

School Health Centers

National Clearinghouse for Educational Facilities

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Maintaining student health, safety, and welfare is a primary goal for any K-12 school system. If a child becomes sick, is injured, or seems in any other way incapacitated at school, it is the understood responsibility that the school will provide care and, if necessary, contact the parents and direct the child to outside treatment. Beyond that basic level of care, over the past 50 years has grown a larger commitment addressing professional care for students as they grow, including dental, visual, dietary, hormonal, and mental health—especially for disadvantaged children, in both urban and rural communities. Some school districts also extend care, at various levels, to student-age children not at that school or in school at all, people who work at the school, the family of students, and the general community.

Overall, it is the state that sets requirements for basic essential school health services. And school districts typically fund this care in whole or in part as part of each school's budget. There are, moreover, significant resources potentially available at the community, state, and federal levels for expanded-care programs.

Types of School Health Centers

The first school nurse was employed in 1902 by the New York City public schools. By 2007, the National Center for Education Statistics reports 56,239 public school nurses, with 45 percent of public schools having a full-time nurse, and 30 percent employing one part-time. Although the ratio of nurses to students varies widely from state to state, the National Association of School Nurses recommends a 1:750 ratio for a normally healthy school population. The school nurse's role is to help students manage chronic illness and stay at their studies, which also helps parents stay at work. To do that, school nurses:

- Assess student health status and make referrals
- Identify vision and hearing problems that impact learning
- Deliver emergency care

- Administer medication and vaccines
- Perform health-care procedures
- Develop disaster-preparedness plans
- Provide health counseling and wellness programs.

Today, there are multiple ways to provide health care through the school system. Although the nurse's office is by far the most common means, an increasingly important strategy, begun in the 1960s in California and Texas and now practiced across the nation, is the school-based health center. School-based health centers provide nearly 2 million U.S. children with comprehensive medical care, mental health services, preventive care, social services, and youth development, according to the National Assembly on School-Based Health Care (NASBHC).

SBHCs provide a broad array of primary care and other services. In a 2007-2008 census, the NASBHC found that these services include, among some others:

- Comprehensive health assessments
- Prescriptions for medications
- Treatment for acute illness
- Asthma treatment
- Health screenings
- Oral health education
- Dental screenings.

The census also found that three-quarters of SBHCs provide access to mental health providers for services such as mental health assessments, crisis intervention, brief and long-term therapy, family therapy, teacher consultation, and case management (Strozer, et al. 2010: 4).

SBHCs often serve as the primary provider of adequate health care for school-aged youth in urban and rural areas. This has important ramifications on school achievement for many "at risk" students. A quarter of today's children live in poverty, substantially lowering their access to quality health care and guidance on preventive behavior. Decreased academic performance, truancy, and dropping out of school are all too often the consequences of a lack of timely and preventative health care (Carlson et al 1995: 185). A school health center

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can be the first, and sometimes only, place where youth receive health care.

Although the majority of SBHCs are urban, more than a quarter serve rural areas. Moreover, many SBHCs open their doors beyond their school's students to include students from other schools in the community (58%); out-of-school youth (34%); faculty and school personnel (42%); family members of students (42%); and other community members (24%) (Strozer, et al. 2010: 2).

There are two additional means of providing health care to schools: school-linked health centers and community-based health centers. School-linked health centers are usually located off site and have provider agencies that contract with the school system for health services. Community-based health centers are administered by community agencies and are used as sources of referral by school personnel. Schools often use a combination of these methods in providing health care to students. Because the nurse's office and a school-based health clinic are actually located within a school, they are the main focus of this publication.

Key Elements of School Health Centers

Regardless that health centers offer the diverse range from "cot and first-aid station" to "comprehensive clinic offering physical, behavioral, and mental health services to students and their families," all health facilities should guarantee privacy, confidentiality, and a sense of well being.

Privacy. The facility's physical layout should address students' psychological and social need for privacy. The waiting area should not be visible from an external corridor, the examination room should be secluded from the rest of the health center by walls or movable partitions, and the phone should be in a private or semiprivate enclosure. In general, all private spaces and rooms should provide as much physical and acoustical seclusion as possible for consultations. It is, nevertheless, important for the school nurse to be able to supervise the key areas in the health center to ensure safety and security.

Confidentiality. The mental and physical health of an individual should be confidential. This would include locking filing cabinets and storage spaces for medical records and personalized pharmaceuticals; keeping administrative files, information, and equipment out of patients' reach; and providing separate restrooms, waiting areas, and rest areas, particularly for high school students.

Sense of well being. Health-care research supports the theory that a relaxing or soothing atmosphere promotes quicker recovery and healing. School health centers should be designed to enhance feelings of comfort, safety, and calm. Soft colors promote quiet and concentration. Natural light from windows or skylights relieves strain and anxiety. Minimizing noise lowers blood pressure and lessens frustration (Rouk 1997: 37).

Nurse's Office

The major focus and goal of the nurse's office is the prevention of illness and disability and early detection and correction of health problems. The school nurse fulfills these goals through a combination of screening, diagnostic, and treatment services for minor, major, and acute problems; referrals to community agencies; and health education and promotion.

Typical activities of the school nurse include administering immunizations and vision and hearing screenings, coordinating student referrals with community agencies, notifying parents about their children's health, providing first aid for minor and major physical injuries, dispensing student medication, and acting as an instructor or resource for health education (CSNO 1999; Passarelli 1994: 141-42). Consequently, the nurse's office needs:

A rest area with beds. Beds for ill students should be curtained off, partitioned, or physically separated from the rest of the nurse's office.

A private office in which the nurse may confer or consult, which should have an intercom to the administrative offices, electrical and cable connections for a telephone and computer, and access to the Internet.

Storage for medical records, first aid and ancillary supplies, and students' medicines that is lockable to ensure the security of all medical records. A refrigerator with locking compartments should be available to store medicine and first-aid materials.

An examination area for health testing and treatment, that should be at least 22 feet long to allow for vision testing. Bright light, such as from windows, should be avoided. To facilitate hearing tests, the examination area should be quiet and isolated from distracting noises. Each examination room should have a sink with hot and cold water, as well as a mirror and ice machine.

A restroom, or an adjacent one.

Guidelines concerning elementary and middle school square footage for a nurse's office vary anywhere from 200 to 500 square feet. The Council of Educational Facility Planners (CEFPI 1998: 38) recommends the following square footage guidelines for a high school nurse's office:

Office (for nurse)	150-175
Examination room	275-300
Waiting area	100-150
Rest area	100-150
Restrooms	30-40

In general, the nurse's office must meet the federal requirements for accessibility and should be able to accommodate educational displays that promote timely themes and events. Flexibility in configuration for updates in data and communications technology is preferable, if possible. In addition, having the nurse's office adjacent to the school's administrative office and guidance and counseling services promotes the team concept of health care delivery, facilitates referrals of students, and helps ensure confidentiality.

School-Based Health Centers

Because school-based health centers are more broadly based than nurses' offices—they include physical and mental health as well as substance abuse and other behavioral services (either on-site or through referral)—their full-time staffing often includes a nurse practitioner, mental health counselor, and health assistant. A physician, dentist, and mental health supervisor may be on site at least once a week. Although capacity will vary according to local conditions, it is not unusual for a single school-based health center to handle more than 3,000 visits per year.

To allow for the various functions that transpire in a school-based health center, the following minimum facilities should be available:

Infirmary. This area should provide cots and other furniture for individuals who are resting and recovering. Consider separating this space for male and female use.

Private office space. Private office space should be provided for each full-time provider. Each office should be wired for telephone, computer, and access to the Internet. An internal intercom with other health-center offices and an external intercom to the school's administrative offices should be available.

Secure storage area(s). Secure storage areas should be provided for pharmaceuticals, sterile supplies, and medical records.

Private examination and treatment room(s). There should be a minimum of one examination room per full-time provider. Each room should have a sink with hot and cold water and storage space for first-aid and examination supplies. If the room is to be used for more specialized treatment, consider operational necessities such as an appropriate number of electrical outlets or soundproofing for hearing tests.

Utility area(s). The utility area should have a designated clean and soiled space for clinical functions and disposal of hazardous and non-hazardous waste.

Laboratory. The laboratory area should have multiple electrical outlets, bright and directed light, and easy access to a refrigerator and ice maker. The laboratory area and the rest of the health clinic should be designed to follow infection control practices and universal precautions as defined by Occupational Safety and Health Administration regulations. This includes environmental sanitation; cleaning and sterilization of equipment and supplies; and collection, storage, and disposal of hazardous and medical waste.

Waiting area, reception/clerical area, and restroom(s) are also part of the clinic's minimum facilities.

Square footage requirements for school-based health clinics, while not standardized, have been found to be approximately 1,500 to 2,000 square feet per 700 students. Certain functions may require more than one space and some spaces may be shared by two or more health-care providers. Maryland's Department of Education has established the following net square footage suggestions for major spaces.

Waiting area/reception	75-200
Office (each)	60-120
Resting area/infirmery	100-200
Examination room (each)	80-100
Restrooms	50-120
Laboratory	80-150
Record storage	50-75
Storage (general)	50-100
Conference room	120-200

School-based health centers frequently operate year round with extended hours, often when the rest of the school is closed. This has important implications on a range of facility issues. Heating and ventilation systems should serve the health center independently from the rest of the school. Telephone and electrical wiring should be dedicated exclusively for health-center use and should be independent from school telephones and wiring. The health center should be adjacent to public parking and should have a prominent entrance with outdoor lighting for night use. Finally, the health center should be easily closed off from the rest of the school without affecting external access to the health center or internal access to restrooms or administrative supplies.

Principles for Designing School Health Centers

When designing school health centers, remember that:

- **School health centers should be inviting to students and the public.** There should be noticeable markings (in multiple languages if need be) for the health center. The entrance should be prominent and clearly visible. Access for individuals with disabilities should be provided
- **Medical emergency vehicles** should have easy access to the health center.
- **Privacy should be fostered** acoustically and physically.
- **Lighting** should be controlled by the occupant of the space.
- **Surface areas** (such as floors, walls, windows, countertops, and window shades/blinds) should be easily cleanable without sacrificing aesthetic appeal.
- **Furniture should be comfortable and provide a sense of safety.** This can be achieved with numerous oversized pillows; by staggering seating arrangements; or through the shape, texture, and color of the furniture itself.

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Additional Information

See the NCEF resource list *School-Based Health Facilities*, online at http://www.ncef.org/ri/health_centers.cfm

Publication Notes

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