

# Child Mortality in the School Setting



## Position Statement

### SUMMARY

It is the position of the National Association of School Nurses (NASN) that data on children's deaths in school should be recorded, analyzed and reported at the local, state and national level. The systematic review of data on child deaths is necessary to drive interventions and policies that will decrease mortality from injuries, violence, acute illness and chronic disease in the school setting (Bergren, 2010; Christian & Sege, 2010).

### HISTORY

Schools are not immune from the threat of fatal injury or death of school-age children. Schools today provide care for an increasing number of chronically and acutely ill children. Medically fragile children in school require ventilators, tube feedings, medication, and other complex nursing care procedures (Allen, Henselman, Laird, Quinones, & Reutzler, 2012; Bergren, 2011). Ten percent of school-age children have asthma (Centers for Disease Control and Prevention [CDC], 2011a). Diabetes is one of the most common chronic diseases in children and adolescents, affecting 151,000 children (CDC, 2011b). The prevalence of anaphylactic food allergy among children under age 18 increased 18% from 1997-2007 (Branum & Lukacs, 2008). Overall, 15% to 18% of children and adolescents have a chronic health condition (Perrin, Bloom & Gortmaker, 2007). School children are at risk of injuries in classrooms, gyms, playgrounds and playing fields. Drug and alcohol overdoses, suicide, violence and homicide can also occur at school (American Academy of Child and Adolescent Psychology [AACAP], 2011).

### DESCRIPTION OF ISSUE

There is a dearth of data surrounding the health of the 49.4 million students who attend school every day (National Center for Education Statistics [NCES], 2011). While voluminous amounts of data are reported in various national health data bases on children in hospitals, clinics and primary care offices, data is not collected or analyzed on a national level about the intensity or quality of health care that is delivered in school every day (Lear, 2007).

The lack of data on students' health also extends to a corresponding lack of data on student deaths. In the United States, deaths of employees that occur at work are monitored and investigated by the Occupational Health and Safety Administration (OSHA). OSHA can specify that exactly 4,547 United States workers died on the job in 2010 (Bureau of Labor Statistics, 2012). However, the number of children who die at school or who die following an adverse event at school is unknown. A few states, including North Carolina and Massachusetts, collect and publish public data on chronic and acute health conditions of students in public schools (Massachusetts Department of Public Health, 2011; North Carolina Healthy Schools, 2011). However, many states do not collect that data and no national repository exists on child deaths at school and whether they are accidental or due to disease or violence.

### RATIONALE

Preventable child deaths are classified as "never events" (Agency for Health Research and Quality [AHRQ], 2012). A never event is a rare, devastating, preventable adverse event (National Quality Forum [NQF], 2007). While there are widespread initiatives to eliminate devastating "never events" in healthcare settings, there is not a similar broad effort to address dire outcomes in the school setting due to the lack of data. The systematic review of child deaths in school is needed to identify strategies to create population data driven interventions for a safer school environment for all children. The increasing number of students receiving health services for serious health conditions requires vigilance to prevent those conditions from exacerbating, potentially resulting in a preventable child fatality (Malone & Bergren, 2010). Registered professional school nurses need to advocate for the collection and analysis of student health data at the local level and for the reporting and aggregation of student health data at the state and national level in order to advise health and education policy makers (Johnson, Bergren, & Westbrook, 2011 & 2012).

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Adopted: June 2012