

## POLICY : SCHOOL HEALTH

ITEM B-H (4-2003) POLICY ON SCHOOL HEALTH  
MC 30.6.2004

### RESOLVED:

1. **That** the policy on School Health attached as **Annexure 'A'** to the report **BE APPROVED**.
2. **That** the financial implications of the policy for Council **BE CLEARLY** identified before the policy is implemented and that a further report **BE SUBMITTED** thereon.



**Ekurhuleni**  
METROPOLITAN MUNICIPALITY

# **POLICY ON SCHOOL HEALTH**

## POLICY ON SCHOOL HEALTH

### 1. PURPOSE

The purpose of this policy is to develop a comprehensive school health service of the district health system operating within the framework of Primary Health Care. This policy should respond to the varying social development needs of learners.

### 2. BACKGROUND

The level of development of a nation can be measured by the status of its children. Internationally, children have become the focus of development initiatives to ensure a more promising future. Whilst the need to support homes and families in this endeavor is recognized, increasing attention is being paid to school settings to promote the health and development of children and the communities in which they live.

All sectors of government and society have a role in the health and development of children. Current South African policies and programmes as well as the activities of Civil Society Organisations provide evidence that each sector is currently striving to fulfill its role in this regard. However, without strong partnerships and co-ordination between sectors, the effectiveness with which child health and development is addressed is compromised and available resources are not maximized. Without consideration of the identification of children's needs and how they can be addressed appropriately, and without their ownership of the programmes addressing their health and development the success and sustainability of these programmes will be compromised.

School health service should be delivered as an integral part of Primary Health Care. The service should uphold the principles of equity, access, intersectoral collaboration, appropriateness, effectiveness and efficiency. A strong family centered approach, which provides a link between the child, parents, educators and the governing body is envisaged. Children should be protected from maltreatment, neglect, abuse or degradation as stipulated in the constitution. (**Chapter 2 Bill of Rights, section 28(2)**)

Priority should therefore be given to:

- 2.1 Pre school children.
- 2.2 All children and youth, regardless of age attending formal learning sites (Grade 0- Grade 12).
- 2.3 Children of school going age not attending school for various reasons and those who have completed Grade 12 where possible.
- 2.4 Tertiary institutions
- 2.5 Child headed families

Over and above the health promotion function the department intends to empower the children with life skills and knowledge to survive the social ill's which these children are facing.

### 3. DEFINITION OF TERMS

#### 3.1 Comprehensive School Health Programme

A programme of coordinated services that has been jointly developed by various sectors to comprehensively address the health and development needs of school communities. School Health Services is one component of this programme.

### 3.5 Health Promoting Schools

The World Health Organization defines a Health Promoting School as a school that continuously strengthens its capacity as a healthy setting for living, learning and working. It is further described as a school which aims at achieving healthy life styles for the total school population by developing supportive environments conducive to the promotion of health. It offers opportunities for, and requires commitments to, the provision of a safe and health enhancing social and physical environment. Health Promoting Schools will also promote family centered approach in delivering School Health Programmes.

### 3.6 School Health Team

School Health team should comprise of doctors, nurses, environmental health and oral health practitioners, health promoters, field workers, social workers, psychologists, learners, educators, parents, and family.

## 4. LEGAL FRAMEWORK

- The Constitution of the Republic of South Africa (Act 108 of 1996)
- Health Act 1977 (Act 63 of 1977).
- Nursing Act 1978 (Act 50 of 1978).
- Draft National Health Bill (10 June 2000).
- Convention of the Rights of the child 1989.
- National Education Policy Act 1996 (Act 27 of 1996).
- South African Schools Act 1996 (Act 84 of 1996).
- White Paper on Transformation of the Health System Government Gazette 7010 (notice 667 of 1997).
- South African Medical and Dental Act 1974 (Act 56 of 1974).
- National Environmental Management Act 1998 (Act 107 of 1998).
- Child Care Act, Act 1983 (Act 74 of 1983).
- National Welfare Act 1978 (Act 100 of 1978).
- Adolescent and Youth Health Draft Policy.
- National Education Policy Act 1996 (Act 27 of 1996).

## 5. APPLICATION GUIDELINES AND PROCEDURES

5.1 This policy shall apply to School Health teams operating within schools situated in the Ekurhuleni Metropolitan Municipality.

### 5.2 Package of school health services

A proposed minimum package should be flexible to accommodate varying health priorities whilst ensuring equitable access to school health services for all learners include the following:

- Vision screening
- Physical examination
- Deaf screening
- Monitoring nutrition status
- Oral hygiene monitoring and education
- Health Education and promotion
- Life Skills
- Monitoring chronic and infectious health conditions
- Treatment of minor ailments and injuries
- Counselling

- Referral
- School feeding Scheme
- Psycho-social Health
- Mental Health assessment

School Health programme must be developed in conjunction with the School. The services will be available to schools through a comprehensively developed programme. In addition school-based teams will present health promotion and prevention services from local facilities. The delivery of these services should be informed by situation analysis of the priority health needs of targeted groups and the locally available health and development resources. School health services should be integrated at Sub-District level with due consideration for devolution to Local Authority.

### **5.3 Health Education and Promotion**

School health services should provide health education and promotion to the school community in relation to the health needs identified by them. The main health education and promotion activities should be that of supporting educators in the delivery of health related aspects of the curriculum, and the provision of health information and facilitation of the development of health skills (Counselling on HIV/AIDS and Drug Abuse) of the school community. The service must be linked to services for auxiliary staff, educators and parents.

School health services should support the use of child participation and peer methodologies in the development of health related skills.

### **5.4 Screening Programme will include the following:**

#### **5.4.1 Complete Physical examination**

Further discussion is required to identify the conditions' for which children will be physically examined. These discussions should consider the purpose of examinations and the evidence for the need to physically examine children for the range of conditions traditionally covered by school health services.

#### **5.4.2 Vision screening**

School entrants and other learners referred to school health 'services should be screened for vision and hearing problems. The World Health Organisation has identified criteria for the development of screening programmes.

These includes the availability of a valid and reliable screening tool, a sufficiently high prevalence of the condition being screened for, services that can address problems identified and the follow up of children referred to these services.

#### **5.4.3 Nutrition status monitoring**

Personnel specialising in nutrition currently, visit schools to monitor the delivery of the Primary School Nutrition Program (PSNP) and attend to the needs of children with identified nutrition problems. Activities relating to nutrition needs include the provision of accurate and updated information on healthy nutrition to the school community. They should also include growth monitoring and supporting school communities in the development of food gardens using available land in the school to increase household food security. Further discussion is required on the role of PHC services in these activities.

**5.4.4 Immunisation**

Immunisation must be based on the national program. The Expanded Programme on Immunisation EPI Co-ordinator must monitor immunization coverage. In future this may include rubella immunisations for adolescent school girls. If scheduled, these immunisations should be delivered by school health services.

**5.4.5 Oral hygiene**

Provision should be made for the identification of children at schools with oral health care problems and their referral for treatment. Health education and promotion of oral hygiene should be provided to learners. The Primary Health Care practitioners should provide comprehensive service including oral health.

**5.4.6 Management of chronic, infectious health conditions and disabilities**

School health services should identify health problems and inform school health policies. The service should also support the development of the school community skills in identifying and managing certain health conditions in the home and classroom environment. School health service providers should manage the health of children with chronic and ongoing health conditions. Greater access to buildings for children with disabilities should be created.

**5.4.7 Psycho-social | Mental Health**

Provision should be made for mental health and social status examination. School health services should provide counselling to learners and their families where social and emotional conditions' impacting on the health and development of the child is identified. This is particularly relevant in cases of child abuse. Counseling should be followed by referral that can provide ongoing support in the absence of the school health provider. Educators and learners should be trained in counseling. Child headed families should be given support by school health service providers, educators and neighbours. Child ridicule and stigmatization must be discouraged at all times.

**5.5 Treatment of minor ailments**

Schools should have First Aid boxes. The treatment of minor ailments should be part of the comprehensive range of services delivered at sub-district level.

**5.6 Referrals**

School health services should refer children with health and developmental needs that require specialised services or can benefit from programmes and services beyond the scope of school health. An effective referral network and information on locally available resources is required to fulfill this function. Referrals should be followed up and the outcome of referrals should be recorded in the health records of school children kept by school health providers. Schools should keep an updated directory of referrals

**5.7 Rehabilitation**

Should be provided in accordance with the Provincial rehabilitation guidelines.

### 5.8 Preventative Programmes and life skills

Social development officials to design and implement programmes, which prevent school children from being involved in dangerous activities such as drugs and crime. Children should be empowered on issues like their rights, what is abuse and what the processes of reporting them, sex education, HIV/AIDS its etc.

## 6. ROLES

### 6.1 Ekurhuleni Metropolitan Municipality

#### **Monitoring and evaluation**

School Health Services must be monitored periodically.

Standards and evaluation tools should be developed, pre-tested, discussed with the team and utilized.

Programme coordinators of various school health services provided should monitor and evaluate school health services and report to the district health authority.

This must be included in the job descriptions and in the service agreements.

#### **Provision of drugs and vaccines**

The budget for drugs and vaccines should be provided in accordance with the agreement between Province and EMM.