

## School Health Guidelines to Prevent Unintentional Injuries and Violence

*Injuries are the leading cause of death and disability in Texas for persons aged 1 to 44 years.<sup>1</sup> In 2000, 4,100 Texas children and adolescents sustained injuries that required hospitalization, and 1,290 Texas children and adolescents aged 5 to 19 years (nearly 5 million population) died from injuries.<sup>1,2</sup> Because injury takes such a toll on the health and well being of young persons, the Healthy People 2010 objectives encourage schools to provide comprehensive health education to prevent unintentional injury, violence, and suicide.<sup>3</sup> This report summarizes the School Health Guidelines to Prevent Unintentional Injuries and Violence recently released by the Centers for Disease Control and Prevention and describes how they correlate with the Texas Department of Health Comprehensive School Health Programming model.*

The Centers for Disease Control (CDC) school injury prevention guidelines were developed in collaboration with specialists from universities and from national, federal, state, local, and voluntary agencies and organizations. They are based on a comprehensive review of research, theory, and current practice in violence, unintentional injury, and suicide prevention; health education; and public health. Every recommendation is not appropriate or feasible for every school to implement. Rather, these recommendations should be prioritized according to the needs and available resources of the individual school district.

The CDC guidelines recommend that school health programs for prevention of violence, unintentional injury, and suicide include the following components:

- A social environment that promotes safety
- A safe physical environment
- Health education curricula and instruction
- Safe physical education, sports, and recreational activities
- Health, counseling, psychological, and social services for students
- Appropriate crisis and emergency response
- Involvement of families and communities
- Staff development to promote safety and prevent unintentional injuries, violence, and suicide

The Texas Department of Health (TDH) School Health Program (SHP) provides communities with leadership and support for their school health services and education. TDH SHP projects currently in place include the following:

- Start-up funding for school-based health centers
- Technical assistance for school nurses
- Coordination of the Texas Comprehensive School Health Network
- Publication of the Texas School Health Bulletin and the Texas Guide to School Health Programming
- Provision of Awards for Excellence for schools providing exemplary school health services and education

All SHP projects are based on the Comprehensive School Health Programming (CSHP) model. The underlying CSHP philosophy is "Healthy children are prepared to learn." The CSHP model encompasses all eight CDC guidelines for injury prevention in schools, as well as other guidelines that apply to additional health concerns not directly related to school injuries. Therefore, SHP essentially has been promoting the CDC school injury prevention agenda through its ongoing promotion of the CSHP model.

A description of the key components of the CSHP model follows, along with their correlation to prevention of school violence, unintentional injury, and suicide.

**School Environment:** Schools will promote a healthy and safe school environment by addressing the interactions among students as well as the interactions of students with

*Continued* ↗

*Also in this issue*

- Submersion Injuries in Texas
- Controlling Pertussis in 2002 Conference
- Perspectives in Public Health Conference
- Bimonthly Statistical Summary
- Vaccine Preventable Disease Update

their physical environment. Schools will first assess injury potential of regular student activities and of the physical environment in which the activities take place. Schools should then make necessary changes to the environment and provide student education on how to prevent the possible injuries. Staff may be trained to prevent and respond to unintentional injuries, violence, and suicide.

**Health Instruction:** Schools will assess the health and safety needs of the student body, and develop curricula and activities to address these needs, including those related to injury and/or violence prevention.

**Physical Education:** In CSHP, the physical education curriculum addresses prevention and response issues related to physical education, sports, and recreational activities.

**Counseling and Guidance:** Professional counseling and guidance should be provided for students and staff. Again, programming should address both prevention of and response to emergencies.

**Health Services:** Adequately trained and licensed staff should be available to provide all students with appropriate, site-specific health services. Health services staff are usually the first onsite care givers when injuries occur and should be part of the team that develops the school/district crisis management response plan and protocols.

**School Community and Parent Involvement:** An essential CSHP component is the involvement of communities and families in addressing, preventing, and responding to safety issues in the school setting. This involvement complements other parental/community involvement efforts. Schools following the CSHP model will work to provide opportunities for collaboration with parents, local health organizations, local businesses, community leaders, and the general public in working to address the health needs of the student population.

*The full CDC report is available online at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5022a1.htm)*

*Additional information on injuries in general is available at the Website for the CDC National Center for Injury Prevention and Control: [www.cdc.gov/ncipc/pub-res/pubs.htm](http://www.cdc.gov/ncipc/pub-res/pubs.htm)*

*For more information on the TDH School Health Program, call 512/458-7700 or visit their Website, [www.tdh.state.tx.us/schoolhealth/](http://www.tdh.state.tx.us/schoolhealth/)*

*For information on injury epidemiology contact the TDH Injury Epidemiology and Surveillance Program at 512/458-7266.*

### **Staff Wellness and Nutrition:**

Although these two components of the CSHP are not specifically mentioned in relation to injury prevention, they play very important roles in the overall health “culture” of a school. For example, staff who are role models of safe and healthy behavior may be better prepared physically and mentally to foster responsible health and safety decisions in their students.

Approximately two thirds of all deaths among children and adolescents aged 5-19 years result from injury-related causes: motor-vehicle crashes, all other unintentional injuries, homicide, and suicide. Effective school health programming can prevent injuries from occurring on school property and at school-sponsored events. Schools can teach students the skills needed to promote safety and prevent unintentional injuries, violence, and suicide while at home, at work, at play, in the community, and throughout their lives. Coordinated school health programs, in conjunction with community efforts, can prevent injuries to students in school and help youth establish lifelong safety skills.<sup>4,5</sup>



**Prepared by** Michele McComb, BSN, RN, and Ernesto Marquez, TDH School Health Program, and David Zane, MS, TDH Injury Epidemiology and Surveillance Program.

### **References**

1. Texas Department of Health Bureau of Vital Statistics. Unpublished injury data, 2000.
2. Texas Department of Health Emergency Medical Services/Texas Rauma Registry. Unpublished injury data, 2000.
3. US Department of Health and Human Services. Healthy People 2010 (conference ed, 2 vols). Washington, DC: USDHHS, 2000.
4. Kolbe LJ. An essential strategy to improve the health and education of Americans. *Prev Med* 1993;22:544-60.
5. Allensworth D, Lawson E, Nicholson L, Wyche J, eds. Schools and health: our nation's investment. Washington, DC: National Academy Press, 1997.

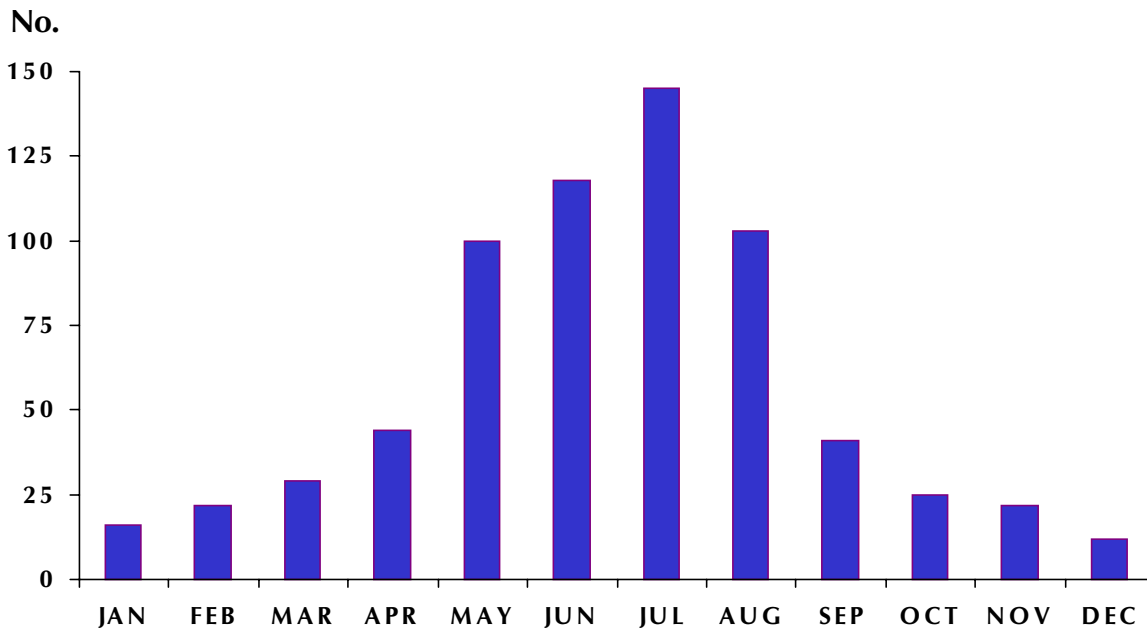
## Submersion Injury Facts—Texas

- Approximately 700 submersion injuries occur annually in Texas.
- On average approximately 55% of all submersion injuries are fatal.
- Approximately 15% of those who survive submersion injuries will suffer neurological deficits.
- The majority of all cases (approximately 43%) occur among children under the age of 5.
- Males of all ages have higher submersion injury rates than do females.
- By age, submersion injury rates are highest among children who are 1 year old. Children in this age group also have the highest number of submersion injuries that occur in bath tubs.
- The greatest *number* of submersion injuries are among Whites, followed by Hispanics. However, Blacks experience the highest *rates* of submersion injuries.
- More than 100 submersion injuries *per month* occur from May through September.
- Submersion injuries occur most frequently in swimming pools, followed by lakes and ponds, then bath tubs.
- The most frequent swimming pool site for a submersion injury is a private residence (48%).

Submersion Injury Key Points: Texas Department of Health Injury Epidemiology and Surveillance Program

See the June 18, 2001, *Disease Prevention News* for an in-depth report on submersion injuries in Texas (<http://www.tdh.state.tx.us/phpep/dpn/issues/dpn61n13.pdf>). This issue also includes a patient education flier on water safety tips. For additional information contact Tammy Sajak at 512/458-7266 or [tammy.sajak@tdh.state.tx.us](mailto:tammy.sajak@tdh.state.tx.us).

### Submersion Injuries in Texas, 1999



## Perspectives in Public Health: Hot Topics In Public Health

On Friday, June 14, 2002, from 8:00 AM to 4:30 PM, the Texas Department of Health (TDH) will present its Perspectives in Public Health: TDH Quarterly CME Conference. Designed for public health and primary care physicians, the conference will be held in classrooms A & B at the University of Texas School of Public Health - Houston (UTHSPH), 1200 Herman Pressler Dr., Houston, Texas.

The program will consist of lectures supplemented by audiovisual slide presentations.

After attending this conference, the participants will be able to

- ♦ prevent, detect at an early stage, treat, control, or take remedial action against specific medical conditions that may adversely affect the health of individuals and populations in Texas;
- ♦ identify policies, processes, and products that promote and protect the health of people and preserve environmental quality; and
- ♦ establish relationships with other physicians concerned with public health and preventive medicine issues through dialogue with presenters and other participants.

Topics covered at the upcoming conference include

- ♦ Immunization/Vaccines: Where Do We Stand Today?  
*Diane M. Simpson, PhD, MD, Director, Data Management Division, National Immunization Program, Centers for Disease Control and Prevention*
- ♦ Bioterrorism Update: Where Is Texas in Its Preparedness? (Panel)  
*Alexia Hathaway, MD, MPH, FACPM; Mary deVignes-Kendrick, MD(Invited); Bobby Jones, DVM, MPH; Nick U. Curry, MD, MPH; S. Ward Casscells, III, MD; and Chau Buu, MD (Invited)*
- ♦ Hepatitis C in Texas  
*Gary Heseltine, MD, Epidemiologist, Infectious Disease Epidemiology and Surveillance Division, Texas Department of Health*
- ♦ Cryptosporidium: Bridging Troubled Waters  
*Cynthia L. Chappell, PhD, Director, Center for Infectious Diseases & Associate Dean of Academic Affairs, University of Texas-Houston School of Public Health*
- ♦ 10 Things to Know When Dealing with the Media\*  
*Ruth SoRelle, MPH, Senior Director of Special Projects, Baylor College of Medicine*

\* This session will provide one hour of ethics and/or professional responsibility content.

The Texas Department of Health designates this educational activity for a maximum of 6 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

This program has been reviewed and is acceptable for 6 prescribed hours by the American Academy of Family Physicians.

The Texas Department of Health is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

## Controlling Pertussis in 2002

The Texas Department of Health and the Texas Public Health Association are hosting the conference, Controlling Pertussis in 2002. Designed primarily for physicians, this conference will be held Saturday, June 22, 2002, at the Hyatt Regency Austin, 208 Barton Springs Road, Austin, Texas. Seating is limited, so preregistration by Wednesday, June 19, is strongly recommended.

After attending this conference, the participants will be able to

- ♦ Describe prevalence and trends of pertussis in Texas and in the US
- ♦ Describe differences in clinical presentation in infants, children, adolescents and adults
- ♦ Discuss current vaccine trials for use of pertussis vaccine in adolescents and adults
- ♦ Interpret pertussis culture, PCR, and serology results
- ♦ Discuss strategies for pertussis prevention in communities
- ♦ Describe the public health role and the importance of pertussis surveillance

Conference topics include

- ♦ Pertussis Trends in Texas  
*David Bastis, MPH, Immunization Division, Texas Department of Health*
- ♦ Clinical Presentation of Pertussis in Infants and Children  
*Sarmistha Hauger, MD*
- ♦ Clinical Presentation Of Pertussis in Adolescents and Adults; Pertussis Vaccine  
*Scott Halperin, MD*
- ♦ Confirming the Diagnosis  
*Speaker from TDH Laboratory (to be determined)*
- ♦ Epidemiology of Pertussis  
*Trudy Murphy, MD*
- ♦ Pertussis in Rural Communities: Role of Local Health Authorities  
*Andrew Eisenberg, MD*
- ♦ Public Health Expectations for Pertussis Prevention  
*Kate Hendricks, MD, MPH&TM, Director, Infectious Disease Epidemiology and Surveillance Division, Texas Department of Health*

The Texas Department of Health designates this educational activity for a maximum of 5 hours in Category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

The Texas Department of Health is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

4C423-018

*Registration Form*  
**Perspectives in Public Health: Hot Topics in Public Health**  
 Texas Department of Health Quarterly CME Conference  
 Friday, June 14, 2002 8:00 AM - 4:30 PM HOUSTON, TEXAS

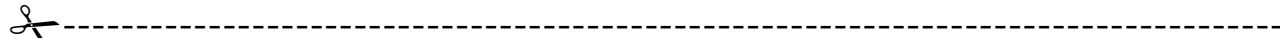
Name \_\_\_\_\_ SS # \_\_\_\_\_ Change of Address  Y  N  
 Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Speciality \_\_\_\_\_ Discipline:  MD  DO  PA  Resident  PH Student  RN  Other \_\_\_\_\_  
 Fax # \_\_\_\_\_ Internet Address \_\_\_\_\_  
 Employment Setting:  TDH  Local Health Dept.  Private Practice  Managed Care  Other - Specify \_\_\_\_\_  
**Registration Fee** (includes lunch and snacks):  \$60 Regular  \$30 Residents/Fellows  \$15 PH Students  
 Method of Payment  Visa  Mastercard  Check (Payable to "TDH 4C423-018")  
 Name on Card \_\_\_\_\_ Card # \_\_\_\_\_  
 For \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

*For information and to register, call 800/252-8239 press 4 or 512/458-7677.*  
 To pay by check, include payment with this registration form and mail to  
**Texas Department of Health 4C423-018**  
**P.O. Box 149200**  
**Austin, Texas 78714-9200**

***Space is limited!***  
***Reservations must be received by June 10, 2002.***

*Please call me regarding special needs* 

<b><i>PHPE Use Only</i></b>	
Amount	_____
Rec'd	_____
CC Posted	_____



*Registration Form*  
**Controlling Pertussis in 2002**  
 Texas Department of Health — Texas Public Health Association  
 Saturday, June 22, 2002 9:30 AM - 4:30 PM AUSTIN, TEXAS

***Please type or print; reproduce as needed***

Name \_\_\_\_\_  
 Health Agency/Practice \_\_\_\_\_  
 Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

***Lunch and snacks are provided. For additional information call Karen Black at 800/252-9152.***

***Return completed registration form by FAX to 512/458-7544 by June 19, 2002.***  
***Register online at [www.tdh.state.tx.us/immunize/training.htm](http://www.tdh.state.tx.us/immunize/training.htm)***

## Bimonthly Statistical Summary of Selected Reportable Diseases: Provisional Cumulative Data

**Jan-Apr 2002**

Selected Diseases/Conditions	HHSC Region											Selected Texas Counties								Cumulative[1]	
	1	2	3	4	5	6	7	8	9	10	11	Bexar	Dallas	El Paso	Harris	Hidalgo	Nueces	Tarrant	Travis	2001	2002
<b>Sexually Transmitted Diseases[2]</b>																					
Syphilis, primary and secondary	16	0	91	3	2	28	21	19	0	4	4	19	59	4	25	0	1	29	6	132	188
Congenital Syphilis	0	2	4	0	0	11	3	0	0	0	3	0	2	0	10	2	0	1	3	23	23
Resistant Neisseria gonorrhoeae	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
<b>Enteric Diseases</b>																					
Salmonellosis	17	6	30	0	1	28	30	45	5	5	19	26	12	5	19	5	3	4	4	355	186
Shigellosis	2	16	13	0	0	2	2	2	0	0	5	12	8	0	3	5	0	0	2	336	42
Hepatitis A	1	3	44	2	2	33	18	32	9	5	16	5	19	5	20	8	0	7	2	317	165
Campylobacteriosis	6	0	2	0	0	0	12	8	3	0	4	5	2	0	0	0	1	0	0	184	35
<b>Bacterial Infections</b>																					
H. influenzae type b, invasive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Meningococcal, invasive	3	2	12	1	1	25	7	5	0	0	4	3	8	0	16	1	2	0	4	33	60
Lyme disease	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Vibrio species	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
<b>Other Conditions</b>																					
AIDS[4]	18	5	293	7	33	296	78	77	9	28	50	60	210	27	247	17	5	57	45	817	920
Hepatitis B	2	3	18	10	1	17	28	6	3	2	8	2	9	2	15	0	2	5	21	310	98
Adult elevated blood lead levels	0	0	123	2	1	7	0	0	0	0	1	0	2	0	6	0	0	0	0	319	134
Animal rabies - total	*9	*21	*133	*24	*18	*29	*106	*9	*19	*0	*9	*1	*4	*0	*3	*0	*1	*13	*5	*488	*377
Animal rabies - dogs and cats	*0	*1	*3	*0	*0	*0	*3	*0	*1	*0	*0	*0	*0	*0	*0	*0	*0	*1	*0	*10	*8
<b>Tuberculosis Disease (2) (4)</b>																					
Children (0-14 years)	0	1	7	2	0	5	4	4	0	0	7	2	3	0	5	3	0	3	2	31	30
Adults (>14 years)	4	6	125	13	11	143	39	26	3	10	47	18	79	10	124	20	2	36	24	384	430
<b>Injuries[2]</b>																					
Spinal Cord Injuries (5)	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0	*0

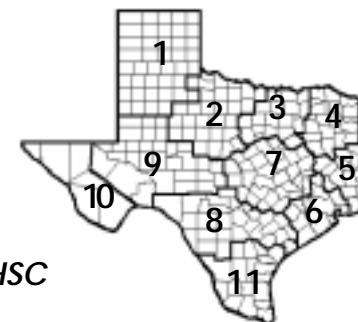
1. Cumulative to this month. 2. Data for the STD's, Tuberculosis, and spinal cord injuries are provided by date of report, rather than date of onset. 3. Voluntary reporting. 4. AIDS + TB totals include reported cases from Texas Department of Corrections, which are not included in the regional and county totals. 5. 6 reports were missing PHR identification. \* Data Incomplete

**Call 1-800-705-8868 to report**

1999 POPULATION ESTIMATES

HHSC REGIONS			
1	770,440	4	971,877
2	533,633	5	690,501
3	5,366,008	6	4,557,450
7	1,989,767	10	784,287
8	2,076,931	11	1,687,473
9	567,058		
<b>STATEWIDE TOTAL</b>			
19,995,428			

SELECTED COUNTIES	
Bexar	1,360,411
Dallas	2,172,486
El Paso	755,339
Harris	3,268,099
Hidalgo	528,300
Nueces	315,965
Tarrant	1,506,790
Travis	647,366



**HHSC**



*Disease Prevention News (DPN)*  
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The electronic version of *Disease Prevention News*, the subscription form, and a searchable index of issues from 1995 are available at the following website:  
[www.tdh.state.tx.us/phpep/](http://www.tdh.state.tx.us/phpep/)

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**Vaccine-Preventable Disease Update  
 Reported Cases with Onset From 3/01/02 Thru 4/30/02**

Condition	County	Number of Cases	Date of Onset	Condition	County	Date of Cases	Date of Onset
<b>Mumps</b>	Hidalgo	1	4/15	<b>Petrussis</b>	Guadalupe	1	3/10
	Bell	1	3/18		Harris	3	3/04
	Bexar	1	3/1		Hays	1	4/11
		1	3/5		Midland	1	3/13
		2	3/6		Polk	1	3/11
		1	3/8		Potter	1	3/1
		1	3/12		Tarrant	1	3/15
		1	3/14			1	3/18
		1	3/21			1	3/30
		1	3/25			1	4/7
		1	4/01		Travis	1	3/6
		1	4/4			1	3/12
	Burnet	1	3/20			1	3/26
		1	3/28			1	4/04
		1	3/05		Webb	1	3/24
Dallas	1	3/12	Williamson	1	3/4		
	1	3/22		1	3/25		
	1	3/24		1	3/27		
	1	4/8	<b>Rubella</b>	Bexar	1	4/22	
<b>YTD</b>	<b>Measles</b>	<b>Mumps</b>	<b>Petrussis</b>	<b>Rubella</b>	<b>Tetanus</b>		
	0	0	0	0	0		