokushima.
- d. The general nurse shortage was discussed. Dr. Shirikawa stated that this was no concern of his. It was pointed out that the coming shortage of nurses would effect this hospital as well as the hospitals which had training schools. He stated that if he could get permission from Mombu-sho he would rather have a "B" school. He seems to have little understanding of the new nursing laws. Miss Miyazaki seemed to understand everything discussed and seemed to be in sympathy with the civil affairs nurse. It is felt there is still much work left to be done here.
- e. Dr. Shirikawa knows that unless the National Hospital is allowed to use at least one of the buildings discussed above, the National Hospital can not meet the requirements of the "B" school. He is doing everything in his power to take over all three buildings for hospital and kitchen, although according to their own figures there are a total of 182 unused beds in the present hospital.

It is felt that one of the reasons that the average patient census is 120 is due to the fact that the nursing care and general treatment in this hospital is inferior to that given in the national hospital.

6. Conference at Tokushima City Hall (12 March 1950)

a. Persons attending conference.

Mr K. Hara, Mayor of Tokushima  
 Mr K. Motake, Chief of Education, Tokushima city.  
 Mr K. Shigematsu, City Education Official  
 Mr M. Ohnishi, Physical Education  
 Dr S. Nagao, School Physician  
 Dr. Tominaga, Chief doctor, Tokushima Health Center  
 10 School principals  
 3 Insurance nurses  
 12 School nurses



b. Subjects: Improvement of School Health Program, Insurance nurses and 5 month Public Health Program.

- (1) a. The present schools in Tokushima do not have a program which compares at all favorably with the health center program. Except for a little individual work on the part of a few school nurses nothing is being done in ~~the~~ corrective or preventative work amongst the school children. The time of most of the school nurses is spent in teaching classes, a little first aid and assisting with school examinations. There are 106 in Tokushima Ken. In Tokushima City there are 12 primary schools with one nurse each and 7 secondary schools with no nurses.
- b. The importance of a good school health program was explained by Dr S. Nagao, Tokushima school physician, Dr Sato, and Civil Affairs nurse. With the shortage of school teachers it will not be easy to release the nurses from their teaching duties. It is felt that the principals, school officials and school nurses were made to see the necessity for further training for these health teachers and for the establishment of good health programs in the schools in cooperation with the health centers.
- c. The school nurses had little understanding of the 5 month Public Health course and until they were asked if the Health center doctors and nurses might inspect their work showed little interest in taking the course but said they would like to take a 3 month "A" school training. It was explained that the "A" class training school was 3 years in length. From the remarks made by these women it was evident that they have little idea of the refresher courses being given for the other nurse groups. Miss Yagi will talk to them later to encourage them to take courses now available and to improve their work.
- d. A plan of rotation was discussed whereby all the school nurses might attend courses, e.g. one nurse could take care of 2 schools or the health center or village nurses could take over the school program for the 5 month period. It was also pointed out that the nurses should be retained on the payroll during this period. The fact that in the past the nurses were required to resign and were not sure of employment on completion of course was emphasized.
- (2) It was explained at length that the insurance nurses are now expected to do work comparable with that done by health center nurses. The three insurance nurses present were encouraged to attend the next 5 month public health course. Mayor Hara instructed them to attend the course.
- (3) The shortage of public health nurses was discussed. It was explained that the present 5 month course can only be given until 1952 and that after that time the course would be a one year course, probably given in Chugoku Region.



- (4) The opinion of those present was that these matters should not have been discussed with them but with the Prefecture Education officials. It was pointed out that previous experiences had taught us that if this were done that the Ken officials would use the fact that school nurses and school principals were not interested in improving their programs as an excuse for doing nothing and that this meeting had been planned purposely so they could express their opinions and so that the Ken officials could be informed. After this was explained the opinion was expressed that they would like to improve the health programs and that they realized it should be done but said that they had not been able to get any help from prefecture officials.
- (5) Mr Hara, Mayor of Tokushima is very much interested in the public health programs and feels that the school health programs need much improvement. He is in favor of early action on this problem.
- (6) The school nurses and principals did not know about the public health course. Information had been sent to them by the Ken nurses but in transmission the information was handed on as clinical nurse training course. At present there is a shortage of teachers and the nurses are hired as teachers except in 6 schools in Tokushima city. It is necessary under the present conditions that the nurses also conduct classes. It is hoped that in the near future there will be a separate budget for the nurses because then the nurse could devote her entire time to the school health program.
- (7) After the regular conference a short meeting was held with the school nurses. Some of them could see no reason why they need more training but when asked if they would invite the Ken nurses in to inspect their present programs they admitted that their work was not very good. The general opinion was that the school principals and officials would never permit them to attend courses if it meant absence from school. They were in favor of evening classes. It was explained that this course was a full time course and could not be taught on any other basis.
- (8) It is hoped that enough school nurses will attend the 5 month course to establish some model school programs that can be studied by all the school personnel. Perhaps if this is done an evening refresher course can be established later.

7. Conference with Tokushima Prefecture Education Board at Ken office (12 April)

a. Attendance:

Mr Kamada, Prefectural Education Committee.  
 Mr Miki, Chief of Management Sec., Education Board  
 Mr S. Nagao, School Health Engineer  
 Mr Kamada, an official of management sect., Education Board  
 Miss Kawaguchi, Prefectural official, in charge of school nurses and kindergarten personnel, Ed. B.  
 Mr Ono, in charge of Lower Secondary school, Ed. B.  
 Mr Miyazaki, in charge of school inspectors, Ed. B.  
 Dr Sato, Chief of Health Department.



- b. No. of primary school in Tokushima Prefecture : 3528  
 No. of health teachers in primary school: 73  
 No. of assistant health teachers in primary school: 17  
 No. of school nurses in primary school, 7
- No. of lower secondary schools: 2100  
 No. of school nurses in Lower secondary school: 3
- No. of school nurses in upper secondary high school: 6
- c. The last prefecture assembly decreased the education budget. This has resulted in fewer school nurses and has also resulted in most of the school health teachers or nurses spending most of their time teaching classes and preparing school lunches. The situation is getting worse instead of better.
- d. As was anticipated it was explained that nothing could be done because the principals and nurses did not want to change the present set-up. It was pointed out that this was no longer true as we had had a conference in the morning and that we had been told nothing could be done without help for the prefecture education people. It was felt that as a group these officials did not have a good understanding of what changes were needed, but showed some interest. They stated that nothing could be done until the budget was increased. They agreed to encourage the school nurses to get additional education.
- e. Mr Miki, Chief of the Management Section of the Educational Board, agreed that the school health program needed improvement and promised to do all he could to help.
- f. Dr Sato, Chief of Ken Health Department, spoke to the group promising to do all he could to help both in education of the nurses and in establishing good school health programs. He pointed out that the public health in the entire Prefecture was his responsibility and that at the present time the school health program was the poorest part of the whole program. He explained that his budget was increased only after model programs were established.
- g. The general feeling of all present was that the meeting was timely and that it should bring about good cooperation between the Education and Health Departments. It was promised that model school programs would be set with the help of the Health Department as soon as possible.
8. Maya Health Center Conference, Naruto city (13 April 1950)

a. Attendance:

Dr Sato, Chief of Prefectural Health Department  
 Mrs Yagi, Miss Kimoto and Miss Shiogai, Prefectural Nursing Sect.  
 Mr T. Ito, T. Iwamura, S. Takahashi, K. Miyake, N. Yumoto, K. Ikawa,  
 M. Shinkai, H. Hashimoto, C. Shibata, K. Nagatomi, Y. Munokawa, K. Izawa,  
 ..... Principles of Primary school and Lower  
 Secondary school.







## 10. Conference at Banzai National T.B. Sanatorium (13 April 1950)

## a. Persons attending conference.

Mrs Yagi, Miss Kimoto, Miss Shingai.....Ken Nursing Section  
 Dr Hashimoto, Chief physician, Banzai Sanatorium  
 Mr Kuriwaka, Chief General Affairs.  
 Dr Hayashi (woman) Assistant doctor, Muya Health Center

b. Capacity of hospital	300
Present patient census	270
Doctors	4
Nurses	24
Student nurses	15

- c. The outstanding problems of this hospital are the shortage of both doctors and nurses. Doctors do not want to work in the National Sanatoria because of the extremely low salaries and poor working conditions. There is always a shortage of nurses for the same reason and because of the fear of tuberculosis. The qualification of the nurses who come here to work is very low. Most of them could not get employment elsewhere. There are 41 attendants caring for patients.
- d. 15 students have entered training here for a one year course under the old law. They will be given 436 hours of lecture - 2 hours daily. The rest of their time will be spent in caring for patients. It is planned to give these students 4 months of affiliation in general hospitals.

MARY A. BITEL  
 Public Health Nurse



F-213

SHIKOKU CIVIL AFFAIRS REGION  
APO 1050Takamatsu, Shikoku  
5 June 1950F  
705

## MEMORANDUM FOR RECORD:

SUBJECT: Preparation of school nurses to meet requirements of Education Law #147

Date : 2 June 1950

## Persons Attending Meeting:

Miss Carmen Johnson - Miss Shiota, interpreter  
Miss Mary Eitel - Mrs Hayashi, interpreter  
Mr Kubota, Supt of schools Kagawa Ken  
Mr Kubo, Chief Guidance Sect., Kagawa Education Board  
Mr Matsumoto, School Health Program  
Miss Miyaji, School Nurse, Education Dept.  
Miss Maetani, Chief Nurse, Kagawa Health Dept.

The need for planning to meet requirements of the nursing and education laws which affect the future qualifications of the school nurse were discussed. Mr Kubota professed to have a thorough understanding of the requirements set forth in laws #147 and #203 but actual discussion disclosed he was interested in how to circumvent the necessity of giving any refresher or other type of course concerning nursing education at this time. The fact that some type of refresher course will be given over a three year period seems to be the only plans made to date. It seems that these courses will be for the most part on educational rather than nursing subjects.

The fact that the clinical nurse license and the public health certificate have been obtained by examination in most cases and does not insure that the holder of the licenses have any nursing knowledge or experience was pointed out. The need for nursing refresher courses to prepare the school nurses to take the national nurses examination was discussed. Miss Maetani invited the school nurses to attend the weekly refresher meeting held each Sunday. Special refresher courses may be conducted by Miss Miyaji and other school nurses who have had clinical nurse or public health training. The nursing section of the Public Health Department offered to give assistance on request.

School nurses were invited to attend the 5 month public health course which will begin 12 June. This may seem to be a late date to invite attendance but this is a repetition of the same offer that has been made directly to the school nurses on numerous occasions.



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Mr Kubota stated as much as he would like to see the school nurse attend the 5 month course this will be impossible because of the budget. It appears that the same underlying reason is that the nurses also have teaching duties from which they cannot be released due to an acute teacher shortage. It is possible that many school nurses will be replaced by teachers as no nurse is required in primary & lower secondary schools under new regulations.

I feel that this meeting will be of some value because I am certain that those attending will reread the laws and perhaps a better understanding will result.

Mr Matsumoto, Miss Miyaji and Miss Maetani will confer to see if any arrangements can be made for some of the school nurses to attend the public health course and to discuss refresher courses for the school nurses.

A meeting of the Kagawa school nurses will be held 10 June. Miss Maetani, Chief of Kagawa Nursing Section and Miss H. Hoshaku, instructor for the public health course were invited to attend as guest speakers. It is hoped that a clarification of the school nurses position will result from this meeting. Unless the school nurses desire to study and improve and keep up with the nurses in all other fields there is little that can be done by the Civil Affairs Nurse at this time. No instruction have been sent down from the Education Ministry and the Prefecture officials will in all probability do nothing unless such instructions are received. Only if the school nurses realize the need for such education and demand that courses be given will anything progressive be realized at this time. In such case the Ken nurses are ready and anxious to give assistance.

MARY A. EITEL, PHN  
Public Health Section



**C.E. OFFICER**

## SCHOOL HEALTH PROGRAM

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

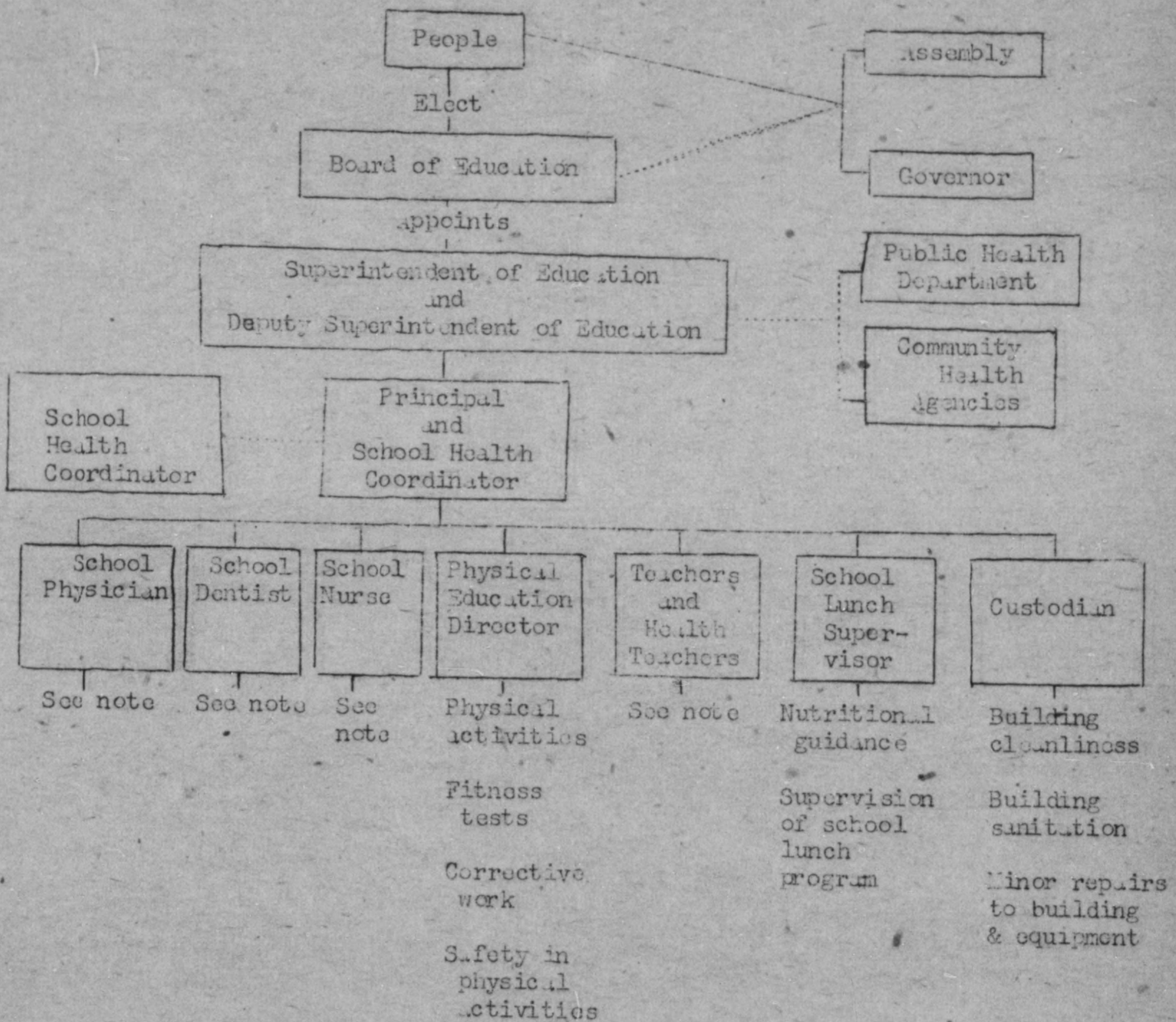
-- World Health Organization --

- A. Scope
- B. Organization and Administration
- C. Personnel
- D. Facilities
- E. Finances
- F. Cooperation with Other Agencies
- G. Appraisal and Evaluation
- H. Supplementary Data
  - 1. The School Health Director or Coordinator
  - 2. The School Administrator
  - 3. The School Physician
  - 4. The School Nurse
  - 5. The Teacher's Role in Health Program
  - 6. Duties of Public Health Department
  - 7. Legal Bases for Health Program

*School Health Program*



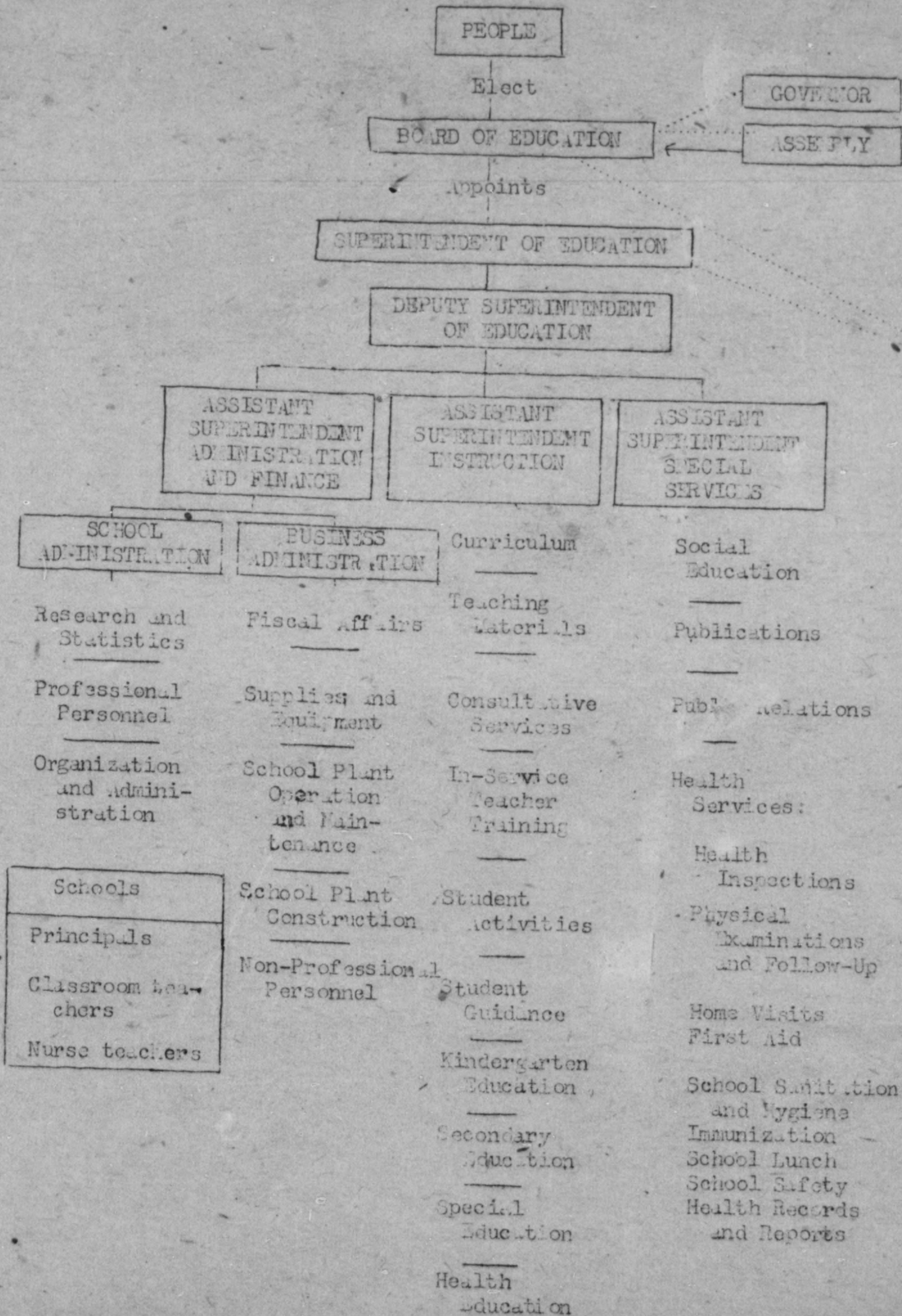
SUGGESTED PLAN FOR ORGANIZATION OF THE HEALTH PROGRAM IN THE INDIVIDUAL SCHOOL



Note: See School Health Program for explanation of duties.



ORGANIZATION CHART FOR SCHOOL HEALTH PROGRAM





PUBLIC HEALTH DEPARTMENT

MEDICAL ASSOCIATIONS

Establishing Standards

NURSES ASSOCIATION

Licensing of Health Personnel

WELFARE AGENCIES

Recruiting and Training of Health Personnel

PARENT TEACHER ORGANIZATIONS

Advisory Services:

EDUCATION ASSOCIATION

Program Techniques

WOMENS ORGANIZATION

Coordination Services:

LOCAL GOVERNMENT UNITS

Schools  
Government Agencies  
Private Welfare Agencies  
Parents  
PTA



## SCHOOL HEALTH PROGRAM

## A. SCOPE

The school health program has three aspects:

1. Health environment: The maintenance of hygienic environment in the schools, so as:

- a. To promote health of pupils.
- b. To enable pupils to live in clean and agreeable surroundings.
- c. To increase efficiency of pupils' learning activities.
- d. To maintain mental balance and physical safety of pupils.
- e. To instill habits of cleanliness and order.

Attention should be given to both school building and school grounds: good lighting, proper ventilation, protection against heat and cold, protection against undue noise, elimination of dirt and dust, protection of water supply, good drainage, proper care of toilets, disposal of waste, proper storage of all kinds of materials, adequate drinking and washing facilities, provision for school lunch, proper kind of seats and desks, safety and fire prevention and protection, and adequate health rooms.

2. Health instruction: The teaching and practice of sound health principles and procedures.

Health instruction should be given during the entire period of the pupils' school life covering all matters pertaining to health. Special consideration should be directed to:

- a. More scientific and realistic health instruction.
- b. Health instruction as it relates to pupils' everyday life.
- c. The relation of good health to social and economic conditions.

Objectives of health instruction

1. Acquisition of knowledge of anatomy and physiology appropriate for healthful living.
2. Understanding of dangers to health and of preventive measures.
3. Cultivation of habits and attitudes necessary for desirable home and community life.
4. Understanding of one's own health condition.
5. Recognition of facilities for health service and their utilization.

What should be taught

1. Health and its importance
2. Structure, functioning, and hygiene of the living body with special reference to organs, bones, muscles, nervous system, respiration, circulation, secretions.
3. Food and health
4. Safety and first-aid
5. Health and the community
6. Health and vocation

3. Health Services: The prevention of communicable diseases and the early discovery and correction of physical defects.

Among the school health services are: first aid, physical examinations and follow-up, health inspections, immunizations, home visits, school lunch, and health records and reports. Treatments (other than emergency) for illness and disease are not a proper function of the school, but should be given by a private physician or a hospital clinic.



In general the best results in the entire school health program will be attained with children in the elementary and lower secondary schools for several reasons:

1. All the children of these ages attend school regularly.
2. Physical defects of these children can be corrected more easily than in older children.
3. Younger children are more impressionable and good health habits can be inculcated early.
4. Sound health instruction can be integrated in the entire school program.
5. Teachers take a greater interest in pupils' health.

#### B. ORGANIZATION AND ADMINISTRATION

The board of education of the prefecture or of the local district has the overall responsibility for the health education program in the schools. The superintendent, being the chief executive officer of the board of education (see organization chart), is responsible, with the assistance of the secretariat, for such aspects as: development of an effective program suited to the needs of the pupils, selection of competent health personnel, provision for supervision of program, and furnishing leadership in establishing and maintaining proper community understanding. (See the School Administrator -- Functions and Responsibilities)

In the secretariat of the prefectural board of education will be provided trained personnel to assist schools to develop their over-all health programs and to give guidance to the schools in implementing the program.

In each school the principal is responsible for the development of and supervision of the health program in his school. He will take full advantage of the services of the health consultant in the secretariat, of the local and prefectural public health departments, of the public health center, of the school health council, of the health director, of school physicians, of the school nurse, of the teachers, and of other qualified persons.

The board of education, superintendent of education, secretariat, principals, and school staffs should cooperate fully with appropriate agencies (see Section F) and seek and utilize the professional and other assistance which these agencies can render. This cooperation is necessary because, in its full meaning, the school health program is only part of the public health program.

While the in-service training program of school nurses, health teachers, and health coordinators is a responsibility of the schools, it is expedient that this be planned in collaboration with the appropriate public health agencies, medical and nurses associations, prefectural board of education and their staff, and other government units.

#### C. PERSONNEL

It is necessary to have the services of competent personnel and of an efficient administrative organization in order to conduct a good school health program.

The selection of personnel in the school health program will be governed by standards established by law and regulations. Licensing is or will be in accordance with such regulations. The appointment and assignment of all health personnel who are in the employ of the schools will be upon recommendation of the superintendent to the board of education.

Remuneration will be determined by and paid by the board of education for all personnel in the employ of the board of education.



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Supervision should be given by appropriate personnel in the secretariat who are to utilize the advisory and technical services of professional persons in government and other agencies (see organization chart).

Each school should have the full or part-time services of the following personnel who individually and collectively should assist in (1) developing the overall school health program and curricula, (2) setting up appropriate policies and procedures, and (3) orienting the public regarding school health matters.

1. School physician: A school physician should be employed part time for each school and kindergarten according to the School Physician and Kindergarten Physician Regulations. His special duties are: designating approved first aid procedures, physical examination of students and teachers, health guidance (but not treatment) for the diseased, prevention of school communicable diseases, and guidance and consultation on the health program and healthful school environment. Treatments should be given by a private physician or a hospital clinic. (See the School Physician -- Functions and Responsibilities.)

2. School dentist: If possible a school dentist should be employed according to the School Dentist and Kindergarten Dentist Regulations. His technical duties are: dental examination of students and teachers; prevention (but not treatment) of dental diseases; diagnosis, consultation, and lectures on dental hygiene.

3. Health director or coordinator: The health director has the responsibility of coordination of health instruction and health services.

Activities in the health program. Because few schools can afford a full-time director, it is advisable to assign a faculty member with health knowledge as a part-time director. He will be able to perform this duty concurrently with that of other responsibilities. In some schools the head teacher serves as health director but only if he has special qualification for the duty. In other schools the physical education teacher or homemaking teacher is the director. Because of their limited training in professional education, it is not desirable to have school nurses serve as health coordinators although circumstances may justify this practice in some instances. (See the School Health Director or Coordinator -- Functions and Responsibilities.)

4. Health teachers: In truth all teachers are health teachers, especially in the elementary schools. Best results in the secondary schools will be obtained if the training of health teachers is such as to qualify them to carry on effective health education. Physical education, science, and homemaking teachers are in a special sense teachers of health. (See the Role of the Teacher in the School Health Program.)

5. School nurse: The school nurse looks after the health status of students and the school health environment in compliance with the School Education Law. Her chief duties are: School sanitation and safety, physical examinations and follow-up; health inspections; health consultation with teachers, parents, and pupils; prevention of diseases; home visiting; first aid (but not treatment); record keeping; and reporting. School nurses should have a school nurse license. (See The School Nurse-- Functions and Responsibilities.)

School health council: It will facilitate the development and implementation of a good school health program if there is a school health council composed of the principal, school nurse, health director, school physician, school dentist, health teachers and teachers in related subjects (physical education, science, homemaking, social studies), and representatives of community agencies



such as the Public Health Department and Public Health Center, welfare agencies, the parent-teacher organization, and other agencies as shown in Section F. Older student representatives may be useful in conferring with the council at opportune times. Regular meetings are desirable to discuss such topics as: a yearly program, improvement of health facilities, improvement of pupil health, follow-up of health examinations, health content of courses of study, better health teaching, health records, effective home relationships, and any other health problem. The council and the school principal and nurse should make frequent use of the services of public health agencies such as: public health center, national or government hospitals, child welfare council, and social welfare committee.

#### D. FACILITIES

The board of education is responsible for furnishing the facilities for the school health program. In this connection use should be made of clinics, or it may be possible to borrow (under the personal supervision of the school physician, dentist, or nurse) various equipment, such as, portable X-ray machine, dental equipment, and audiometers from public health agencies or institutions.

It is to be observed that present health rooms and facilities in the schools are often not being utilized fully nor properly in accordance with good practice. Demonstration health programs showing the proper use of these facilities are highly desirable in schools which are capable of such programs.

In communities where there are public health centers it is desirable that schools make use of the facilities and services of these centers.

##### Health Room and Equipment

It is important that the nurse have a light, pleasant health room. This room should be conveniently located in relation to the classrooms, and should be as quiet as possible. It should have the necessary length to allow for the testing of visual and hearing acuity at a twenty-foot or five meter distance. The health room should be made attractive and informal, rather than give the appearance of an operating room or clinic. In this way the school health program will be associated with good health rather than with sickness. Besides the usual office equipment, such as desk, chairs, blackboard, bulletin board, rack for literature, files, and cupboard, the nurse's room should contain:

- One or more cots with clean bed blankets
- High movable screen
- Running water (or a pitcher of water) wash basin, soap and waste receptacle.
- Tray of thermometer equipment
- Sterilizer
- Weighing scales
- Equipment for measuring height
- Equipment for testing visual acuity
- Equipment for testing hearing acuity
- A full-length mirror to be used in health teaching
- A medicine chest, with minimum first-aid equipment: two or three covered glass jars (one tall enough for tongue depressors), tongue depressors, wooden applicators and toothpicks, sterile gauze, absorbent cotton, adhesive tape, prepared dressings, roller bandages of two widths, triangular bandages, scissors, thermometers, medicine droppers, vaseline, green soap, boric acid, slings and splints, culture tubes and sterile swabs (if the nurse takes cultures), and alcohol.



The type and contents of the bag carried by the nurse working in the school are determined in relation to the need. When the school nursing program forms a part of a generalized service, the usual supplies will be carried. When the nurse is doing only school nursing, it is generally considered sufficient to carry a small bag with washable lining containing a thermometer (in a case), alcohol, cotton, hand-washing equipment (liquid or powdered soap and towels) flashlight, records, and health literature. The bag should be of such a type that it will stand when open.

Whether or not the school nurse should wear a uniform depends upon the local situation. A white uniform and nurse's cap are undesirable because they are not practical for making home visits and they are associated with hospitals and illness, whereas the school nurse represents an educational and health service. If the nurse does not wear a uniform, it is customary for her to wear a washable smock or coat in the school.

Sanitary conditions and sanitary practices are of first importance in the health room. Using the health room as a storage room or for other than health purposes is bad practice.

If there is any medical equipment in the school that is not suited to school use, such as, X-ray machines, electric vibrators, therapeutic lamps, etc, it should be sold or loaned to clinics or hospitals.

#### E. FINANCES

The budget of the board of education should contain specific and adequate appropriations for all aspects of the school health program. In other words, the entire cost of the school health program should be met from the public treasury. It is unwise and should be unnecessary eventually to ask parents, parent-teacher organizations, education associations, or teacher unions for donations for the school health program inasmuch as these services, like education in general, are an obligation upon all the people by general taxation. For the time being, contributions may be a necessary practice.

There will be urgent cases in which the family is unable to provide or secure necessary remedial medical services. In such instances they should be referred to the proper health or welfare agencies. It is also desirable that civic minded groups make available to the school special health funds for limited use.

#### F. COOPERATION AND COORDINATION WITH AGENCIES AND GROUPS

It is essential that the educational officials cooperate with and coordinate their activities with appropriate agencies and groups which are qualified to assist with the school health program. Examples of these agencies are the following: public health department, public health clinic, hospital clinics, welfare agencies, medical associations, nurses associations, education associations, teacher unions, parent-teacher organizations, women's organizations, and local government units.

#### G. APPRAISAL AND EVALUATION

Evaluation is an essential part of any program in order to determine its good and poor results -- How effective is it?; Are the aims being realized?; is the personnel properly trained?; Are the facilities adequate?; Is the health of the children as satisfactory as it should be?



Among the agencies for evaluation that ought to be utilized are the following: the research section of the secretariat, the school officials and teachers, the school physician and dentist, the public health department and the public health centers, the medical and nurses associations, welfare agencies, the parents, and the pupils themselves. This can be done by several methods: observation, surveys, questionnaires, personal interviews, health records, health tests, and teacher appraisals.

#### H. SUPPLEMENTARY DATA

##### I. The School Health Director or Coordinator

###### a. Functions

Co-ordination of health services and activities is a necessity in the school if an effective program is to be developed. To effect co-ordination, the organization of a school health council or committee, composed of interested faculty members and non-certified personnel, is a desirable procedure. Appointment of a trained person to serve as chairman of the committee and to implement the co-ordination is imperative if effective action is to result.

The school health co-ordinator should be vested with administrative and supervisory responsibility over the health program within the individual school. Planning of the program should be done by the school health committee and with the health service staff (doctor, nurse, health coordinator, etc.) that serves the school. Details of the program should be worked out in accordance with a statement of policy, and the health co-ordinator should be held responsible for their administration, utilizing the capabilities of all interested persons within the school.

In most schools the position of health co-ordinator will be a part time assignment. The faculty member best trained for such a position should be given the assignment of health co-ordinator. This may be the head teacher, physical education director, school nurse, or some other member with a specific background for administration of school health program.

The aims of the health co-ordination program are:

- (1)a. To coordinate the health activities of the entire school staff.
- (2)b. To coordinate school health activities with activities of the public health department and other community agencies.
- (3)c. To organize a program of health guidance and instruction for the students and teachers, so that they may have a thorough understanding and appreciation of health.

###### b. Responsibilities

(Note: In a large school where there is a full time director it is possible for him to carry out the responsibilities given below, but in schools which have part-time directors many of the items should be assigned as the duty of the school nurse or others. In a city or town it may be desirable to have a health director to serve all the schools.)

1. Meet with the school health council or committee to:
  - a. Make general plans for the health program.
  - b. Appoint the sub-committees of teachers and students to deal with specific problems.



2. Arrange for periodic surveys of environmental conditions by qualified personnel to be followed by conferences with the administrator concerning desirable changes.
3. Stimulate interest in the health program on the part of the faculty.
4. Organize in-service training programs in health education for teachers and other members of the school staff.
5. In co-operation with teachers and nurses confer with individual students.
6. Arrange for medical examinations of students in co-operation with nurse.
  - a. Allocate sufficient time to make examinations of educational value.
  - b. Make appointment lists and notify students.
  - c. Notify teachers of students scheduled for examinations.
  - d. Notify parents.
7. Co-operate with nurse and teachers.
  - a. Notify teachers of findings which have classroom implications.
  - b. Assist in making necessary adjustments in students' programs, as far as possible.
  - c. Help students to secure clinic appointments where necessary and where nurse is unavailable to take this responsibility.
  - d. Advise students as to available medical facilities.
8. Supervise problems of admissions and exclusions as they relate to health.
  - a. Confer on admissions and exclusions of students.
  - b. Keep illness record of absences, in co-operation with teachers and nurse.
  - c. Notify teachers of students who have been absent due to prolonged illness.
  - d. Arrange for care and transportation of students who are ill.
  - e. Keep faculty alert for symptoms of communicable diseases.
9. Aid nurse in the maintenance of health records, assuring that these are
  - a. Made accessible to those concerned.
  - b. Kept up to date.
10. Assist with plans for care of emergencies.
  - a. Arrange for location, supply, and maintenance of first aid stations.
  - b. Arrange with principal for delegation of responsibility.
  - c. Arrange for distribution of information to entire school staff as to their responsibilities and limitations.
11. Investigate health and safety factors in transportation.
12. Direct the program for co-ordination of health services with education.
  - a. Help doctor and nurse to make the examination and inspections an educational experience for the student.
  - b. Help teachers to relate their health instruction to student needs as revealed in health examination.



13. Direct study of integration of health instruction into the curriculum, with the assistance of the school health council or committee. The functions of the committee are to:
  - a. Study and evaluate the curriculum for health content.
  - b. Advise as to health implications within the units already established in various departments.
  - c. Recommend placement of important health units not already included in the curriculum.
14. Work with the school health committee to organize school programs concerned with particular health problems.
  - a. Acquaint faculty with plans.
  - b. Appoint committees responsible for each program.
  - c. Evaluate results and arrange for effective follow-up.
15. Promote public relations.
  - a. Home
    - (1) Obtain signed statement from parent or guardian as to procedure desired in case of emergency.
    - (2) Inform parents of any significant changes in health status of student where nurse is not available.
    - (3) In co-operation with the nurse, arrange for any home visits which may be necessary.
  - b. Press
    - (1) Establish, in co-operation with principal, regular publicity program with local editor.
    - (2) Co-operate with school press in dissemination of health news.
  - c. Community organizations
    - (1) Endeavor to have school representation in as many community organizations as feasible.
    - (2) Publicize school health programs through effective demonstrations and exhibits in the community when appropriate.
    - (3) Co-operate with local health department, and lend support to other community health agencies.
16. Assist in control of factors aimed at prevention of student fatigue.
  - a. Study factors contributing to fatigue.
  - b. Recommend adjustment of students' school programs when necessary.
  - c. Counsel students concerning conservation of time and energy.
  - d. Refer students who work part-time to physical education teachers for working posture and relaxation advice.
  - e. Seek to eliminate noise in and about the school buildings.
  - f. Confer with teachers concerning desirability of reasonable home study load.
  - g. Consult with principal regarding the refusal of work permits
17. Promote nutrition program.



- a. Confer with home economics teacher or nurse on adequate lunches.
  - b. Stimulate interest in good eating habits.
  - c. Refer malnourished students to home economics teacher and nurse for individual guidance.
18. Stimulate mental health program.
- a. Arrange for in-service training programs for staff members which will:
    - (1) Help them to develop a better understanding of adolescent behavior.
    - (2) Help them to become aware of deviations from normal.
    - (3) Suggest practical solutions to individual problems.
  - b. Assist in the establishment of procedures for helping maladjusted students.
    - (1) Arrange individual conferences for maladjusted students
    - (2) Confer with parents.
    - (3) Help to see that recommendations of physician are followed.
  - c. Work with school administrator on problems of teacher's teaching load.

2. The School Administrator (The Local Superintendent of Education or the School Principal)

The school administrator has a concern for the health and health behavior of children and school personnel. He understands the influences which school situations have on the health of children and the staff. He is constantly active in the health education of school personnel, in maintaining a school situation which will best promote the most desirable health behavior, in helping to develop adequate health services, and in helping teachers to be alert to health problems. He informs the schools that train professional personnel of the need for preservice teacher training in school and community health and relationships.

Every school health program involves cooperation between school and health authorities. The location of personnel is less important than agreement on (1) the objectives to be attained, and (2) on a clear-cut delineation of the functions and duties of each individual in achieving the objectives.

The school administrator takes leadership in acquainting the community with the health needs and resources of the school.

The school administrator cooperates with the health coordinator, physician, and nurse in working out the schedules for periodic health examinations.

It is the school administrator's job to provide a safe and healthful school environment for children and the staff. In planning the construction of a new school plant or in the modernization of an old one, he recommends the type of plant, including grounds and playgrounds, which conform to the best available standards in sanitation, ventilation and lighting, safety features, and other conditions conducive to safe and healthful living.

In the program of maintenance, it is the administrator's job to see that the janitorial or custodial service is adequate and that the students and school staff cooperate in making the best use of the supplies and facilities provided.

Health education includes both instruction in health matters and the utilization of all experiences in the classroom, school, home, and community which contribute to the child's understanding of his health growth. The school administrator recognizes that education in health takes place through both channels and is a means to healthful living.



The administrator is responsible for making teachers aware of the importance of health and the opportunities for teaching health in connection with the teaching of other subjects.

The school administrator secures and budgets adequate funds for the health program as an integral part of the total school program. He helps to determine basic needs and enlists community and parent support in meeting these needs. If there is no demand for an adequate school health program, the school administrator cooperates with other in fostering and creating such a demand from parents and the school staff.

The school administrator develops a procedure for the continuous appraisal of the school health program. This consists largely of pooling observations from the health coordinator, teacher, physicians, and nurses serving the school, and others who have opportunities of observing the results. The collection and pooling of data from the appropriate individuals may well be done by the school health council. Some of the questions to which the pooled data should provide the answers with reference to both children and school personnel are as follows:

- Are they happy?
- Are they giving evidence of desirable growth?
- Are they alert?
- Are their sickness rates low?
- Are they physically fit, strong, graceful, and efficient?
- Do they enjoy a reasonable measure of success?

Appraisal can also be made in terms of public awareness of the health needs of the community and the school, the extent to which the health resources in the community are used, and the extent to which students, school personnel, and citizens participate in the health program. The results of medical, dental, and physical fitness examinations and inventories will show the current prevalence of remediable defects and conditions. The number of corrections completed over a certain period of time will indicate the responsiveness of parents to the school health program.

#### b. RESPONSIBILITIES

1. Present and explain the health program to the school staff for the purpose of clarifying the position of the health coordinator and establishing clear working relations with all employees.
2. Appoint a school health council which will act in an advisory capacity to plan, stabilize, and help carry out the health program of the school.
3. Appoint a health coordinator and allocate time for health coordination.
4. Recommend for appointment the physician and nurse employed by the school and assign their functions.
5. Give leadership and guidance in establishing and maintaining community understanding of and relationship to the school health program.

#### 3. The School Physician

The material which follows is a complete statement of what the school physician can do if he has the available time. Inasmuch as most school physicians are part-time they will find it necessary to select those activities which are the most important and rely upon the nurse, school health coordinator, or others to carry out other activities.

##### a. Functions

It is the responsibility of the physician serving the school to be familiar with the health problems of the community.

He has an important part in informing the public regarding the nature of the school health program, its problems and progress, and assist local school and health authorities in convincing the public of the need for school



health services. He takes advantage of opportunities to serve on committees attempting to improve civic, community, or school relations.

He assists in the administrative development of an adequate program of periodic health examinations for school children.

He makes the school medical examinations an integral part of the total health counseling program, and considers it an opportunity to give guidance and counseling to the students and the parents on the basis of the health needs revealed.

One of the most important responsibilities of the physician serving the school is to make the health examination a constructive learning experience for the student. This examination may constitute a wholesome emotional experience or the reverse.

He enlists the support of family physicians, clinic physicians, and specialists in securing medical care for individual students who need it.

He plans an in-service teaching program for appropriate personnel in the techniques of observing health and health behavior, including tests and measurements of child growth and development.

He assists the school administrator in setting up administrative policies and procedures which help to maintain and promote the health of school personnel.

He is expected to exercise reasonable supervisory control over factors in the physical environment which may affect either favorably or unfavorably the health, happiness, and welfare of students or staff members.

He cooperates with the administrator by preparing information for immediate dissemination to the teachers and parents in case of an epidemic or other emergency.

He is available to teachers for consultation of problems relating to their health education programs. He participates in curriculum-planning committees in all areas relating to health.

He cooperates with all school and personnel official and voluntary agencies in maintaining and developing the health of the students in the schools.

#### b. Responsibilities

(Note: Under present condition the physician will not have time to perform all the responsibilities listed below. Therefore, he should select those which are most important and rely upon the principal, nurse, or others to carry out as many of the others as possible)

1. Assist the administrator and the health coordinator in planning the over-all health program and perform the professional duties connected with its operation.
2. Assist in the administrative development of an adequate program of periodic health program and perform the examinations of school children.
  - a. Consult with the administrator as to the frequency.
  - b. Acquaint the administrator with the facilities required for making health examinations, including proper equipment, a quiet place in which the examination can take place, etc.
  - c. Make the medical examination an integral part of a health counseling program; consider it an opportunity to give



guidance and counseling to the children and to the parents, and interpret medical findings to parents and teachers, and other school personnel.

3. Assist in developing a plan whereby the school health coordinator, teachers, parents, and private physicians, nurses, and community agencies and groups understand and share in the responsibility for the follow-up program.
4. Help in establishing procedures for the in-service education of non-medical personnel in the techniques of observation of health and behavior symptoms and in tests and measurements of growth and development, and for the reporting of signs and symptoms indicating the need of medical attention.
5. Take part in curriculum planning committees in all areas relating to health and see that school health examinations, correction of defects, immunization, and experiences with illness and the like are used constructively as part of the child's education in health.
6. Confer individually and in groups with school personnel concerning their personal health problems. In schools providing such service, conduct health examinations of school personnel.
7. Assist in providing and interpreting factual data for the periodic appraisal of the school health services.
8. Be sensitive to all environmental conditions affecting the health of children and of the staff and assist the administrator in an advisory and supervisory capacity in his efforts to provide physical conditions conducive to safe and healthful living in school.
  - a. Work with the administrator in interpreting the assets and liabilities of the school plant to the budgeting or appropriating authorities.
  - b. Assist the administrator and public health officials in evaluating the school plant with regard to construction and maintenance as these affect safe and healthful living in school.
  - c. Give skilled and authoritative leadership in helping to provide facilities for safe and healthful school living and in making sure that they are used properly by school personnel and children. This implies: provision of adequate sanitary toilet facilities and handwashing facilities; an abundant supply of safe drinking water; pasteurized milk when milk is served in school; sanitary food handling and attractive service when lunches are served in school; lighting and ventilation in conformity with accepted standards; seating arrangements adapted to postural needs; acoustic control to eliminate unnecessary noise; suitable space and equipment for school medical service procedures, including facilities for making tests and examinations and for isolating communicable disease cases.
9. Help the administrator recognize the fact that good school morals rests upon many different factors within his control: for example, the flexible scheduling of the routine activities of the children and the staff; stable, consistent, reasonable discipline; and a sound, integrated curriculum.
  - a. Help the administrator to recognize that the personality of the teacher is the environmental factor which has the greatest influence on the mental and emotional health of children, and that it is important for teachers to have emotional stability and control, good physical health and appearance, and attractive personality, a wholesome attitude toward life in general and school work in particular, and common sense and fairness.
  - b. Help in planning the activities of the school day with reference



- to the sequence and length of periods for lunch, rest, play, and study, and making allowance for individual differences.
- c. Help to decide when a given teacher should be retired as being unfit to be in charge of a school-room because of senility or mental or physical deterioration.
10. Help the administrator in fostering community pride in the school plant; and help in directing and organizing public opinion with a view to getting needed improvements and supplies in an orderly, democratic manner.
- Recommend taking such legal or persuasive measures as may seem feasible and expedient to improve the neighborhood of the school when necessary. Particular attention is called to such factors as: noise, odor, drainage; good and bad recreational facilities; antisocial activities; immoral demonstrations; racial, political, or other disturbances.
  - In conferences with parents to describe ways in which environmental conditions in the home may affect their children's well-being.
11. Work continuously with all school personnel to make all three major divisions of the school health program -- health service, provisions of a safe and healthful environment, and health instruction -- contribute to the health of the child.
- Act as consultant to the administrator on the immediate dissemination of information to the teachers and parents in the case of an epidemic or other emergency.
  - Make the health examination a constructive learning experience in which the child will learn about his own health, develop confidence in medical service, appreciate the value of periodic health examinations, and continue to want them after he leaves school.
  - Interpret to practicing physicians and dentists in the community the health education objectives and activities of the school so that they may share the responsibility for the health education of children and parents.
  - Hold conferences with parents concerning the child's health needs as shown by the medical examination and the reasons for the follow-up recommendations.
12. Assist the health coordinator in evaluating the results of the health education program by furnishing and interpreting data on health behavior obtained as a result of health examinations and from interviews with parents, nurses, teachers, and children.
13. Help the school administrator and other school personnel to understand the health problems of the community and the relationships which they bear to the school health program, and assist in integrating the school and community health programs. Establish and promote cooperation with organized medicine in the interest of the school health program.
14. Help to inform the public regarding the nature and progress of the school health program and to maintain good working relationships with practicing physicians and official and voluntary health agencies in the community in the fields of medicine and public health.
15. Participate in the education of parents in connection with health examination of their children in school, in getting action on necessary follow-up procedures, and in measures for the control of preventable disease.
16. Help the administrator interpret laws affecting school health procedures and cooperate in securing desirable changes.



17. Enlist the support of private physicians and of medical and other professional groups concerned with the treatment of children in securing effective follow-up, and arrange for the exchange of information necessary to a common understanding of the needs of the child by both the school personnel and the private physician or other professional personnel concerned with the care of the individual child.
18. Plan with parents for the best use of facilities for successful follow-up procedures, even if it is necessary to go outside the confines of the community.

#### 4. The School Nurse

The school nurse may serve a particular school full-time or part-time depending upon the size of the school and the supply of qualified nurses. In smaller schools it is desirable that one nurse serve more than one school if the schools are near to one another. Only a few schools in Japan have well qualified nurses, and it is therefore desirable that qualified nurses be used to the greatest advantage.

Below is a list of minimum duties of the school nurse.

1. Assist in maintaining a healthful school environment.
2. Hold periodic health conferences with the teachers, acquainting them with general and individual health needs of their children and health problems and information relative to their school and community as a whole.
3. With the cooperation and assistance of the teacher, aim to reduce the incidence of communicable disease in the school through a careful daily screening of all children by the teacher, who refers to the nurse for further inspection any child with symptom deviating from the normal. The nurse should exclude from school any sick child.
4. Confer with parents at home or at school regarding the health needs of their children.
5. Supervise the preparation of the menu of the school lunch and cleanliness and efficiency of those preparing the lunch. (The school nurse should not have to prepare or serve the lunch.)
6. Keep up to-date health records on all school children.
7. Give first aid or emergency nursing care at school when necessary. (Standing orders, outlining care and treatment, which may be given by the nurse in the absence of a doctor, should be prepared and be available to every nurse or teacher in the school.)
8. Assist doctor with medical examinations in the school.
9. Acquaint parents and teachers with defects found in pupils and help obtain corrections. (Refer to private doctor, dentist, out patient department, hospital, health center, or welfare agency.)
10. Assist in immunization program -- diphtheria, smallpox, typhus tuberculosis.
11. Assist in tuberculosis testing program -- physical and X-rays examinations for all positive reactors and BCG vaccine for all negative reactors.
12. Assist in carrying out a program of periodic stool examinations and securing medical treatment for all cases positive for intestinal parasites.



13. Assist in bringing under medical attention all trachoma and eye cases.

14. By a program of home education or group teaching, give parents health information regarding care of specific common health problems as intestinal parasites, trachoma, or any other condition peculiar to a school or area.

15. With the cooperation and assistance of the teacher, carry on all organized program of vision testing in the school.

16. With the cooperation and assistance of the teacher make regular height and weight measurements on all children. (If each older child has the responsibility of keeping his own records, including possible reasons for gains or losses, the program has definite teaching advantages.)

## 5. The Role of the Teacher in the School Health Program

Every teacher is a teacher of health because health education is part of the whole education process.

A. The teacher has an important part in all three phases of the school health program, but perhaps her largest role is in creating a healthful environment (physical and emotional) and putting into practice the health principles that are taught the child.

1. While the teacher is not always able to create an ideal physical environment, there are certain factors she can modify or control.

These include:

- (a) the temperature.
- (b) sufficient but not excessive ventilation.
- (c) proper lighting and a seating arrangement that utilizes the light the correct way.
- (d) children assigned to seats and desks at which they can sit comfortably.
- (e) a clean and orderly classroom.
- (f) a classroom that is free of elements that may cause accidents.

2. The emotional environment is of just as great importance to the child! An unhappy child may become a sick child.

(a) The teacher should create a friendly harmonious atmosphere.

- (1) The discipline should be adequate and reasonable not too severe.
- (2) The child should find school a place where his interests and needs are satisfied.
- (3) To be happy a child must feel wanted, secure, and successful. The classroom teacher has the power to make him feel that way.

(b) The teacher should ask herself "Are the children in my class happy children?" If some are not happy, finding out why they are not happy should be her first concern.

B. The teacher has a responsibility and opportunity in helping that phase of the school health program that provides for health service for the children in her classroom.



1. In this phase, as in that of creating a healthful environment, she will work in close relationship with the school nurse.
  - (a) One part of the health service is the daily health check or inspection by the classroom teacher. The nurse can explain to the teacher what physical symptoms are signs of communicable diseases or physical defects.
    - (1) When a teacher discovers any of these signs about a child she should call for medical advice.
    - (2) Because the teacher works closely with each child, she is able to recognize behavior that is abnormal to that child, and should first analyze it as a possible health problem.
    - (3) Disorderly or unacceptable conduct often has its origin in a health problem.
  - (b) The child's health problems are the first concern in the classroom; therefore the teacher should have some plan for checking on the child's health each morning.
2. Because teacher knows the individual child better than the school nurse or physician, she can help them by reporting to them any factors in their behavior or background that will help them in their diagnosis.
  - a. This necessitates a close liaison between the teacher and nurse. The teacher should regard the nurse as a partner; both are working for the welfare of the child.
  - b. The teacher is also a liaison in helping the child understand and cooperate with the nurse. For example: The attitude that children assume toward physical examinations and an immunization program reflects the attitude of the teacher.
    - (1) The teacher should prepare the pupils by giving them sufficient explanation and by encouraging a positive and scientific attitude toward health.
    - (2) The teacher should make this an educational experience rather than one to be regarded with disinterest or fear.
3. The teacher often gives part of the health service.
  - a. Because the teacher is a part of the school health service she needs to be informed of the findings of the school medical and nursing staff so that she can use them in her daily pupil guidance.
    - (1) The child who is found to have a physical handicap or special health problem will need her assistance in adjusting to this.
    - (2) The teacher will be helped in her efforts to understand each child as a whole person by understanding him physically, mentally, and socially in her coordination with the school doctor and nurse.
  - b. The teacher may have the responsibility of recording at least a part of the child's health record.
  - c. She is qualified to give the monthly weight examination and bi-yearly height examinations. She can also make these meaningful to the child by having him keep his own chart or graph.



- d. With instructions from the nurse, the teacher can also conduct vision and hearing tests and also explain and interpret these to the child so they are meaningful.
- C. The school health program should have as many interrelationships as possible. Health instruction should be related to both environment and health service.
1. Preparation for health examinations of all types should be part of the health instruction.
    - a. The child will naturally be interested in why and how they are given. Answers to these questions make a good beginning point for health instruction.
    - b. From this starting point the child can be led forward in to a wider study of health. Some of these units are:
      - (1) The problem of communicable disease.
      - (2) The problem of proper nutrition.
      - (3) The problem of accident prevention.
    - c. For teachers responsible for health instruction there are many approaches and resources.
      - (1) The teacher should invite the nurse to help the children discuss these problems.
      - (2) Science classes are excellent places for an unit on health.
      - (3) The teacher should strive to give her pupils a good background of knowledge regarding the fundamental principals upon which healthful living is based.
    - d. Every teacher should help pupils to develop the understanding, attitudes, skills, and habits essential to healthful living.
  2. Because teacher is closer to the individual child than anyone else in the school health program, she has the greatest power to influence the present and future health of the children through the habits and attitudes she develops in them. Her reward will be a real one. She will have children who are more intelligent, better adjusted, and happier.
  6. Duties of the Public Health Department in the School Health Program
    - I. Health education.
      - A. General approval of curriculum
        1. On basis of pupil needs as determined by statistics.
        2. On basis of medical knowledge.
      - B. Assist in specific instruction.
    - II. Sanitation.
      - A. Assist in formulating minimum standards.
      - B. Make periodical inspections of sanitary facilities.
        1. Garbage collection
        2. Sewage disposal.
        3. Proper drainage.
        4. Insect and rodent control.
        5. Water supply (laboratory 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.C.

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. Referred by health center or private physician.

D. Advisory and consultative assistance to 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, 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.





# YOBANCHŌ ELEMENTARY SCHOOL









THE HAPPY SCHOOL

NO. 1.

(The School Lunch Service)

Yoban-cho Elementary School, Takamatsu City

(Translation of a magazine of that name )  
published by the school

Recd in CE Section, 14 Feb 51



## THE HAPPY SCHOOL

## FORWARD

Children were the ones on whom we took most pity after the surrender, but it is also they in whom we had most hope.

They are growing everyday, or trying to do so, robustly even in the midst of hardships, and the teachers, as their companions, for the saying puts it, "one grows up in bringing up one's child," are doing their utmost hand in hand with the children-----one of such establishments, in which they are growing up in happiness, is the school lunch service in our school.

Thanks to the cooperation by the School Lunch Steering Committee and the impressive endeavors, kindled with love, by Mrs. Okawara, the president of the Mothers' Association, and the mothers who are the members, the kitchen is day after day a scene of loving and friendly atmosphere. Nothing can be more pleasant than to see the effect of the school lunch service showing itself gradually.

On December 10, 1949, H.I.H. Prince Takamatsu visiting our school saw the school lunch service fully, and after a number of questions, said to us, "I congratulate you on these admirable arrangements here."

Then H.M. the Emperor honored us with these gracious words, on March 13, when he visited this school on his tour to Shikoku: "you must have worked hard. I hope you will make efforts for the rehabilitation of your school and for the school lunch service."

Only through the united efforts of the school, the homes, all the teachers, fathers and mothers, the children can grow up well and in thriving health. It is their happiness, the dawn on cultured Japan--, and obedience to the Emperor's wish.

Let me express our sincere gratitude to the guidance and cooperation by the Secretariat of the Board of Education and by other quarters concerned in establishing these equipments.

Kaoru Shibue, the principal



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- (1) History of the school Lunch service in this school.
1. When one school building was rebuilt, and a kitchen (8 tsubo or 32 sq. meters) and a pantry (4 tsubo or 16 sq. meters) were also built in July, 1948, we made preparations to carry out the school lunch program, purchasing big pots and other fixtures with the money given by the Rehabilitation Support Association.
  2. In the beginning of September, 1948, the school Lunch Managing Association was organized, and began to examine and confer about the actual situation for the operation of the school Lunch service, the fund raising, cooking, hygiene and others. After making very careful arrangements, we commenced the service on September 20.
  3. We have had constant advice and cooperation ever since from the then Kagawa M.G. Team, the Health and Physical Education Section of the Secretariat of the Kagawa Board of Education, and the Education Section of Takamatsu City.
  4. Our school was commended as the school excellent in its equipment and management of the school lunch service on March 26, 1949.
  5. Our school was nominated the school where the UNICEF school lunch service was to be operated.
  6. On December 10, 1949, H.I.H. Prince Takamatsu honored us with an inspection of our lunch service system, several questions and gracious words of congratulation.
  7. Now that the UNICEF school Lunch service is to be run here the kitchen was found too small in size, the fixtures too small in number. So the Mothers' Association and Parents' Society disbursed several hundred thousand yen to rebuild it on December 25, 1949, and a kitchen (17.5 tsubo or 70 sq. meters)



and a Lunch Room (12 tsubo or 48 sq. meters) were completed, necessary fixtures being also procured.

8. On the occasion of his tour to Shikoku, H.M. the Emperor visited our school, on March 13, 1950 and received in audience the representatives of the Mothers' Association of our school because of their services toward this cause, and honored them with gracious words of acknowledgement, saying "You must have worked hard. I hope you will make efforts for the rehabilitation of your school and for the school lunch service."
9. In February, 1950, three representatives of the mothers and 3 teachers in charge of the matter attended a class of lectures on the school lunch service sponsored by the UNICEF secretariat of Tokyo, Education Ministry, and the Metropolis of Tokyo. We completed the arrangements for the lectures to the teachers in charge of school lunch service of the schools where it is carried out in this prefecture.
10. The pupils are increasing, and the school-buildings are enlarged, so we are resolved to contribute to more happiness of these children by improving their physique. For that purpose we must do all we can in the equipment and management, resorting to every device, thus making our program the nation-wide model.

(2) The Purpose of School Lunch

The school Lunch Program is neither merely for the benefit of underfed children from poor homes, nor is it a special health arrangement for the physically weak pupils. It is an important field of schooling program, having all the pupils as its objects. It gives them opportunities to take part in the school lunch, promotes their growth, improves their health, gives them knowledge in nourishment, and enables them to form good habits in taking food, thus helping them to be good citizens.



It is required to be an education of living contributing to their health, safety and welfare; it is a pragmatic education with necessary excitement adding to their knowledge and experience, and it is a means of health education.

It should be treated as a health program of the new type of school. The present school lunch service holds the following points significant. One is the importance from the viewpoint of health, and the other is educational. When these two are integrated into one, a perfect operation of school lunch service can be realized.

1. Significance as a health preserving measure.

a. School Lunch as supplementing nourishment.

The physique of pupils has very much deteriorated during and after the war, and it is too well known that it constitutes a grave problem for the future of re-established Japan.

Even in those days of peace when food was plenty, through unbalanced diet on the part of pupils, and through financial reasons and cooking by mothers who have little knowledge of dietetics, it was impossible for most pupils to take nutritive, scientifically cooked meal. It is an urgent business to supplement their nourishment systematically and rationally and to restore their health which is in the making, thus expecting them to grow up as healthy Japanese. It is our luck and a matter of great congratulation for the education of pupils and the reconstruction of Japan that through the good will of the Allied Forces, attention has come to be fixed on this point.

2. Significance as education.

a. School Lunch as education in nourishment. (Improvement of meals)

It used to be thought to be nourishing in the past Japan to take delicacies, chiefly living on rice and barley and to eat one's fill, but can we adhere to the old way of cooking meals in which only rice counted, when a tremendous population lives on a very small area, and the food situation barely allows self-sufficiency, powdered meals being admonished?



School Lunch supplies a splendid opportunity to learn the theory, practice and customs for such education in nourishment. It will have great influence upon their living throughout life, if they learn what are good meals, how to select beneficial food, and so on and in this way their dietetic customs are improved.

It must also be aimed at finally to improve the way of living in regard to meals in their homes, by hightening the interest of their parents.

b. **School Lunch as education in sociality.**

When the teachers and pupils take the same meals all together, they must experience a great happiness and joy, and thus they unconsciously cultivate very fine sociality. Also they form good habits and attitudes concerning dietetic hygiene and table manners. This in turn will set up a happy community, cherish the spirit of cooperation and "live and let live." It will constitute a part of the education of the international mind, and form sociality which can win the world's love and respect.

(3) **Policy of our School Lunch Service.**

In order to materialize the afore-said purposes, we have the following points as our policy with the intention of perfectly operating the school lunch service, and we are doing what we can in the management.

1. **Cooking**

- a. Cooking so that the greatest efficiency of the nutritive value may be secured.
- b. Studying continually how to cook, to avoid monotony of the menus and to excite pupils' appetite.
- c. Planning to have them feel pleasure in eating by making meals agree with pupils' taste.
- d. Adopting menus with assorted materials as far as possible instead of menus with a single material.



- e. Getting them accustomed to meals of other nations, serving them imported food.
- f. Increasing their appetite by paying attention to how the meal looks.
- g. Supplementing the wanting nourishment through the school lunch, by constantly investigating the food situation in their homes.
- h. Considering the relations of meals and the chief events of the year for the cultivation of sentiments.
- i. Being cautious, lest the expenditures should exceed the fixed sum.

## 2. Education in Nourishment.

- a. Letting them know about the relations between food and health.
- b. Letting them know about nutritive values of foods.
- c. Letting them realize the harm of unbalanced diet and correcting their unbalance in meals.
- d. Letting them find out the harm of indigestion from overeating, and guiding them to take proper quantity.
- e. Letting them find and cultivate the method and habit of using food so that it tastes delicious.
- f. Improving the past Japanese meals by serving nutritive lunch.

## 3. Hygiene

- a. Maintaining cleanliness constantly, upholding "Cleanliness First" as the motto, concerning the cooking equipment, those engaged in cooking, lunch rooms, and the materials.
- b. Forming the habit of washing hands before meals.
- c. Always sterilizing the food materials to prevent the outbreak of epidemics.

## 4. Table manners.

- a. Forming habits of taking meals with delight.
- b. Forming habits of sitting up, and masticating food slowly and well.







(1) The chief cook in charge of milk service

.....Leader in dietetics (1)

Assistants.....Assistants (2)

Help .....Teachers (2)

(2) The chief cook in charge of cooked meals service.

.....Regular cook from Mothers' Assoc. (1)

Assistant .....Teacher (1)

Help .....Members of mothers' Assoc.  
(10 per day)

5. People in charge of menus and records.

(1) Menu Leader in dietetics, Members of School Lunch Dept.  
School Lunch committee-women of Mothers' Assoc.

(2) Records  
Teachers (2)