

Recent Tasks of School Health Administration in Japan

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Introduction

In June 2008, School Health Act (also known as School Health Law) enacted in 1958 in Japan was revised substantially to become School Health and Safety Act after half a century of operation, and School Lunch Program Act was also revised. These revisions involved three areas of school administration, namely, school health, school safety, and school lunch program.

In particular, the content of school safety was greatly expanded from School Health Act, with the term “Safety” being added to the name of the law. Obligations of a school establisher in the area of school safety were stipulated, and it was prescribed that a School Safety Program that specifies safety measures at a school be established and implemented in each school.

With regard to school lunch program, the Minister of Education, Culture, Sports, Science, and Technology stipulated the practice standards and hygiene control standards, prescribing that school lunches be provided according to these standards. The role of school dietitians was also defined.

This paper reports the new and revised contents specifically in the area of the school health, as implemented in the new School Health and Safety Act. Some health issues of children in school are also discussed.

The 2008 Revision of the School Health Act (in the Area of School Health)

There recently have been various problems in

regard to various mental and physical health issues associated with school children and students. These problems include mental health issues related to bullying and school absenteeism, increased incidence of allergic diseases, diseases resulting from unhealthy lifestyle habits, and smoking and drug abuse. The use of marijuana, mainly among college students, was particularly a problem in 2008. In addition to these health-related problems, there are various safety issues such as the risk of crime on routes to and from school and intrusion into schools by suspicious individuals. These problems are extremely difficult for schools to solve by themselves.

Given these intractable problems, Ministry of Education, Culture, Sports, Science and Technology (MEXT) revised School Health Act in an attempt to prepare legal grounds and to address problems in conjunction and cooperation with schools and the various bodies concerned.

Revision of School Health Act

The School Health Act was revised on June 18, 2008. The three principal revisions are listed below.¹

Changing the name of the law from the School Health Act to the School Health and Safety Act

The name of the law was changed because it was expanded to include safety-related content. Although the previous School Health Act contained some safety-related regulations, the content needed to be enhanced further. Since the weight of safety in the overall content was increased to a level similar to that of health, the name of the law was changed to the School Health and

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Table 1 Partial extraction of School Health and Safety Act of 2008**Article 4 (Obligations of school establishers concerning school health)**

A school establisher should make an effort to develop and improve the facility and the school's equipment as well as their maintenance and operation system and take any other necessary measures in order to maintain and enhance the mental and physical health of school children, students, and personnel in the school.

Article 6 (School environmental hygiene standards)

The Minister of Education, Culture, Sports, Science and Technology sets the standards desirable for protecting the health of school children, students, and personnel (hereafter cited as "School Environmental Hygiene Standards" in this Article), in regard to matters related to ventilation, natural and artificial lighting, heat retention, cleanliness, and other environmental hygiene properties in school (excluding matters prescribed by Paragraph 1, Article 9 of School Lunch Program Act [1954, No.160]—this includes cases applied correspondingly to Article 7 of the Act concerning School Lunch Program in High Schools with Night Classes [1956, No.157] and Article 6 of the Act concerning School Lunch Program in Kindergarten and High Schools with Special Support [1957, No.118]).

Item 2. A school establisher should make an effort to maintain an appropriate environment in the school in accordance with School Environmental Hygiene Standards.

Item 3. If a school principal recognizes any issues of school environmental hygiene that do not meet with the school environmental hygiene standards, the principal should take necessary action without delay to improve them. If such action cannot be taken, the principal should notify the establisher accordingly.

Article 9 (Health guidance)

A school nurse teacher or school physician and other school personnel should cooperate with one another and understand the mental and physical status of school children and students through health counseling or day-to-day observation of health conditions. If a school nurse teacher or school physician recognized any health problem, he/she should provide necessary guidance to the school child in question and give advice to the child's guardian(s), as needed ("guardians" as prescribed in Article 16 of School Education Act, the same for Articles 24 and 30).

Article 10 (Cooperation with medical institutions in a region, etc.)

When providing first aid, health counseling, or health guidance, a school should attempt to cooperate with medical institutions and other associated bodies in the region where the school is located, as needed.

(Translated by JMAJ)

Safety Act.

Specifying the obligations of the national government and local authorities in school health and school safety

The former law did not necessarily stipulate or present clear descriptions as to who performs certain actions. The revised law specifies the obligations of the national government and local authorities as well as what actions to take.

Specifying the obligations of a school establisher concerning school health and school safety

The obligations of a school establisher, meaning the Boards of education for public schools and incorporated educational institutions for private schools, were specified.

Outline of regulations concerning school health in School Health and Safety Act (Table 1)

There have been difficult and diversified issues in the areas of mental and physical health of students in recent years. However, school establishers

have not fully recognized that the maintenance and promotion of mental and physical health in students are required for the smooth provision of school education. The revised law has clearly articulated the obligations of school establishers in the area of school health.

Obligations of school establishers (Article 4)

Article 4, which addresses the obligations of school establishers, prescribes that school establishers not only prepare equipment and an environment that will not harm health but also formulate a system to maintain and operate such equipment and environment, as well as providing a health-care facility with an appropriate school nurse teacher.

Legislation of national standards to ensure a reasonable level of environmental hygiene at school (Article 6)

The Minister of Education, Culture, Sports, Science and Technology has set School Environmental Hygiene Standards and prescribed that a proper environment be maintained in accordance with

said standards. The former standards developed in 1992, Standards of School Environmental Hygiene, were designated as a notice by the chief of a bureau and were not legally binding. The revised law has placed the national government an obligation to formulate school environmental hygiene standards and prescribed that each school be obliged to make an effort to achieve such standards.

The School Health and Safety Act clearly states the obligations of the three parties; national government, school establishers, and school principals. It requires the national government to determine school environmental and hygiene standards. A school establisher must supervise the school's compliance with these standards. When there are substandard issues that require improvement, a school principal is required to deal with the issues if rectifiable with simple repairs through his or her own authority, or to notify the school establisher about such issues if they require attention beyond the school principal's authority.

Health guidance to be provided in cooperation with a school nurse teacher and other related school personnel (Article 9)

The law prescribes that school nurse teachers and other school personnel cooperate with one another, understand the daily status of students mentally and physically, and provide health guidance. In regard to today's health issues affecting students, it is important to note the signs of such issues through day-to-day observation of health conditions and to provide guidance and/or advice to the children in question and their parents while cooperating with specialists. The law has prescribed health guidance be given by a school nurse teacher because such guidance should be given mainly by such personnel if available or from a teacher or other school staff if the school has no school nurse teacher.

Health counseling and guidance be provided in cooperation with medical institutions in a region (Article 10)

It is stipulated that a school and medical institutions in a region cooperate with each other and provide health counseling and guidance to students. These days, children are suffering from a greater variety of serious health issues than ever, many of which require specialized response and continuing support. Under these circumstances, it has become difficult for individual

schools to cope with current health issues of students, calling for the need to cooperate with regional medical institutions. The previous School Health Act referred to no such relation with regional medical institutions. However, School Health and Safety Act includes regulations concerning cooperation between schools and regional medical institutions.

Changing the term that refers to “infectious diseases” (Article 19)

In School Health Act, the Japanese term used to refer to “infectious diseases” implied diseases that are transmitted from human to human. The variety of infectious diseases of humans has increased, and now diseases that are transmitted from animals to humans like avian influenza also require control measures. To reflect the need to address both types of infectious diseases in school, a different Japanese term is being used in the revised law to refer to infectious diseases.

As to the suspension of attendance of a student and temporary closing of a class/school, regulations remained unchanged.

Measures to be implemented by revision of School Health Act

School Health Act was revised in June 2008 and put into effect on April 1, 2009. Governmental and ministerial ordinances that are subsidiary to School Health Act will require revision as well. Standards of school environmental hygiene, hygiene control for school lunch program, and standards of school lunch program practices, were also revised and scheduled to be enforced as of April 1, 2009.

Individual Health Issues

As shown here, improvement of school health has been attempted through revision of School Health Act. Individual health issues, however, should also be addressed, such as mental health, allergic disease, and infectious diseases like measles and a new type of influenza. To deal with these issues, we have developed and distributed countermeasure manuals and are providing training programs for teachers and school staff.

Measures against allergic disease

Japanese Society of School Health issued the “Allergic disease management guidelines for schools” in April 2008.² Additionally, training

programs for teachers, school staff, and the persons in charge in prefectures and designated cities were held to promote and establish the guidelines firmly.

Measures against measles

According to the report of National Measles Elimination Committee operated by Ministry of Health, Labour and Welfare of Japan, the national averages of individuals who received measles vaccination was 66.1% at Stage III (ages 12–13, equivalent of the first year of middle school in Japan) and 58.1% at Stage IV (ages 17–18, equivalent of third year of senior high school).³ The goal was 95% for both Stages III and IV, but it will be difficult to accomplish by the end of FY 2009 for either Stage.

In April 2008, MEXT developed a brochure “Measles control guidelines for schools” and distributed them to schools throughout the nation. MEXT also issued a notification to all schools,

requesting that each school grasps the vaccination status of students and to promote vaccination among them. In particular, the notice issued on February 20, 2009, requested elementary schools and colleges/universities to ask the parents of those who are about to enter those schools (ages 5–6 and 18–19, respectively) to provide information on the status of measles vaccination of their children.⁴

New influenza

On January 27, 2009, the Japanese government amended both “Pandemic Influenza Preparedness Action Plan” and “Guidelines for the Prevention and Control of Pandemic Influenza.” Accordingly, MEXT amended its “Action Plan Concerning the New Influenza Control” to provide more detailed and specific responses, including temporary school closing and prolongation of entrance examinations.⁵

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