



GOVERNMENT OF BERMUDA

HEALTHY SCHOOLS

Department of Education & Department of Health Partnership

SCHOOL HEALTH POLICY MANUAL Second Edition



10-COMPONENT MODEL REPRESENTING WHAT A HEALTHY SCHOOL LOOKS LIKE!

Reference: U.S. Centers for Disease Control and Prevention



GOVERNMENT OF BERMUDA

HEALTHY SCHOOLS

Department of Education & Department of Health Partnership

SCHOOL HEALTH POLICY MANUAL Second Edition



10-COMPONENT MODEL REPRESENTING WHAT A HEALTHY SCHOOL LOOKS LIKE!

Reference: U.S. Centers for Disease Control and Prevention

TABLE OF CONTENTS

Policies and Standards for School-Based Staff	1
School Health Programme: Policies and Standards	
School Health Services	3
Infectious Diseases: Suggested Periods of Exclusion from School or Daycare	5
Physician’s Authorization for the Administration of Medication	6
Community Health:	
Administration of Medication in Schools	7
Administration of Medication in Schools Form	8
Community Health Policy: Safe Storage of Medication in the School Environment	9
Bermuda School Asthma Policy	10
Nutrition Policies:	
Preschool Nutrition Policy	12
School Nutrition Policy	15
Bermuda EatWell Plate.....	19
Bermuda’s Daily Dietary Guidelines.....	20
Healthy Schools Vending Machine and Cafeteria Policy in Schools.....	21
Appendix A: Nutrition Information for Vending Machine Drinks	22
Appendix B: Ideas for Vending Machines, Cafeterias, and Tuck Shops.....	23
Appendix C: Foods and Beverages not Recommended at School	24
School Cafeteria Survey	25
School Cafeteria Survey Results Form	26
Physical Activity Policy for Schools.....	27
Environmental Health: Critical Health and Safety Criteria	31
Safety & Health: Quarterly School/Facility Assessment Form: Sample	34
Safety & Health: Quarterly School/Facility Assessment Form	35
School Oral Health Policy	38
Appendix 1: Oral Health Education Programme	40
Appendix 2: Fluoride Programme.....	41
Appendix 3: Screen and Seal Programme.....	42
Draft: Management of Students with Type I Diabetes in School Policy.....	43
Bermuda Cancer & Health Centre: Vacation Care Services Sample Sun Protection Policy	44
Healthy Schools Programme:	
What Is Healthy Schools? Parent / Teacher Handout	47
Healthy Schools Assessment: Components & Standards for Schools.....	49
Out-of-the-Box Activities in Schools	55
Healthy Schools and Bermuda Laws	57



COMMUNITY THERAPY SERVICES

POLICIES AND STANDARDS FOR SCHOOL-BASED STAFF

A. Roles and Responsibilities of Department of Health School-based Staff

School-based (Occupational Therapist (OT) / Physiotherapist (PT) / Speech-Language Therapist SLP) staff will:

1. Sign in each time they provide services to a school, upon arrival and departure.
2. Provide the school with a schedule of services: day(s) of the week and the time service will be provided, which will be posted in a space designated by each school.
3. Submit an individual list of students serviced, the day(s) and time of day (Instructional Program) to the Principal and to the appropriate Department of Health Program Manager, by the end of October and whenever this information changes (e.g., when current students are re-grouped, placed on a monitor or wait list, or discharged, and when new students are added to the service provider's caseload).
4. Inform the school when they are unable to provide services. For lengthy periods of absence (such as a leave of absence, a prolonged illness, a maternity leave, overseas training, profession development, etc.), a Department of Health Program Manager will forward a memo to the affected schools.
5. Complete and submit an *IEP* or *Goals and Objectives Form* to the school by the end of October for each student being followed for Therapy Services. This document will be provided to the school, for insertion into each student's school file, and copies sent home to parents/ legal guardians, and given to the Learning Support Teacher, if applicable. Each year that a student receives services should be reflected on an *IEP* or a *Goals and Objectives Form*. When goals change, a new form will be inserted into the school file, with distribution as above.
6. Submit a *Consent for Therapy and Release of Information Form* signed by parent/legal guardian for placement in the student's school file.
7. Submit either an *Assessment Report*, a *Reassessment Report* or an *End-of-Year Progress Report* for each student every school year; with a copy placed in each student's school file and another provided to the parent/legal guardian. Have parents/ legal guardians sign a document indicating that they have received a copy of the annual report for the relevant year, and place a copy of this signed document in the student's school file.
8. SLPs provide a SLP Screening of all incoming P1 students in July each year, prior to school entry in September.
9. OTs/PTs provide OT/PT Screenings as needed, for Preschool students, during October and November of each school year, as identified by administration of the Brigrance by the Classroom Teachers They also provide Screenings in July prior to school entry in September.
10. Provide a full assessment as indicated by these Screenings.
11. Provide intervention services in accordance with the recommendations of the OT/PT/SLP.
12. Provide students on direct services with suggestions for home-based activities.
13. SLPs deliver intervention services according to the 3 to 1 Service Delivery Model between October and March. (One week in each month is set aside for use as needed by the SLP to respond to new referrals from the school, conduct full assessments, write reports, prepare materials for therapy and home programs, meet with the school team and parents/ legal guardians to provide feedback and *IEPs* or *Goals and Objectives Forms*.)
14. Conduct End of Year assessments and write reports during April, May and June, in preparation to attend IEP Meetings in May and June.

B. Roles and Responsibilities of Schools

Schools will:

1. Inform all staff at least one week in advance about School Team Meetings/MTSS Meetings.
2. Inform relevant Department of Health (OT/PT/SLP) staff when the school schedule changes (e.g., when a student will miss a session as his/her class will be out on a field trip, staff should be informed as soon as possible).
3. Ensure that there is a dedicated/consistent space for service provision within the school for Department of Health (OT/PT/SLP) staff.
4. Ensure that all teachers are informed when a (OT/PT/SLP) staff member will be absent.
5. Ensure that all para-educators attend a minimum of 2 therapy sessions each month.

C. Roles and Responsibilities of Parents/Legal Guardians

Parents/ Legal Guardians will:

1. Attend at least 2 OT/PT/SLP sessions a year
2. Carry out OT/PT/SLP home-based therapy suggestions.
3. Contribute to the setting of home-based activities in conjunction with the OT/PT/SLP team.
4. Support their child by attending scheduled School Team Meetings.



SCHOOL HEALTH PROGRAM

Policies and Standards

Parents and guardians have primary responsibility for the health care of their children. The School Health Program should respect this responsibility and consult with parents about all matters related to the health of their children.

The School Health Program is concerned with the prevention, identification, observation, and management of health problems in the school setting.

Children who have a regular source of personal health care still need and benefit from a school health program.

School health programs may provide screening, preventive and some treatment services to children who do not receive adequate health care.

The School Health Program emphasizes health education, health promotion, disease prevention and identification of health problems with psychological etiologies.

School health programs are justified by their relevance to school educational objectives.

Within each school there must be at least one health professional who is clearly identified by students, parents and school personnel as representing the school health program. The school nurse is the ideal person to fill this role.

SCHOOL HEALTH PROGRAM: School Health Services

Responsibility for the School Health Program lies with both the Department of Education and the Department of Health.

PURPOSE: To provide health supervision services to school-aged students with emphasis on preventive health services, health education and health promotion.

To aid in maintaining the student's optimum fitness to learn through:

1. optimum health for the individual student;
2. a healthy school environment; and
3. helping students to make intelligent decisions about personal, family and community health.

LEGISLATION: Public Health Act, 1949 and Education Act, 1954

SERVICES:

1. Routine preventive health services including history, physical measurements, developmental assessment, laboratory tests and immunizations.
2. Early identification and prompt referral or appropriate management of high-risk children in need of special services.

3. Vision and hearing screening and referral for abnormalities found.
4. Assessment of dental status and referral. Enrollment in preventive dental services.
5. Nutrition assessment and counseling when indicated.
6. Patient and / or parent education, regarding normal growth and development, maturation, nutrition, accident prevention, family life, sexuality, substance abuse, and preventive health care.
7. Psychosocial needs assessment, with referral where appropriate to social and mental health services.
8. Monitoring of high-risk situations, i.e., suspected child abuse and neglect.

**INFECTIOUS DISEASES:
SUGGESTED PERIODS OF EXCLUSION
FROM SCHOOL OR DAYCARE**

Assuming that the child is feeling well, and there are no complications

1. Chicken Pox (Varicella)	<p>The child is infectious for 1 to 2 days before the rash appears and for 5 days after. He /she may return to school or day care centre on the sixth day after the appearance of the rash.</p> <p>Incubation period 10 to 21 days.</p>
2. German Measles (Rubella)	<p>Exclude for seven days after the onset of the rash. Avoid contact with pregnant mothers.</p> <p>Incubation period 14 to 21 days.</p>
3. Measles	<p>Patients are infectious from 5 days before the rash, to 4 Days after.</p> <p>Incubation period 7 to 18 days (average 14 days).</p>
4. Whooping Cough (Pertussis)	<p>Patients are most contagious during the catarrhal stage before the onset of the paroxysms of coughing. If the child is well, he/she may return to school or child care centre five days after starting erythromycin therapy.</p> <p>Incubation period 6 to 20 days (usually 7 to 10 days).</p>
5. "Strep Throat" Scarlet Fever	<p>Child may return to school or child care after 24 hours of treatment with an antibiotic (e.g. Penicillin) provided he/she is a febrile.</p> <p>Incubation period 1 to 7 days.</p>
6. Infectious Mononucleosis (Glandular Fever)	<p>"Mono" is spread by close oro-pharyngeal contact (kissing), so specific period of exclusion is not recommended, as long as the child feels well. Rest is recommended for convalescence, and avoidance of contact sports. (Risk of spleen rupture).</p> <p>Incubation period estimated to be 30 to 50 days.</p>
7 .Mumps	<p>Mumps is infectious from 1 to 2 days before the onset of parotid swelling and for 9 days after.</p> <p>Incubation period 12 to 25 days (usually 16 to 18 days).</p>



Physician's Authorization for the Administration of Medication

This form is to be completed and sent to the child's school.

TO BE COMPLETED BY THE PHYSICIAN

STUDENT NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ TELEPHONE: _____
SCHOOL: _____

PHYSICIAN'S STATEMENT

This is to advise that I have prescribed the administration of medication listed below:

<p>NAME OF MEDICATION: _____</p> <p>METHOD OF ADMINISTRATION: <input type="checkbox"/> Oral <input type="checkbox"/> Injection</p> <p>DOSAGE: _____</p> <p>TIME(S): _____</p> <p>How long is the child likely to need this medication? _____</p> <p>Must the medication be taken during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>POSSIBLE HAZARDS OR SIDE EFFECTS OF MEDICATION (if applicable): _____</p> <p>_____</p> <p>_____</p>
<p>ACTION TO BE TAKEN SHOULD SUCH A REACTION DEVELOP: _____</p> <p>_____</p> <p>_____</p>
<p>ALLERGIES WHICH SHOULD BE NOTED (if applicable): _____</p> <p>ADDITIONAL INSTRUCTIONS (if applicable): _____</p> <p>_____</p> <p>_____</p>

PHYSICIAN'S INFORMATION

NAME: _____ TELEPHONE: _____
ADDRESS: _____
PHYSICIAN'S SIGNATURE: _____ DATE: _____

NOTE: This authorization will remain valid until there is a change in the prescription, but in no case, for longer than the current school year.



GOVERNMENT OF BERMUDA

DEPARTMENT OF HEALTH

POLICY & PROCEDURE

SECTION COMMUNITY HEALTH **DATE** 24 APRIL 2003

POLICY ADMINISTRATION OF MEDICATION IN SCHOOLS

OBJECTIVE To maintain safety of administration of medication in the school environment

RATIONALE

The Department of Health and the Department of Education recognize that from time to time, students require prescribed medication on a short-term basis to recover from an ailment. The Ministries also recognize that some students require prescribed medication over time to manage long-term conditions. Failure to administer prescribed medication could result in serious health consequences for a student.

PROCEDURE

Principals and teachers-in-charge shall:

- Request parents/guardians provide a completed Administration of Medication in Schools Form that includes written orders from an appropriate physician on the student requiring medication during school hours;
- Attach physician's orders to the completed Administration of Medication in School Form;
- Ensure that the order includes the name of the student; name of the medication, the dosage, the times of administration of the medication, the method of administration and a start and completion date.
- Be advised of any possible side-effects of the prescribed medication and where appropriate, the reason that the medication is required;
- Identify two designated persons responsible for medication administration on site, in the absence of a community health nurse;
- Ensure that the Administration of Medication in Schools Form is duly signed by the parent/guardian and giving written permission to administer the prescribed medication in school;
- Place the original Administration of Medication Form in the student's school record;
- Make two copies of the completed Administration of Medication Form. One copy should be held by the parent/guardian and the other to be provided for the community health nurse record-keeping;
- Ensure that students taking medications long-term, have their medications reviewed at the beginning of each school year by the community health nurse;
- Ensure that the Administration of Medication in School Form is completed for any change in each medication prescribed and duly dated and signed;
- Develop a communication system between the school, school health personnel, parent/guardian and physician to report details about the effects of the medication given during school hours.



COMMUNITY HEALTH
DEPARTMENT OF HEALTH
ADMINISTRATION OF MEDICATION FORM IN SCHOOLS

The policy regarding the administration of medication in schools, issued by the Chief Medical Officer, has been circulated to all Government schools and preschools. Note that only medications ordered by a physician may be administered.

- This authorization form must be completed in all cases where medication is administered in school.
- A separate form for each medication should be completed and duly signed.
- Documentation of parental permission and physician's order must be attached.

Student Information						
Last Name			First Name			Sex Male <input type="radio"/> Female <input type="radio"/>
Birthdate	Day	Month	Year	Age	School	School Year
Parent/Guardian		Telephone (H)		Telephone (W)		Emergency Contact Number

Medication Information					
Medications	Route	Dose	Frequency	Start Date	Finish Date
1.					
2.					
3.					
Possible Side Effects					
Reasons for Medication					

Physician's Name	Physician's Signature	Telephone	Pager
Address			

- Child may self-administer medication
- Child requires supervision to administer medication
- Child should have medication administered by an authorized person

I hereby give consent for _____ or _____ to administer medication as prescribed by my child's physician at school.

Parent/Guardian Signature _____ Date _____

Principal Signature _____ Date _____

<p>This information has been reviewed by the Community Health Nurse.</p> <p>Signature _____</p> <p>Date _____</p>

ALL AUTHORIZATIONS EXPIRE AT THE END OF THE CURRENT SCHOOL YEAR



GOVERNMENT OF BERMUDA

DEPARTMENT OF HEALTH

POLICY & PROCEDURE

SECTION COMMUNITY HEALTH **DATE** 24 APRIL 2003

POLICY SAFE STORAGE OF MEDICATION IN THE SCHOOL ENVIRONMENT

OBJECTIVES

1. To provide safe storage of all medication in the school environment during school hours.
2. To ensure the supply of medication is dispensed by selected personnel.

RATIONALE

The efficacy of medication can be affected through inappropriate storage of medication. Incorrect administration of medication can be harmful.

PROCEDURE

The principals and teachers-in-charge shall:

- Ensure parents provide all medications in an appropriately labeled container to include the student's full name, name of medication, date and the initial number of tablets in the container;
- Identify a locked cupboard located in a cool dry place for medication storage.
- Secure the key for the locked cupboard and identify a designee in his/her absence;
- Place refrigerated medication, labeled as above, in a designated container located inside the refrigerator;
- Ensure the medication cupboard is reviewed quarterly.
- Ensure that staff is knowledgeable about safe storage of medication using the community health nurse as a resource.

**PLEASE NOTE: The exception to locked medication include:
Epinephrine pen, glucagon and asthma inhaler medication**



POLICY & PROCEDURE

Policy Subject:

Bermuda School Asthma

Date:

August 20, 2007

Programme & Section

Child Health
Community Health

Approved by:

Child Health Coordinator

Supersedes:

New

Purpose: To improve and standardize the management of asthma within and across schools.

Procedure (as follows):

The School:

1. Recognizes that asthma is a disabling, disruptive, life-threatening disease and has the potential to impact on the student's ability to reach optimal potential.
2. Keeps a school register and records medications and time missed from school due to asthma.
3. Ensures that the school environment is favourable for students with asthma by:
 - a. not allowing pets in the classroom
 - b. cleaning the school with vacuum and damp mop and minimal use of chemicals and sprays (including air fresheners, plug-ins, candles and incense).
 - c. discouraging carpets and stuffed /soft toys.
 - d. enforcing the no-smoking policy.
 - e. monitoring whether custodial procedures are followed, including, but not limited to the consistent cleaning of:
 - i. air conditioner frames and filters;
 - ii. ceiling fan blades;
 - iii. mini-blinds;
 - iv. windowsills;
 - v. countertops
 - vi. window screens; and
 - vii. curtains
 - f. ensuring that all occupants contribute to a clutter free environment
 - g. ensuring that food and drink are consumed only in designated areas
 - h. ensuring that food and drink are not left in classrooms or on countertop surfaces overnight.
4. Ensures that students with asthma participate fully in all aspects of school life, including sports.
5. Recognizes that immediate access to a reliever (i.e., blue inhaler) is vital; and that inhalers are not locked away in a desk or office.
6. Ensures that teachers attend asthma workshops to understand the disease, the medications, the use of spacer devices, and know what to do in an emergency.
7. Will work with The Ministry of Health and The Ministry of Education to ensure that the *Asthma Policy* is implemented and maintained successfully.
8. Understands that the school nurse will play a pivotal role in the implementation and maintenance of the *Asthma Policy* for a healthy school philosophy.

The Principal

1. Will involve both the teaching and non-teaching staff in *The Bermuda School Asthma Policy*.
2. Understands that an effective school asthma management program is a cooperative effort that involves the student, parents/guardians, teachers, other school staff and volunteers, the school nurse, and also the student's physician.

3. Will develop a clear policy about taking asthma medication during school hours consistent with the guidance on Administration of Medications in schools.
4. Will ensure that *Medications Administration at School* forms are completed.
5. Will provide opportunity for staff to learn more about asthma and allergies by setting up in-service workshops on an annual basis.
6. Will ensure that up-to-date medical information is collected for every child every school year.
7. Will ensure that an asthma registry is maintained.
8. Will ensure that custodial practices are followed according to the *Job Responsibilities and Handbook for Custodians* and that the school is clean and tidy.
9. Will limit the use of chemicals, sprays, or aerosols during school hours.
10. Will work with the facilities manager to ensure that any extensive building repairs, cleaning, or painting is scheduled outside of school hours.

The Teachers

1. Should be aware of the students who have a diagnosis of asthma.
2. Will recognize that immediate access to the reliever (i.e., blue inhaler) is vital at all times. Pre-school and young primary school teachers should have a reliever inhaler and a spacer device clearly named for each child with asthma.
3. Should ensure that blue reliever inhalers are taken on school outings.
4. Should be aware that regular use of a reliever (blue inhaler) means poor control of asthma. These children should be referred to the school nurse and offered asthma education.
5. Will ensure that the classroom environment is favourable for students with asthma by:
 - a. not allowing pets or stuffed toys in the classroom
 - b. not using aerosol or plug-in air fresheners or sanitizing sprays.
 - c. opening windows whenever practicable at least 15 minutes before classes each day.
 - d. storing all surplus materials, including paper in air-tight plastic containers or plastic bags.
 - e. ensuring that all occupants contribute to a clutter-free environment.
 - f. ensure that food and drink are consumed only in designated areas.
 - g. ensure that food and drink are not left in classrooms or on countertop surfaces overnight.
6. Should know the possible side effects of asthma medications and know how they may impact the student's performance in the classroom.
7. Should encourage students with asthma to participate fully in all physical activities.
8. Should know the early warning signs of an acute asthma episode and know what steps to take.
9. Should have contact information for the student's parents or guardians.

The student with asthma and his/her parents or guardian:

1. Parents and/or Guardians should inform the Principal, administrator, program leader, or teacher-in-charge that their child has asthma and have a clear written action plan for that child whenever possible.
2. Parents or guardians should ensure that the teacher understands the severity of the student's asthma and inform the teacher of medications prescribed.
3. Should have a *Medication Administration at School* form updated annually.
4. Should ensure that emergency contact numbers are current.
5. Should ensure that the reliever (blue inhaler) is carried in school bag for use during the journey to and from school. Pre- and young primary school children should also give a spare reliever inhaler to the class teacher at the beginning of each term. This should be clearly marked with the student's name. Spacers should be provided if necessary. The inhalers should be sent home at the end of the school year.
6. Students should never be afraid to tell the teacher that they have difficulty breathing.
7. Students must understand the importance of not smoking
8. Students should participate fully in all activities whenever possible.
9. Parents, guardians and students should be aware that asthma resource information is available at school.



PRESCHOOL NUTRITION POLICY

Healthy students are more likely to succeed. Good nutrition is linked to:

- learning readiness,
- academic achievement,
- decreased discipline problems, and
- decreased emotional problems.

Good eating habits are formed in childhood. Getting children to eat well is a job that is shared by all of us – parents, schools, teachers, the community, the media, and government. The many factors influencing a child’s eating habits must agree so that the messages received about good nutrition are clear, consistent, and constant. Food choices are influenced by what children learn to prefer from parents, friends, school experiences, and television.

Studies show that a comprehensive school health program can improve the eating habits of young children. A comprehensive school health program includes:

- a healthful nutrition policy,
- classroom nutrition education,
- a school environment that provides opportunity and reinforcement for healthful eating and physical activity,
- provision of healthful foods that students will eat, and
- parent and community involvement.

Nutrition education and high-quality meals have been shown to improve eating habits and health status.

The Nutrition Policy states:

All foods consumed on the school premises will contribute to the health and well-being of the students.

The Nutritional Standards for meals and snacks are defined below:

- *Foods should provide nutrients (protein, complex carbohydrates, calcium, iron, vitamin A, vitamin C, etc.) supplied from the five food groups.*
- *Portions of foods should be appropriate for the age of the child.*
- *Meals should contain at least four foods from the five food groups.*
- *Serve one to two of the foods from the five food groups for snacks.*
- *Serve a variety of foods.*
- *Choose low-fat dairy products: low-fat milk, calcium-fortified soy milk or juices; leaner meats: chicken, turkey, tuna; and use lower-fat cooking methods: baking and grilling.*
- *Choose whole grains, fruits and vegetables.*
- *Limit the use of foods high in salt and sugar.*

Parents

Families can:

- reinforce and strengthen nutrition education by modeling nutritious, appealing meals in an environment that encourages a pleasant, social family time and reinforcing classroom nutrition instruction at home.
- select healthy foods for meals and snacks at school.

Schools

Schools can:

- emulate a healthy environment and promote health to both students and staff.
- provide nutrition education. Research validates that behavioral change correlates positively with the amount of nutrition instruction received.
- adopt and endorse the Nutrition Policy.
- give presentations to parents, and other school staff.
- encourage the sale and consumption of nutritious foods from the five food groups.

Teachers

Teachers can:

- collaborate to design and implement nutrition education programs that integrate healthy eating messages into the entire school environment.
- encourage students and parents to participate in planning meals and incorporating cultural and regional preferences.
- teach nutrition lessons and provide food and content for classroom nutrition lessons.
- complement garden-based lessons by offering vegetables grown at meals
- be a role model and eat healthy meals and snacks with students during the day.

Community Agencies and Businesses

Community environments and services can:

- support and reinforce the healthy school environment with services and promotions.
- serve as role models for healthy eating and promoting nutritious foods
- integrate garden-enhanced nutrition education, using theory-based, skill-building, fun, sequential, experiential activities with parental involvement. Research shows that children who plant and harvest their own fruits and vegetables are more likely to eat them.
- make healthy foods affordable.

THE FIVE FOOD GROUPS

- 1. Meat Group (1-2 oz.):** *fish, chicken, egg or vegetarian alternative such as peanut butter, beans, lentils, tofu, and soy products.*
- 2. Bread and Cereal Group (1/2 slice or 1/4 cup):** *whole grain bread (whole wheat, multigrain, rye, corn, small bagels, etc.) pasta, rice or unsweetened cereals.*
- 3. Vegetable Group (1/4 cup):** *chopped, raw or cooked vegetables, or salads.*
- 4. Fruit Group (1/2 piece or 1/4 cup):** *piece of fruit, or fruit canned in its own juice or light syrup.*
- 5. Milk Group (1/2 cup or 1/2 oz.):** *milk, cheese, low-fat yogurt or pudding.*

SAMPLE DAILY MEALS WITH SNACKS

DAY 1	DAY 2
Breakfast	
<i>1/2 grilled cheese sandwich</i>	<i>1 cup fruited milkshake</i>
<i>1/4 cup fruit</i>	<i>1 granola bar</i>
Snack	
<i>1/2 cup yogurt</i>	<i>1/2 cup yogurt</i>
<i>1/2 cup water</i>	<i>1/2 cup water</i>
Lunch	
<i>1/2 turkey sandwich</i>	<i>1/6 slice spinach quiche</i>
<i>1/4 cup string beans with low-fat dip</i>	<i>1/4 cup fruit</i>
<i>1/2 cup milk</i>	<i>1/2 cup water</i>
<i>1/2 cup water</i>	
Snack	
<i>1/2 piece of fruit</i>	<i>1 1/2 Graham crackers</i>
<i>1/2 oz. piece of cheese</i>	<i>1 Tbsp. peanut-butter</i>
<i>1/2 cup water</i>	<i>1/2 cup water</i>
Supper	
<i>BBQ chicken leg (skinless)</i>	<i>1 1/2 meatballs</i>
<i>1/2 cup peas and rice</i>	<i>1/2 cup pasta with tomato sauce</i>
<i>1/4 cup corn</i>	<i>1/4 cup broccoli</i>
<i>1/2 cup water</i>	<i>1/2 cup water</i>
Bedtime Snack	
<i>1/2 cup milkshake</i>	<i>1/2 cup hot chocolate</i>



Department of Education and Department of Health Partnership
Healthy Schools

SCHOOL NUTRITION POLICY

Healthy Students Are More Likely To Do Well In School!

Students require good nutrition to promote:

- Good Health
- Growth
- Mental Development
- Social skills

Childhood is the best time in life to acquire good eating habits.

The messages young people receive about nutrition should be clear, consistent, and constant. Getting children and adolescents to form healthy eating habits requires support from all of us – parents, schools, the community, media and government.

The Department of Education has approved the Food and Nutrition Policy for government schools in support of keeping students healthy.

The policy states:

'All foods consumed on the school premises will contribute to the health and well-being of students.'

School Lunches Should Meet The Nutritional Standards As Defined Below:

Food should provide nutrients (protein, complex carbohydrates, calcium, iron, vitamin A, vitamin C, etc.) supplied from the five food groups.

School lunches should be consistent with the recommendations of the 'Guide to Good Eating' as outlined in Bermuda's Guide to Daily Food Choices.

Encourage students to:

- Eat a variety of foods.
- Choose low-fat dairy products, low-fat milk; calcium-fortified soy milk or juices; leaner meats: chicken, turkey, tuna; and use lower-fat cooking methods, i.e., baking and grilling.
- Choose whole grains, fruits, and vegetables.
- Limit the use of foods high in salt and sugar.

Schools

To encourage healthy eating in students:

- Teach students the importance of nutrition through the health education curriculum and provide opportunities them to practice what they have learned.
- Integrate the principles of nutrition in other subjects (i.e., counting fat grams in mathematics).
- Adopt and endorse the School Nutrition and Vending Machine Policies.
- Enforce the use of the Foodservice Guidelines and Standards.
- Encourage the sale and consumption of nutritious foods from the five food groups at bake sales, sports events, afterschool programs, and lunch time.

Teachers

To encourage healthy eating habits in students:

- Be a health role model and eat healthy lunches with students during lunch duty.

- Provide incentives for the students who bring nutritious lunches (e.g., healthy lunch box stickers.)
- Discourage the use of candy or other (non-nutritious) foods as a reward for good work.

Parents

To encourage healthy eating in students:

- Encourage students to eat breakfast (e.g., cereal and low-fat milk, sandwiches, fruit yogurt or leftovers).
- Model healthy eating habits by providing healthy food choices for the whole family to enjoy.
- Select healthy foods for snacks during and after school (see list provided).
- Teach students how to make nutritious lunches.
- Provide students with a nutritious lunch that includes 4 to 5 foods from the five food groups.

Community Agencies & Businesses

To support young people in eating healthy and:

- Provide nutritiously balanced foods for sale to young people.
- Provide nutritious foods at social events.
- Provide a healthy environment (i.e., making healthy food choices available at the check-out stand).
- Make healthy foods affordable.

THE FIVE FOOD GROUPS

- **Meat Group:** fish, chicken, egg or vegetarian alternatives such as peanut butter, beans, lentils, tofu and soy products.
- **Milk Group:** milk, cheese, low-fat pudding or yogurt.
- **Bread and Cereal Group:** bread (whole wheat, multi-grain, rye, small bagels, etc.) variety breads (herbed, pocket, onion, or raisin), pasta, rice or unsweetened cereals.
- **Vegetables:** chopped, raw or cooked vegetables salads.
- **Fruit:** piece of fruit, fruit canned in juice or light syrup, dried fruit.

HEALTHY FOODS ALTERNATIVES FOR LUNCH BOXES AND SNACKS

Instead of	Try
chocolate, candy, fruit roll-ups, or snacks	light puddings, yogurt, fresh fruit or canned fruit in its own juice, dried fruit
sweet cakes, pies, pastries, donuts	Angel food cake, vegetable or fruit breads, fruit muffins, bagels, Johnny bread, corn bread
chocolate chip cookies, sweet cookies, cupcakes	whole grain crackers, graham crackers, ginger snaps, vanilla wafers, fig bars, vegetable muffins
chips, Corn Curls, corn chips, potato chips, French fries	air-popped popcorn, microwave light popcorn, pretzels, dry unsweetened cereal
sweetened drink boxes, unsweetened carbonated drinks, sodas, iced teas, fruit drinks, fruit punch	unsweetened water, 100% juice, milk

The following professionals have endorsed this policy for schools:

Department of Education * Bermuda Cancer & Health Association * Bermuda Dental Association * P.A.L.S.
 Bermuda Diabetes Association * Bermuda Dietitian's Association * Bermuda Heart Foundation *
 Bermuda Medical Society Bermuda Nurses' Association * Bermuda Union of Teachers
 Department of Pediatrics, KEMH













Nutrition Services

Department of Health, Bermuda Government
 Tel: 278-6467 / 6468 / 6469

Health Promotion Office

Department of Health, Bermuda Government
 Tel: 278-6502/ 6500

HEALTHY FOODS ALTERNATIVES FOR LUNCH BOXES AND SNACKS

 INSTEAD OF	 TRY
chocolate, candy, fruit roll ups or snacks 	light puddings, yogurt, fresh fruit, or canned fruit in own juice, dried fruit 
sweet cakes, pies, pastries, doughnuts 	Angel food cake, vegetable or fruit breads, fruit muffins, bagels, Johnny bread, corn bread 
chocolate chip cookies, sweet cookies, cupcakes 	whole grain crackers, graham crackers, ginger snaps, vanilla wafers, fig bars, vegetable muffins 
chips, corn chips, french fries 	air popped popcorn, microwave light popcorn, pretzels, dry unsweetened cereal 
sweetened drink boxes, unsweetened carbonated drinks, sodas, iced teas, fruit punch 	unsweetened water, 100% juice, milk 

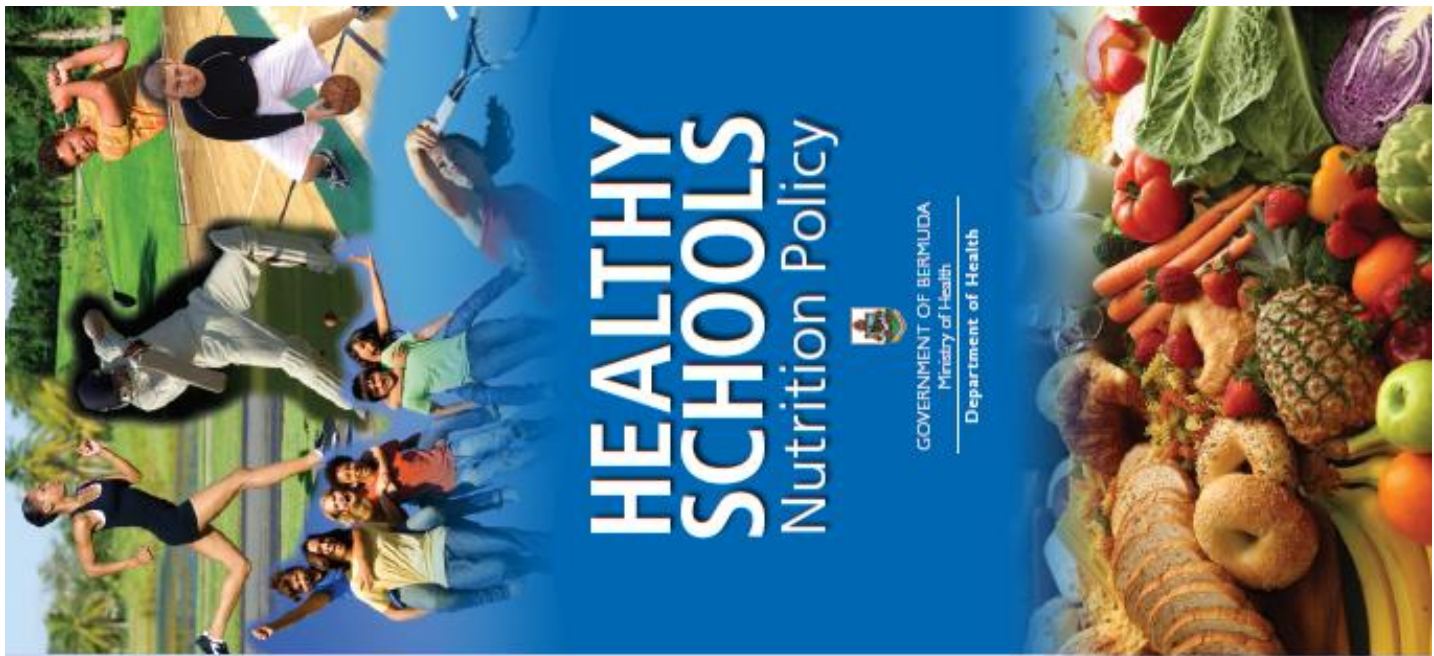
The following professionals have endorsed this nutrition policy for schools:

- Bermuda Cancer and Health
- Bermuda Dental Association
- Bermuda Diabetics Association,
- Bermuda Dietitian's Association
- Bermuda Heart Foundation
- Bermuda Medical Society
- Bermuda Nurses' Association
- Bermuda Union of Teachers

Department of Pediatrics, KEMH
P.A.L.S.

Published by
GOVERNMENT OF BERMUDA
Ministry of Health
Department of Health
Nutrition Services

Tel: 278-6467 / 6468 / 6469
GOVERNMENT OF BERMUDA
Ministry of Health
Department of Health
Health Promotion Office
Tel: 278- 6500





HEALTHY STUDENTS ARE MORE LIKELY TO DO WELL IN SCHOOL.

Students require good nutrition to promote:

- Good health
- Growth
- Mental development
- Social skills

Childhood is the best time in life to acquire good eating habits.

The messages young people receive about nutrition should be clear, consistent, and constant. Getting children and adolescents to form healthy eating habits requires support from all of us – parents, schools, the community, media and Government.

The Department of Education has approved the Food and Nutrition Policy for government schools in support of keeping students healthy.



The policy states:

'All foods consumed on the school premises will contribute to the health and well-being of students.'

School Lunches Should Meet The Nutritional Standards As Defined Below:

Food should provide nutrients (protein, complex carbohydrates, calcium, iron, vitamin A, vitamin C, etc.) supplied from the five food groups.

School lunches should be consistent with the recommendations of the 'Guide to Good Eating' as outlined in Bermuda's Guide to Daily Food Choices.

ENCOURAGE STUDENTS TO:

- Eat a variety of foods.
- Choose low-fat dairy products, low-fat milk; calcium-fortified soy milk or juices; leaner meats: chicken, turkey, tuna, and use lower-fat cooking methods, i.e., baking and grilling.
- Choose whole grains, fruits, and vegetables.
- Limit the use of foods high in salt and sugar.

SCHOOLS

To encourage healthy eating in students:

- Teach students the importance of nutrition through the health education curriculum.
- Integrate the principles of nutrition in other subjects (i.e., counting fat grams in mathematics).
- Adopt and endorse the Nutrition Policy, including the Vending Machine and Cafeteria Policy.
- Enforce the use of Food service Guidelines and Standards.
- Encourage the sale and consumption of nutritious foods from the five food groups (i.e., at bake sales, sports events, afterschool programmes, lunch time, and summer programmes).

PARENTS

To encourage healthy eating in students:

- Encourage students to eat breakfast (e.g., cereal and low-fat milk, sandwiches, fruit yogurt or leftovers).
- Model healthy eating habits by providing healthy food choices and beverages for the whole family to enjoy.
- Select healthy foods for snacks during and after school (see list provided).
- Teach students how to make nutritious lunches.
- Provide students with a nutritious lunch that includes 4 to 5 foods from the five food groups.

COMMUNITY AGENCIES AND BUSINESSES

To support young people in eating healthy and:

- Provide nutritiously balanced foods for sale to young people.
- Provide nutritious foods at social events.
- Provide a healthy environment (i.e., making healthy food choices available at the check-out stand).
- Make healthy foods affordable.

THE FIVE FOOD GROUPS

- Meat Group: fish, chicken, egg or vegetarian alternatives such as peanut butter, beans, lentils, tofu and soy products.
- Milk Group: milk, cheese, low-fat pudding or yogurt.
- Bread and Cereal Group: bread (whole wheat, multigrain, rye, small bagels, etc.) variety breads (herbed, pocket, onion, or raisin), pasta, rice or unsweetened cereals.
- Vegetables: chopped, raw or cooked vegetables salads.
- Fruit: piece of fruit, fruit canned in juice or light syrup, dried fruit.

TEACHERS

To encourage healthy eating habits in students:

- Be a health role model and eat healthy lunches with students during lunch duty.
- Provide incentives for the students who bring nutritious lunches (e.g., healthy lunch box stickers.)
- Discourage the use of candy or other (non-nutritious) foods as a reward for good work.

Eatwell PLATE

A recommendation for each meal based on your plate size.



Bermuda Hospitals Board



www.EatwellBermuda.org
www.health.gov.bm

EatWell Bermuda

Bermuda's Daily Dietary Guidelines



Calcium Rich Alternatives or Low Fat Dairy choices

Choose low fat dairy or calcium rich alternatives.

Starches/Grains

Choose whole grains with each meal.

Fruits & Vegetables

Eat a variety of 5 or more everyday.

Meat/Meat Alternatives

Choose lean meat, fish, poultry, eggs, dried beans, nuts and seeds.

Fat, Sugar & Salt

Limit foods with added fats, sugar and salt. When using fats choose the liquid oils from vegetables, nuts and seeds.



HEALTHY SCHOOLS VENDING MACHINE & CAFETERIA POLICY

TITLE: Healthy Schools: Vending Machines and Cafeteria Policy in Schools

POLICY: Vending machines and cafeterias on the school premises will provide only plain, unsweetened water and/or 100% juice; and healthy foods and snacks.

OBJECTIVES:

- To permit only healthy foods / snacks and beverages, including only plain, unsweetened water and/or 100% juice to be sold and consumed on the school premises, whether from the cafeteria, Tuck Shop, vending machine, food truck, outside caterer, school staff, or any other means of sale or distribution.
- To encourage parents to send only plain, unsweetened water and/or 100% juice and healthy foods in student lunches.

RATIONALE:

The Ministry of Education recognizes that good nutrition promotes optimal health, growth and intellectual development, resulting in healthier students who are better academic achievers.

Consistent with the objectives stated above, **Healthy Schools**, including government’s Nutrition Services, Oral Health Services, and Child Health Services is recommending that all beverage vending machines and cafeterias located in all primary and middle schools provide only white milk; chocolate drink; soy milk; plain, unsweetened water; and/or 100% juice, **effective September 8, 2006**, including those accessed by staff and/or students may also be provided.

In addition, food cafeterias and vending machines will only provide healthy foods (For recommendations, please refer to the attached Appendices A, B, and C). The goal is to ensure that what students experience in their school environment is consistent with the information available to them through the Nutrition Policy and their health classes.

This stance has been taken in response to the increasing prevalence of overweight and obesity in school-age children. Furthermore, phosphates in many sodas have been proven to reduce and/or negate the calcium that children need to grow healthy teeth and bones; thus sodas will be removed from all schools. It is also recommended that such beverages as “Gatorade” not be provided, as students typically do not exercise for prolonged periods of time or expend sufficient amounts of energy that would require the replacement of electrolytes.

IMPLEMENTATION

The Nutrition Policy was first implemented in September 1997. As of September 1998, schools were expected to ensure full implementation of the policy. Principals and administrators-in-charge are expected to endorse the policy by:

- communicating the Nutrition Policy and its components (such as this Vending Machine and Cafeteria Policy) and its rationale to parents to seek their support.
- ensuring that all vendors, including those servicing cafeterias in the school only provide the recommended water and/or 100% juices, and healthy foods/snacks for sale at school.
- monitoring beverages and foods that students bring to school to eat.

The following professional organizations have endorsed a healthy nutrition policy for schools:

- | | | |
|------------------------------|----------------------------|---------------------------------------|
| Bermuda Dental Association | Bermuda Heart Association | Bermuda Cancer & Health Center |
| Bermuda Dietetic Association | Bermuda Medical Society | Department of Pediatrics, KEMH |
| Bermuda Diabetes Association | Bermuda Nurses Association | Patients Assistance League (P.A.L.S.) |
| Bermuda Union of Teachers | | |

APPENDIX A:

NUTRITION INFORMATION FOR VENDING MACHINE DRINKS

DRINK	percent juice	number of servings	serving size	calories/serving	grams sugar / serving	teaspoons sugar/serving	Vitamin C % daily values
WELCH'S DRINKS							
100% Apple Juice	100%	1	12 oz.	160	39	94	25
100% Orange Juice	100%	1	12 oz.	170	41	104	100
Grape	40%	1	12 oz.	200	49	124	25
Tropical	25%	1	12 oz.	210	51	124	25
Apple Cranberry	25%	1	12 oz.	210	51	124	25
Lemonade	13%	1	12 oz.	190	46	112	45
Strawberry Kiwi	10%	1	12 oz.	170	40	10	45
Orange Pineapple	10%	1	12 oz.	180	44	11	45
Fruit Punch	10%	1	12 oz.	180	44	11	45
White Grape Peach	10%	1	12 oz.	180	44	11	45
** MOTT'S							
100% Orange Juice	100%	1	12 oz.	150	25	64	160
100% Apple Juice	100%	1	12 oz.	170	40	10	60
100% Apple Cranberry	100%	1	12 oz.	180	34	82	6
100% Apple Grape	100%	1	12 oz.	170	34	82	4
Apple Grape	20%	1	12 oz.	170	34	82	0
Apple Cranberry	20%	1	12 oz.	180	42	102	0
Fruit Punch	20%	1	12 oz.	180	41	104	0
OTHER (None of these choices are allowed in schools)							
Pepsi	0	1	12 oz.	150	40	10	0
Orangina	12%	1	12 oz.	140	32	8	20
Gingerale	0	1	12 oz.	120	33	84	0
*PowerAde	0	2.5	8 oz.	70	37	94	0
Tradewinds	4 – 30%	2	8 oz.	110 -120	55 - 60	13¾ - 15	0 - 100
10 oz. Twister	15%	1	10 oz.	170	40	10	100
20 oz. Twister	10%	2.5	8 oz.	140	66	162	100
Clearly Canadian	0	2	8 oz.	80 - 100	40 - 44	10 - 11	0
Plain, unsweetened Water	0	1	10–20 oz.	0	0	0	0
Unsweetened or flavored water	0	1	10–20 oz.	0	0	0	0
Vitamin Water	0	2.5	8 fl oz.	50	32.5	8	50-250
Fuze	0	2	8 fl oz.	10-90	2-44	½ - 11	25-100
Havana Cappuccino	0	2	8 fl oz.	110 -120	46-48	11½ -12	0
Propel	0	3	8 fl oz.	10	6	1½	10
Gatorade	0	4	8 fl oz.	50	56	14	0

Please note: Purple highlighted items are the only items allowed in school beverage vending machines. 3- to 6 oz.-sized 100% juice containers are recommended for preschoolers and P1 children. A 10 oz.-sized juice container is preferable for primary, middle, and senior students.

* PowerAde contains 25% of daily values of B vitamins – Niacin, B6 and B12

** Some Mott's Juices may also be fortified with iron and calcium (less than 10%)

To determine the number of teaspoons of sugar in a drink, divide the number of grams of sugar by 4.

APPENDIX B:

IDEAS FOR VENDING MACHINES, CAFETERIAS, & TUCK SHOPS

We know what you're thinking: *"If we can't put chips and cookies in the cafeteria, vending machines and tuck shops, WHAT ON EARTH can we put in there?"* For your information, we have compiled an extensive list of tasty, yet appropriate, beverage and snack choices.

Beverages:

- 100% Juice (e.g., two 'mini' 4 oz. juice boxes, one 6.75 oz. juice box or can)
- Lowfat milk
- Bottled / water dispensed plain, unsweetened water (no Vitamin Water or similar products)

Snacks:

- "Lite" popcorn (not 'extra buttered' or 'extra salted')
- Pretzels
- Trail mix/ Fruit and Nut Mixes
- Nuts
- Sunflower seeds
- Dried fruit
- Fresh fruit
- Canned fruit in light syrup
- Raw vegetables with low fat dip
- Cereal
- "Lite" pudding
- Ginger snaps
- Graham crackers
- Animal crackers
- Vanilla wafers
- Oatmeal raisin cookies
- Fig bars
- Peanut butter and crackers
- Cheese and crackers
- Whole grain crackers
- Fruit or vegetable muffins
- Reduced fat cakes
- Low-fat yogurt
- Low-fat string cheese
- Frozen yogurt / ice milk
- Frozen 100% fruit juice bars (not sugary popsicles)

APPENDIX C:

FOODS AND BEVERAGES *NOT* RECOMMENDED AT SCHOOL

- All sweetened soft drinks, sodas, imitation fruit flavored beverages, Twister, iced teas, lemonades, sweetened punches and their equivalent, energy drinks (PowerAde, Lucozade, etc.) whether carbonated or not
- Doughnuts, sugary pastries and desserts
- Potato chips, corn curls, cheese balls and their equivalents
- Chocolates and chocolate covered candies, fruits and nuts
- Any other types of candies, including sugar-coated nuts
- Fruit “wrinkles”, roll-ups, nuggets, shapes and their equivalents
- Chewing gum
- Sugary Popsicles, sherbet, “snow-balls” and other sugar-based ice treats
- Salami sticks, “Slim-Jims”, and their equivalent
- Presweetened breakfast cereals and granolas having more than 10 grams of refined carbohydrate per serving
- “Lunchables”, which contain foods not recommended at school

SNACK IDEAS RECOMMENDED FOR THE TUCK SHOP / SNACK VENDING MACHINE

- **Beverages:** 100% juice; Soy, Slimline or skim milk; plain, bottled water; sugar-free drinks and plain, unsweetened water
- **Snacks:** light popcorn, pretzels, trail mixes, nuts, sunflower seeds, fresh fruits, and unsweetened ready-to-eat cereals
- **Dessert Foods:** light puddings, fresh fruit, fruit canned in own juice or light syrup, low-fat/reduced-fat baked goods
- **Cookies:** Ginger Snaps, Graham Crackers, animal crackers, vanilla wafers, fig bars, fruit bars, peanut-butter & crackers, cheese & crackers, oatmeal raisin cookies, whole-grain crackers
- **Pastries:** fruit or vegetable muffins/ breads, bagels, Angel Food cake, reduced-fat cakes
- **Cold foods:** low-fat or fat-free yogurt, cheese (reduced-fat) or “String Cheese”, frozen yogurt, ice milk, reduced-fat ice-cream, pudding pops, fruit juice (sugar-free) bars

Established: July 1997

Amended: September 2004

Source: Food & Nutrition Handbook 2006



Department of Education & Department of Health Partnership

HEALTHY SCHOOLS

SCHOOL CAFETERIA SURVEY

School: _____

Total Population of Students in School: _____

Total # Surveys Returned: _____

Date: _____

1. Do you eat at the school cafeteria?

- Yes
- No
- Sometimes

2. If YES, what food or foods do you like to eat?

3. If NO, please state reason(s)

- a. Too expensive
- b. Hygiene (vendors)
- c. Portion Size
- d. No variety/same food repeatedly
- e. Bring own food from home
- f. Other: _____

4. Do you have any suggestions on how we may improve this service?

5. Comments?



Department of Education and Department of Health Partnership

SCHOOL CAFETERIA SURVEY RESULTS

Total Population of Students = _____

Total Returned: _____

1. Do you eat at the school cafeteria?

Yes _____

No _____

Sometimes _____

2. If YES – What is your favorite food?

TOP 5 ANSWERS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

3. If no – Please state reason(s)

TOP 5 REASONS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

4. Do you have any suggestions on how we may improve this service?

TOP 5 SUGGESTIONS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

5. Comments?

TOP 5 COMMENTS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____



Department of Education & Department of Health Partnership
HEALTHY SCHOOLS

POLICY

Subject: Physical Activity Policy for School-based Movement, Play and Exercise
Effective: 1st September 2008
Revised: New (DRAFT 4: 15 JULY 2008)

1.0 PURPOSE

This policy will enhance the amount of physical activity, movement, play and exercise, which children and adolescents engage in during the school day.

2.0 APPLICATION

The policy applies in all schools and education programmes.

3.0 DEFINITIONS

- 3.1** Physical activity is any activity that causes the body to work harder than normal. It is a broad term that includes 'physical education' as well as other types of movement and play and exercise.
- 3.2** It is important to note that the terms "physical activity" and "physical education" are not interchangeable, and are defined as follows:
- 3.2.1 Physical Activity** refers to many forms of movement, including activities that involve the large skeletal muscles that promote health and well-being, and require substantial energy expenditure (e.g., playing tag, swimming, biking, running, playing football, volleyball, and jumping rope).^{1,2} Physical activity is defined by its duration, intensity, and frequency. It does not include activities that involve the small skeletal muscles; these are also important, but do not provide the same health benefits.
- 3.2.2 Physical Education:** Quality physical education programmes during school (1) provide children and adolescents with an opportunity to learn; (2) are developed and led by qualified teachers; (3) have appropriate content; and (4) follow appropriate instructional practices. "A physically educated child or adolescent is defined as one who (1) has learned the skills necessary to perform a variety of physical activities; (2) is physically fit; (3) participates regularly in physical activity; (4) knows the benefits of involvement in physical activity; and (5) values physical activity and its contributions to health."³ Physical education programmes should help children and adolescents obtain the knowledge and skills they need to become physically educated".⁴

4.0 AUTHORITY

- 4.1** This policy is in accordance with Bermuda’s National Health Promotion Strategy (Well Bermuda)⁵ and the Bermuda Government’s Healthy Weight Action Plan of the Department of Health⁶.
- 4.2** The policy is based on the standards set by the American Heart Association⁷, American Academy of Paediatrics⁸, National Heart Foundation of Australia⁹, National Institute for Health and Clinical Excellence in England¹⁰, Canadian Association for Health, Physical Education, Recreation, and Dance¹¹, the Department of Health and Ageing: Australian Government¹², and U.S. Surgeon General’s Report on Physical Activity and Health with the Centres for Disease Control and Prevention¹³.

5.0 BACKGROUND & GOALS

- 5.1** Over the last 30 years, there has been a growing recognition that physical activity provides many health benefits. There is strong consistent epidemiological evidence linking a wide range of important health and social benefits to participation in regular moderate-intensity physical activity.¹²
- 5.2** Overweight and obesity present major risks to health. The associated consequences range from increased risk of premature death, to serious chronic conditions such as type 2 diabetes, cardiovascular disease, hypertension, stroke and certain forms of cancer. These are among Bermuda’s main causes of death.
- 5.3** In Bermuda, 36% of 5-10 year olds¹⁴ and 25% of 11-17 year olds are overweight and 63% of adults are overweight or obese¹⁵. The extent of the problem has made this a major public health challenge, which must be redressed as a matter of urgency.
- 5.4** Regular physical activity has been shown to enhance academic performance. Providing students with more opportunities for intense physical activity programmes has positive effects on academic achievement, including increased concentration; improved mathematics, reading, and writing test scores; and reduced disruptive behavior.^{16,17}
- 5.5** This policy aims to set the minimum levels of physical activity required for good health. They are not intended for high-level fitness or sports training.
- 5.6** Healthy habits, including moving one’s body must be established early in life. Opportunities to be physically active at various age-levels are as follows:
- 5.6.1 Preschoolers** should accumulate at least 60 minutes and up to several hours of daily, structured and unstructured physical activity and should not be sedentary for more than 60 minutes at a time except when sleeping.¹⁸
- 5.6.2 Children aged 5 – 12 and Adolescents** should accumulate at least 60 minutes, and up to several hours, of age-appropriate physical activity on all, or most days of the week. This daily accumulation should include moderate and vigorous physical activity with the majority of the time being spent in activity that is intermittent in nature. Children and adolescents should participate in several bouts of physical activity, movement, play or exercise lasting 15 minutes or more each day.^{7,18}

- 5.7** This policy aims to supplement the responsibility of families to ensure children are physically active. Its key purpose is to support the need to combat Bermuda’s obesogenic environment by securing daily minimum physical activity time.

6.0 REQUIREMENTS / STANDARDS

Schools will be responsible for ensuring that students have the opportunity to engage in 30 – 60 minutes of unstructured or structured physical activity, movement, play or exercise daily, during the school day.

7.0 GUIDELINES / RECOMMENDATIONS

- 7.1** It is expected that students will engage in physical activity, movement, play or exercise for at least 30 – 60 minutes each school day. The time may be accumulated as a whole or in increments throughout the day. The activities can be varied and may occur during any or all of the following:
- Free time before the morning bell
 - Advisory periods
 - Recess playtime
 - Lunch playtime
 - Physical Education classes
 - After-school and Extracurricular Physical Activity Programmes

8.0 REFERENCES

- ¹ Caspersen, C.J., Powell, K.E., Christensen, G.M. (1985). *Physical activity, exercise, and physical fitness: Definitions and distinctions for health-related research*. Public Health Reports. 100(2):126131.
- ² *Physical Activity and Health: A Report of the Surgeon General*. Washington, DC. (1996). Centres for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, President’s Council on Physical Fitness and Sports.
- ³ Pellegrini, A.D. and Smith, P.K. (1998). *Physical activity play: The nature and function of a neglected aspect of playing*. *Child Development*, 69(3):577598.
- ⁴ *Bright Futures in Practice: Physical Activity. Tool D: Characteristics of Excellent Physical Activity Programs for Children and Adolescents*. Georgetown University, Washington, D.C., United States of America. <http://www.brightfutures.org/physicalactivity/tools/d.html>.
- ⁵ Attride-Stirling, J. (2006). *Well Bermuda: A National Health Promotion Strategy*. Department of Health, Government of Bermuda. Find at www.health.gov.bm (under publications)
- ⁶ Department of Health (2007). *Healthy Weight Action Plan: Tackling Overweight & Obesity as part of Well Bermuda, the National Health Promotion Strategy*. Government of Bermuda. Find at www.health.gov.bm (under publications)
- ⁷ *Dietary Guidelines for Americans (2005)* in Exercise (Physical Activity) and Children. American Heart Association Scientific Position (2008). American Heart Association (pp. 19, 20).
- ⁸ *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (3rd. ed.). (2007). American Academy of Paediatrics.
- ⁹ Shilton, T. (2001). *Promoting physical activity: Ten recommendations from the Heart Foundation. A position paper for people and organisations planning to develop and promote physical activity programs*. Prepared by the National Physical Activity Program Committee, National Heart Foundation of Australia.

¹⁰ *At least five a week: evidence on the impact of physical activity and its relationship to health.* Department of Health (2004c). London: Department of Health. National Institute of Health and Clinical Excellence, UK.

¹¹ Quality Daily Physical Education (1988). Canadian Association for Health, Physical Education, Recreation and Dance, Ottawa, Ontario Canada K1H. http://www.cahperd.ca/eng/physicaleducation/about_qdpe.cfm

¹² *The National Physical Activity Guidelines for Australians. Physical Activity Guidelines* (1988). Department of Health and Ageing, Australian Government.

¹³ *Physical Activity and Health: A Report of the U.S. Surgeon General* (2001). National Centre for Chronic Disease Prevention and Health Promotion, Centres for Disease Control and Prevention.

¹⁴ Department of Health (2007). *Health Survey of Adults and Children in Bermuda 2006*. Govt. of Bda.

¹⁵ Department of Health (2001). *Personal Wellness Report: Teen Edition. Group Reports and Executive Summaries*. Government of Bermuda.

¹⁶ *Nutrition, Physical Activity and Academic Achievement.* (2002). California Project LEAN. United States of America. www.californiaprojectlean.org.

¹⁷ *The Role of Sound Nutrition and Physical Activity in Academic Achievement.* (2002). Action for Healthy Kids. United States of America. www.ActionForHealthyKids.org.

¹⁸ *Physical Activity for Children: A Statement of Guidelines for Children 5 - 12* (2nd Ed). (2004). Physical Activity Guidelines Published by the National Association of Sport and Physical Education of the American Alliance for Health, Physical Education, Recreation, and Dance.

9.0 CONTACTS FOR MORE INFORMATION

For more information about this policy or its application, contact the Department of Health, Healthy Schools on 278-6502.

10.0 SUPERVISED BY

Healthy Schools will perform periodic spot-checks to ensure compliance.

11.0 SIGNATURES

.....
Minister of Education – Hon. K. Randolph Horton, JP, MP

.....
Minister of Health – Hon. Nelson Bascome, Jr., JP, MP



**Department of Education & Department of Health Partnership
HEALTHY SCHOOLS**

ENVIRONMENTAL HEALTH

Critical Safety and Health Criteria

In an effort to ensure that all public and private schools in Bermuda are in compliance with current health standards, the following list of items was compiled and deemed necessary, in the long-term, to meet Safety and Health Standards.

General

1. **Safety and Health Committees** are required:
 - To meet at the monthly, prescribed interval
 - To produce accurate monthly records of such meetings.
2. **First Aid/Training** – schools must provide:
 - A current list of certified First-Aiders
 - An up-to-date First-Aid Kits in appropriate, designated areas.
3. **Fire Precautions/Emergency Response** – schools must provide:
 - A Plan and Record of Fire Drills each term
 - Fire Extinguishers with record of up-to-date inspections
 - An appropriate Smoke Detection / Fire Alarm System
 - A Policy for Abuse of Fire Alarm System
 - Fire Wardens and Monitors

External

1. **Play Ground Safety** – schools must:
 - Provide weekly checks of Equipment and Grounds.
 - Have a Field Trip Policy in place
 - Ensure that the perimeter of school safe
 - Ensure that there is Fencing and / or Security in place
 - Ensure that the perimeter safe from hazards
2. **Policy for Crossing at School Bus Stop**

Internal Environment

1. **Water Supply** must be:
 - Accessible for disabled persons
 - Accessible in bathrooms
 - Potable at all times
2. **Staff Room** must be:
 - Adequate (i.e., no clutter, have sufficient light and ventilation)
3. **Passages** must:
 - Be clear of obstructions
 - Have no Locked Doors

4. **Nursing Room** must be:
 - In a convenient location
 - Adequately manned
5. **Laboratories** must have:
 - Proper extraction hood(s)/system
 - Emergency Showers
 - Adequate Chemical Storage
 - MSDS sheets available
 - Fire Extinguisher (with up to date Inspections)
 - First-Aid Training for Instructors
 - Up-to-date First-Aid kit available
6. **Work Shops** must have:
 - Exhaust Ventilation provided for equipment
 - Equipment with:
 - a. Emergency Stop Buttons
 - b. Machine Guards
 - c. Personal Protective Equipment (PPE) for students (i.e., goggles, earplugs, safety helmets, No Jewellery Policy and safety shoes required as needed, etc.)
 - d. Flame-Proof Storage for chemicals
7. **House Keeping** must have:
 - Clutter removed from internal environment
 - Flame-Proof Cabinets
8. **Structure** must have:
 - Railings secure and in good repair.
 - Lighting that is adequate. Adequate lighting externally, also (e.g., in particular when facility is used during evening hours). Parking lots to be well lit.
 - Ventilation: Where Natural Ventilation is not provided, then Maintenance of the Air Conditioning System (HVAC) is required at all times.
 - Carpeting that will be phased out / replaced with surfaces that are smooth, impervious and easily cleanable materials.
 - Masonry that:
 - a. Must be free of mould
 - b. Has all Leak sources identified and repaired in timely manner
 - c. Roof to be in good repair
 - d. Walls and ceilings must be in good repair with no hazards present
 - e. Windows must be in good repair with no broken panes
 - f. Inspections to be conducted on a 5-year rotation to maintain Structural Integrity
9. **Electrical:**
 - Must be deemed safe at all times. No presence of water in conduit, fixtures or receptacles.
10. **Pool Safety:**
 - Must comply with Department of Health Swimming Pool Guidelines.
11. **Temperature Control:**
 - Thermal Comfort must be maintained for both Students and Teachers at all times
 - Air conditioning must be maintained
12. **Custodial Care** – schools must ensure that:
 - Proper use of chemicals is practiced as required at all times
 - Ensure adequate training for custodians

13. **Computer Labs** – schools must have:
 - Proper Ergonomic Design as required
14. **Construction Safety:**
 - Construction policy is required for Additions and Renovations of school buildings
 - Odour-Causing Activities such as painting of classrooms, etc. must be conducted weekends and holidays, where possible.
15. **Gymnasium** – Schools must have:
 - Safety Policies for equipment and activities associated with gymnasium use required



HEALTHY SCHOOLS

Examples of Problem Descriptions

Of course, you may encounter problems not indicated on this list, but please note the reporting style. For example, location information goes into the "Location" column.

1. CE = Ceilings:

- Light is out in (location of ceiling: e.g., northeastern corner)
- No light bulb in (location of ceiling)
- Ceiling tile moldy in (location of ceiling)
- Ceiling tile missing in (location of ceiling)
- Lights too dim in (location of room / ceiling: e.g., western corner of Child Health reception)
- Leaks in ceiling

2. CL = Cleaning:

- Mini-blinds are dusty (location in room of facility).
- A/C frame / filter(s) dusty (location in facility).
- Floor is dusty / has visible dust balls on it.
- Windowpanes need to be cleaned.
- Window sills are dusty.
- Trash cans consistently not being emptied (location in facility).
- Areas of staff lounge consistently left unclean (location in facility).
- Pure water dispensers unclean/dusty.
- Dirty dishes left in sink.
- Countertops consistently left unclean.
- Toilets unclean.
- Refrigerators dirty.
- Microwaves dirty.
- Shower in Hydrotherapy room unclean.

3. FL= Floors:

- Floor is consistently dusty/dirty.
- Carpet has not been vacuumed / maintained appropriately
- Carpet moldy from leak in ceiling / (air conditioner).
- Chipped tile(s) (location).
- Floor gets slippery when wet / it's humid.
- Metal strip at edge of carpet is sticking up and needs to be resecured.
- Floor under area rugs is dusty/dirty.

4. MA = Maintenance:

- Main entrance door does not close flush to doorframe (location in facility).
- Lock on office door jams (location in facility).
- Window cannot be opened (location of room in facility).
- A/C does not work (location in facility).
- Toilet does not flush (location in facility).
- Bathroom needs a ventilation fan (location in facility).
- Ventilation fan in bathroom not working (location in facility).
- Toilet/sink needs repair (e.g., due to leaking).
- Strike plate* not flush on door jamb.

5. OR = Organization:

- Custodian's / cleaner's supply closet needs to be tidied (location in facility).
- Area is too cluttered.
- Many boxes stacked in (location in facility).
- Closets/storage areas need to be tidied.

*The strike plate is a metal plate affixed to a door jamb with a hole or holes for the bolt of the door. When the door is closed, the bolt extends into the hole in the strike plate, and holds the door closed.

6. SF = Safety:

- Broken window pane (location in facility) needs to be replaced.
- Hydraulic control on door (location in facility) is broken and door slams quickly.
- Concrete on ramp (location in facility) has large chipped area(s) on surface.
- Exit light is out in (location in facility).
- Fire door does not remain latched in (location in facility).
- Tiled area on interior step(s) has broken off (location in facility).
- Edge of carpet is loose and may cause a trip and fall (location in facility).
- Hazardous substances are left in reach of students.
- Sprays/harsh substances used in unventilated areas.

7. SN = Sanitation:

- Bathroom consistently smells unclean (location in facility).
- Discarded needles and drug paraphernalia consistently observed (location outside of facility).
- Discarded condoms consistently observed (location outside of facility).
- Apparent rodent activity consistently observed in outside garbage can(s) / dumpster area (location outside of facility).
- Apparent rodent droppings in (location in facility).
- Apparent cockroach droppings in (location in facility).
- Apparent termite droppings in (location in facility).
- Insects accumulating

8. WA = Walls:

- Large area of wall paint is flaking (location in room).
- Wall paint is dirty - maybe use semi-gloss paint, which can be wiped clean (location in facility).
- Walls moldy from water leakage.

9. EQ = Equipment: (For the purpose of this document, "equipment" is defined as: standers, specialized chairs, walkers, lifts, playground equipment and strollers pertaining to school property)

- Equipment is consistently unclean.
- Equipment is in need of repair.
- Bicycle tires are flat.
- Equipment is stored in an unsafe manner (e.g. Blocking the fire hose or exits)
- Slings for the Tracking System are visibly dirty.
- Unused equipment is piling up.

10. PL = Playground:

- Playground needs to be power washed.
- Fence needs repair.
- Standing water noted.
- Floor surfaces are uneven and may cause a trip and fall.
- Foliage/tree branches are obstructing walkways.
- Trash/discarded equipment left on playground.

11. HY = Hydrotherapy Pool:

- Water in hydrotherapy pool is visibly dirty.
- Ph of water in hydrotherapy pool not in range.
- Pool needs repair.



Department of Education & Department of Health Partnership
Healthy Schools
POLICY

Subject: Oral Health Policy for all Schools

Effective: September 1, 2015

Revised August 20, 2015

1.0 Purpose

This policy will standardize the process by which the Oral Health Section and schools collaborate in order to facilitate good oral health for Bermuda's child and adolescent population; and to increase the potential for good oral health in the adult population.

2.0 Application

This policy applies in all schools and education programmes.

3.0 Definitions

1. Dental visits are advised to start at one year old ^(USA, UK Canada) and, whenever possible, parents are educated regarding oral hygiene and prevention of decay and periodontal disease. However, this information must be taught anew to every generation in order to ensure the life-long oral health of that generation and its off-spring. Therefore the school-based programmes of the oral health section are geared toward education, prevention and measurement of oral diseases.
2. DMFT/dmft index is a means of measuring the number of permanent (DMFT) or primary (dmft) decayed, missing, and filled teeth individual. The index is measured according to international criteria established by the World Health Organization, and is used by countries to compare their oral health status to a worldwide standards and goals.
3. OHI-S index is an internationally recognized means of measuring oral hygiene and provides a classification of oral hygiene in an individual as excellent, good, fair and poor.
4. Fluorosis is a discoloration of the enamel of teeth which can occur if an individual receives too much fluoride. The Deans Index, which measures fluorosis, ranges from 0-9 (normal to severe) and must occur on both sides of the arch to be diagnosed. Other abnormalities and forms of discoloration can easily be confused with fluorosis and, therefore, it must be diagnosed buy a dentist. In most studies, the vast majority of individuals who take fluoride score as normal (^{~90%}) or very mild. (^{~10%}). The most common contributor to fluorosis is swallowing toothpaste and it is advised that children begin with only a rice grain amount of toothpaste and progress to a pea-size amount once they learn to spit out. Fluorosis can only develop in unerupted teeth. Therefore, there is no advantage to discontinuing fluoride supplement or toothpaste in an individual whose teeth have erupted.
5. Tooth protection can be provided by utilization of an appropriately designed mouth guard and is generally recommended for sports which are likely to cause contact injuries.

4.0 Authority

This policy is in accordance with the published policies of the World Health Organization (WHO), the Pan American Health Organization (PAHO), the Federation Dentaire International (FDI) and many other international professional bodies.

5.0 Addenda

1. Oral Health Education Programme
2. Fluoride Programme
3. Screen & Seal Programme

6.0 Contacts for more Information

For more information about this policy or its application, please contact the Department of Health: Healthy Schools on 278-6502.

7.0 Supervised by

The Department of Health

8.0 Signatures

.....
Minister of Education –

.....
Date

.....
Minister of Health –

.....
Date

Addendum 1

THE DEPARTMENT OF HEALTH Oral Health Section - Oral Health Education Programme

Purpose:	To improve the oral health of Bermuda's population by early education, regarding causes and prevention of oral diseases.
Customer/s:	Children 3½ -11 years old (nursery sessions begin a few months prior to entering preschool).
Distribution Points:	Private and public nurseries, preschools and primary schools.
Manager:	Senior Dental Officer
Staff:	Oral Health Educators

Programme Goal/s

1. To ensure primary prevention of decay processes by providing instruction and hands-on demonstration.
2. To reduce injury through instruction, regarding sports safety practices.
3. To liaise with principals and teachers to facilitate collaboration with preventive services.
4. To provide information and facilitate services to individuals identified as high risk for oral diseases in the school setting.

Annual Objectives

1. To ensure teacher, students, and parents understand the techniques and benefits good oral health practices.
2. To ensure that designated instruction is provide in an age appropriate and effective manner.
3. To provide curriculum support in preparation for the Cambridge examination.
4. To assess successful learning and practical application of oral hygiene skills through testing.

Measurable Results

1. Proportion of targeted population receiving instruction.
2. Results of P5 and P6 pre-tests in preparation for Cambridge Examination.
3. DMFT (Decayed Missing and Filled Teeth scores - Children in M2.
4. OHI-S (Oral Hygiene Index-Simplified) in M2 students.

Oral Health Education Curriculum Public and Private Schools

Grade	Theme	Objective
Preschool	<i>Keep Your Teeth Smiling!</i>	Children are taught the functions of teeth and how to care for them.
Primary 1	<i>Looking After our Permanent Teeth</i>	Proper brushing Techniques are reinforced , the process of tooth loss and the importance of care are taught
Primary 2	<i>Prevention of Tooth Decay and Tooth Protection</i>	Students are taught how to protect their teeth by means of tooth safety, Fluoride and sealants.
Primary 3	<i>Development of Tooth Decay</i>	Students are taught the source of plaque, its role in producing acid, the effects of acid and the importance of healthy snacking.
Primary 4	<i>The Parts of The Tooth</i>	Students are taught the primary parts of the tooth, the development of tooth decay, and the importance of primary teeth and their functions.
Primary 5	<i>Flossing</i>	Students are taught how to control plaque, the signs of healthy versus unhealthy gums and proper flossing techniques.
Primary 6	<i>Review and Tooth Anatomy</i>	A review of all lessons is conducted ending with the complete anatomy of the tooth

Addendum 2

THE DEPARTMENT OF HEALTH Oral Health Section - Fluoride Programme

Purpose	To improve the oral health of children 0-18 by the provision of fluoride supplements to aid the prevention of smooth surface decay
Customer/s	Children 6 months to 16 years whose parents have consented to participation in the programme.
Distribution Points	Children from 6 months to P6 may receive fluoride at school or at home depending upon parental consent. Children from M1 to 16 years may continue fluoride at home depending upon parental consent. Home supplies are available at some schools, pediatricians or clinics.
Manager:	Senior Dental Officer
Staff:	Dental Officers, Dental Hygienist, Dental Assistants, Administrative Assistant and Receptionist

Programme Goal/s

1. To ensure primary prevention of decay processes.
2. To maintain prevalence of fluorosis at or below accepted levels.
3. To maintain a low count of decayed missing filled permanent teeth (DMFT) in the targeted population and enhance the potential for reduced decay in the adult population.
4. To enhance principals and teachers knowledge and cooperation regarding the fluoride programme.
5. To ensure all children whose parents or guardians have consented for fluoride receive fluoride.

Annual Objectives

1. To ensure teachers and parents understand the benefits and safety of fluoride supplements.
2. To receive incoming P1 class list from schools prior to the end of the prior school year.
3. To prepare and deliver preliminary school lists to all primary schools before the end of the second week of the new school year.
4. To provide nursery and pre-schools with a fluoride list before the end of the month of October of the current school year.

Measurable Results

1. Proportion of targeted population participating in the fluoride programme.
2. Collection of P1 class lists prior to the end of the current school year.
3. Preparation and delivery of schools lists before the end of the second week of the school year.
4. Provision of nursery and pre-schools fluoride list before the end of the month of October DMFT (Decayed Missing and Filled Teeth scores - Children in M2 and S2).
5. Proportion of children who have fluorosis and the severity of fluorosis TSIF or Dean's Index - Children in M2.

Health and Safety

1. Fluoride should be stored in a dry safe location which is not accessible to children (preferably a locked location.) Fluoride should be taken out of the storage location in preparation for distribution and returned to its safe location once distribution is complete.
2. Successful and safe distribution has most often been done at the time of attendance taking. Those who do not receive fluoride at school may be indicated on the record to simplify distribution. If any individual drops out of the programme, the school is notified by an email from the Oral Health Section. The parent may also notify the teacher but the parent must complete a new consent document if they have not already done so.

Addendum 3

THE DEPARTMENT OF HEALTH Oral Health Section - Screen & Seal Programme

Purpose:	To improve the oral health of children 0-18 by prevention of pit and fissure decay and early detection of decay, thereby increasing the <u>potential</u> for decreased caries in the adult population.
Customer/s:	Children entering P1, and in P2, P3, M2 and S2 or equivalent class levels. Sentinel surveys will be conducted every third year in order to gather oral health data for <u>all</u> schools.
Primary 1	School Entry Screening in collaboration with private practice and schools - every year.
Primary 2/ Primary 3	Screen & Seal in collaboration with private practice and schools - every year in high risk schools. Services available in all schools upon request. Promotional materials will be provided to parents in all schools to advise them that six year molars are erupting and should be evaluated for the need of sealants.
Middle School: Year 2	Screen & Seal in collaboration with private practice and schools. Every year in high risks schools. Available upon request in low risk schools. Screen <u>all schools</u> in sentinel years (every third year). Promotional materials will be provided to parents in all schools to advise them that <u>twelve year molars</u> are erupting and should be evaluated for the need of sealants.
Senior School: Year 2	Screening and referral to private practice or public health clinics. Every year in high risks schools. Available upon request in low risk schools. Screen all students in all schools in sentinel years (every third year).
Manager:	Dental Officer
Staff:	Dental Officers, Dental Hygienist, Dental Assistants,

Programme Goal/s

1. To ensure the early detection and treatment of decay.
2. To maintain pit and fissure decay at or below PAHO targets for the region.
3. To maintain a low count of decayed missing filled teeth (DMFT) in school age children.
4. Ensure parents are more knowledgeable about the purpose and benefits sealants where indicated.

Objectives

1. To ensure appropriately identified teeth receive high quality sealants.

Measurable Results

1. Proportion of targeted population participating.
2. Proportion of targeted groups by class level found to have DMFT, DMFS, dmft, and dmfs (where appropriate).
3. Level of **untreated** decay of targeted groups by class.

Health and Safety

1. In order to provide services in a manner that is safe for both children and oral health staff it is essential that the treatment location is on a floor that is easily accessible to staff from ground level. Lifting of equipment must be minimized and should whenever possible should be in a location where wheeled carts can easily be put in place.
2. Services will be provided by a team of at least two people and when services are provided in a building which is separate from the main school, children will be accompanied back to their class room.



DEPARTMENT OF HEALTH POLICY & PROCEDURE

SUBJECT:

Management of Students with
Type 1 Diabetes in School

DATE:

November 2008

PROGRAMME & SECTION:

Community Health: Child Health

SUPERSEDES:

Diabetic management of
Students in the School
1 July 2005

APPROVED BY:**PURPOSE:**

- To provide school personnel with information and guidelines regarding the management and requirements of care for the students with diabetes.
- To provide information about the management of risks associated with diabetes for all involved parties.
- To establish the roles of the school, school nurse, parent, and the child in this process.

**POLICY
STATEMENT:**

To ensure children with diabetes are treated without discrimination and assisted in achieving as normal school life as is possible

PROCEDURE:

The Ministry of Health and Ministry of Education will collaborate to determine the need for and allocation of resources to manage students with diabetes.

The Principal

1. Understands that management of a student with diabetes is a cooperative effort that involves the student, parents/guardians, teachers, other school staff, volunteers, the community health school nurse, and the student's physician.
2. Will ensure diabetes medication is administered during school hours in accordance with the *Administration of Medications* in schools policy.
3. Will ensure that *Medications Administration at School* forms are completed.
4. Will provide opportunity for staff training in diabetes care by setting up in-service workshops on an annual basis. Training will include blood glucose testing, management of hypoglycaemia, hyperglycaemia, insulin administration and monitoring and medical emergencies, e.g., seizure.
5. Will ensure that all staff are aware of the children with diabetes and respond appropriately to all diabetes related emergencies.
6. Will allow flexibility in the student's classroom routine to ensure the student can appropriately manage his/her diabetes.
7. Will work with parent(s) to ensure that a plan is developed regarding the supervision of children with diabetes on field trips.
8. Will work with the Department of Health to ensure there is proper storage for glucagon (if deemed necessary) and proper storage containers available in the school, for the disposal of syringes, lancets and other waste.
9. The principal shall ensure that the emergency plan and hypo- and hyperglycemia posters are posted in specific areas of the school to aid in the recognition of signs and symptoms of these reactions.
10. The school will designate personnel to notify the parent(s) if the student does not eat all scheduled meals and snacks (as per plan) or vomits.

11. The principal will make sure an alert sticker is placed on the tab of the student's record file and beside their name on the classroom register.

The Teacher

1. Will ensure that all blood glucose levels, insulin dosages, and treatments are logged properly in the Diabetes Monitoring Log book.
2. Will introduce diabetes into the classroom to foster acceptance and understanding in an age appropriate manner.
3. Will inform parent(s) in advance of all class parties, bake sales, extra snacks or treats that are planned.
4. Will inform parent(s) prior to any change in activities such as physical educations, sports, play times or lunch schedules.

Parent(s) of a student with diabetes

1. Will advise the school of their child's diagnosis.
2. Will sign the Department of Education? or Health? *Administration of Medication Form* in Schools and ensure they are updated annually.
3. Will participate in meetings with the health care team concerning their child.
4. Will identify the individual responsible and alternate for performing blood glucose, insulin administration and monitoring for hypoglycaemia and hyperglycaemia.
5. Will participate in the in-service training for staff regarding the care of children with diabetes in school.
6. Will ensure that their child has insulin, syringes/pens, glucometers, test strips, treatment for hypoglycemia, glucagons and other diabetes related supplies at school.
7. Will ensure adequate food for snacks and meals to be eaten at the school site.

Student with diabetes

1. Will be responsible for wearing Medic Alert identification at all times.
2. Will carry their supplies with them at all times.
3. Will participate in their own care as required.

Child Health Coordinator

1. Will be advised about any student diagnosed with diabetes.
2. Will obtain Community Health Nursing Referral form from the hospital or student's private physician.
3. Will be informed by Diabetes Education Centre when a student is first diagnosed with diabetes.

Community Health Nurse – Schools

1. Will be informed by Diabetes Education Centre (via Child Health Coordinator) when a student is first diagnosed with diabetes.
2. Will organize and conduct a team meeting with the parent, principal, teacher, school nurse, and Diabetes Center to determine the needs of the student.
3. Will complete a Diabetic Care Summary Sheet at this meeting, this will include the following:
 - a. The name of the designated person for service provision. An alternate will be identified for when the designate is unavailable.
 - b. An agreed plan of care, including target glycaemic goals, insulin administration, blood glucose testing & frequency.
 - c. An outline plan for the treatment of hyper and hypoglycaemia will be

determined

- d. An emergency plan should be formulated for use by all school personnel.
4. Will distribute this plan (Diabetic Care Summary Sheet) to the principal, classroom teacher, and other identified school staff.
5. Will ensure the Department of Education *Medication Administration Form* is completed and ensure the original is placed in the student's school record and copies as per the Administration of Medicines Policy.
6. Will revise the care plan should changes occur and at the beginning of each school term.
7. Will communicate with the child's physician on a quarterly basis.
8. Will document all related nursing activities. Entries will be made once weekly as a minimum on the official nursing progress notes (School Record Sheet).
9. Will ensure the Diabetes Monitoring Log is used for routine care on a daily basis as required between the school and parents.
10. Will ensure Health Education objectives are clearly outlined and agreed upon. The topics will include: insulin action & administration, dosage adjustment, blood glucose testing, sick day/annual leave management, prevention of diabetic ketoacidosis, nutrition therapy, exercise & management of physical education classes, prevention and treatment of hypoglycaemia.
11. If it is so determined, will ensure an emergency supply of glucagon will be stored in the refrigerator at all times.
12. Will coordinate any in-service education required for all staff at the school on the management of a student with diabetes.
13. Will ensure any repeat or follow-up inservices are conducted for key staff at the school on the monitoring and testing of blood glucose.
14. Will ensure a glucometer is stored at the school at all times with the related equipment for testing; this will be calibrated once per term.
15. Will ensure that a procedure established to facilitate the correct disposal of sharps occurs and blood glucose testing is performed in a safe environment with no risk to other students/staff.

Diabetes Centre (King Edward Memorial Hospital)

1. Will contact the Child Health Coordinator and the identified Community Health Nurse (CHN) Schools for the student's school as soon as the student is admitted to hospital or identified by the Diabetes Centre
2. Will liaise with the student's physician and instruct the student and his or her parent(s) on the care of the student with diabetes.
3. Will provide the initial glucose meter and testing strips to the child.
4. Will attend the school team meeting.
5. Will develop the emergency plan for the student to be distributed to school staff.
6. Will work with CHN Schools to conduct in-service training as required.

Bermuda Diabetes Association

1. Will supply a free glucose meter to the student via the Diabetes Centre.
2. Will work with CHN Schools as required.

SIGNATURES

Section Head Title & Name	Date
Chief Medical Officer – Dr. John Cann	Date



Vacation Care Services Sample Sun Protection Policy

The Bermuda Cancer & Health Centre's **SunSmart's** sun protection policy has been developed to ensure that all children and staff are protected from skin damage caused by the sun's harmful ultraviolet rays.

As part of general SunSmart strategies, our Services will include:

Behavior:

1. Require children to wear broad-brimmed, legionnaire or bucket hats whenever they are outside, especially on full day excursions.
2. Encourage children to wear sun protective clothing i.e. shirts with a collar and elbow length sleeves.
3. Provide SPF 30+ broad-spectrum, water-resistant sunscreen for the staff and children to use and encourage children to bring their own sunscreen from home.
4. Encourage the daily application of sunscreen 20 minutes before going outside and encourage children to reapply every 2 hours when outside.
5. Encourage children to use available areas of shade for outdoor activities.
6. Request staff and encourage parents to act as role models by practicing SunSmart behavior.
7. Provide water for regular rehydration for the staff and children and encourage children to bring water bottles from home.

Communication:

1. Display the SunSmart policy at the service for parents, and discuss it with the children.
2. Regularly reinforce SunSmart behavior in a positive way through correspondence with parents, via the notice board and displays, and through children and staff activities.
3. Ensure the SunSmart policy is reflected in the planning of outdoor excursions and events.
4. Ensure information in relation to the SunSmart policy is included in parent handbooks and other important documentation sent to parents.

Environment:

1. Schedule outdoor activities before 11 am and after 3 pm daylight savings time (10 am and 2 pm other times) whenever possible.
2. Organize outdoor activities to be held in shaded areas wherever possible.

Education:

1. Consider including games, activities and play experiences that incorporate the SunSmart message (list of activities included).

Evaluation:

1. The co-coordinator of the Vacation/Holiday Care Program is responsible for monitoring the implementation of this policy, and ensuring that it is followed.



HEALTHY SCHOOLS

What is Healthy Schools?

Healthy Schools represents the partnership between the Department of Education and the Department of Health to highlight the connection between academics and health. Healthy Schools has also partnered with numerous community health partners such as the Bermuda Diabetes Association, Bermuda Heart Foundation, Open Airways, Greenrock, Bermuda Police Service, The Family Centre, and PRIDE Bermuda. Since 2004, Healthy Schools has been in every public school and all, but one private school.

Establishing healthy behaviors during childhood is easier and more effective than trying to change unhealthy behaviors during adulthood. Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Research shows a link between the health outcomes of young people and their academic success. To have the most positive impact on the health outcomes of young people, government agencies, community organizations, schools, and other community members must work together through a collaborative and comprehensive approach.

The **Whole School, Whole Community, Whole Child** (WSCC) model expands on the eight components of the Center for Disease Control and Prevention’s (CDC) coordinated school health approach and is combined with the whole child framework. CDC and ASCD developed this expanded model—in collaboration with key leaders from the fields of health, public health, education, and school health—to strengthen a unified and collaborative approach designed to improve learning and health in schools.

The education, public health, and school health sectors have each called for greater alignment, integration, and collaboration between education and health to improve each child’s cognitive, physical, social, and emotional development. Public health and education serve the same children, often in the same settings. The WSCC focuses on the child to align the common goals of both sectors. The expanded model integrates the eight components of a coordinated school health (CSH) program with the tenets of a whole child approach to education.

Following is the expanded **Whole School, Whole Community, Whole Child model**, which reflects the connection between education and health and the collaboration required to ensure our students’ success:



PARENTS, ARE YOU A PART OF KEEPING YOUR CHILD'S SCHOOL SAFE AND HEALTHY?

Things to Think About and Act Upon!

1. Family Engagement

- a. Are you, as a parent involved in giving suggestions for health topics that can be presented at PTA meetings for all parents to learn about?
- b. Does the school have a PTA / PTSA / Parent Resource Committee and do you attend meetings regularly?
- c. Do you assist the school in its efforts to plan and provide community service events for your child?

2. Community Involvement

- a. Do you know which community-based groups support your child's school to help improve student connectedness, health, and wellness? E.g., Churches that provide school breakfasts and/or lunches as needed; community health partners that share their health information each year, etc.

3. Health Education

- a. Do you know if the school / P.E. teacher follows the health curriculum and plans health education classes through a variety of age-appropriate topics?
- b. Do you know if the school involves your child in health-related activities with her / his class or the entire school? E.g., A school-wide walk.
- c. Do you know if the school delivers age-appropriate sexual health topics?
- d. Do you model healthy habits and involve your child in a variety of health-related activities outside of school? E.g. playing in the playground, riding a bike, less TV/tablet/computer time?

4. Physical Education & Physical Activity

- a. Do you know if the school / P.E. teacher follows the health curriculum and plans P.E. classes through a variety of age-appropriate topics?
- b. Do you know if the P.E. teacher assess your child's fitness levels twice a year through the FitnessGram Tests?
- c. Do you know if the P.E. teacher provides your child with opportunities to improve her/his health and fitness levels, and design an individualized program, if necessary?
- d. Do you play a part in helping your child improve her/his health and fitness levels outside of school?

5. Health Services

- a. Do you know whether your child receives any support services she/he should be receiving each week? E.g., physiotherapy, speech therapy, school nurse, occupational therapy, and so on.
- b. Do you know if the Department of Health's health services have a space to work with your child? E.g., physiotherapy, speech therapy, school nurse, oral health sealant program, and so on.

6. Nutrition Environment & Services

- a. Do you know if the school rewards your child with food for good behavior and academic success?
- b. Do you send healthy snacks and lunches with your child and help the school to monitor healthy lunches?
- c. Do you check the breakfast / hot lunch menu to ensure that your child's meal is healthy and that the menus have been sent to the Dept. of Health to be evaluated by the Public Health Nutritionists?

7. Physical Environment

- a. Do you know if the school has a Safety & Health Committee, which completes inspections of the physical plant and ensures that the specific agency addresses each problem?
- b. Do you assist the school in ensuring that it is clean and is able to adequately sanitize surfaces and areas in an effort to prevent the spread of germs to your child?

8. Counseling, Psychological and Social Services

- a. Do you know if all counseling services are provided to the school, as required?
- b. Do you know if the school counselor makes referrals to community agencies that may support the school / any child? E.g., to Child /7 Adolescent Services, The Family Center, and so on.

9. Social & Emotional Climate

- a. Do you enjoy physical and emotional safety, and feel welcome when you enter the school premises?
- b. Do you know if your child's school teaches children to maintain positive relationships between students, teachers, and parents? E.g., Through programs such as Character Counts and the Bee Attitudes, etc.

10. Employee Wellness

- a. Do you support the teachers in their efforts to improve their health and wellbeing? E.g., Monitoring the playground, so teachers can walk at lunch-time; providing healthy foods at school events, etc.
- b. Do you and the teachers model healthy habits for the students? E.g., Staying home when you have the flu; washing your hands after using the bathroom; drinking plain, unsweetened water; and so on.



School: _____

Department of Education & Department of Health Partnership

HEALTHY SCHOOLS COMPONENTS AND STANDARDS

Healthy Schools is based on the Whole School, Whole Community, Whole Child Model and its ten components that define what a health promoting school is. Each component is linked to a Bermuda Law and all school health policies. This document describes the components and the standards that are used to ascertain if each component is met. The standards include specific health promotion activities in which schools can consistently engage students and staff throughout the year, with the goal of developing sustainability. Healthy Schools will provide support for improvement, as needed.

To assess achievement in the current academic year, score each standard on a scale of 0 to 5 (5 = achieved 100%).

School Team Members: _____

Date: _____

Assessor: _____

4

COMPONENT & CRITERIA	STANDARDS	RUBRIC					20XX - 20XX	20XX - 20XX
		0	1	2	3	4	5	Score
1. HEALTH EDUCATION Consistently delivers the required health education curriculum and students are provided with opportunities to practice health-related knowledge. Sexual Health Education: > Who delivers the modules: <input type="checkbox"/> counsellor <input type="checkbox"/> health teacher <input type="checkbox"/> school nurse <input type="checkbox"/> science teacher > If the counsellor delivers any portion of the sexual education modules, please provide documentation. * Maybe provided by School Counsellor ** Maybe provided by School Nurse *** Maybe provided through health class	1. Delivered each year level's required health curriculum. Who delivers the health curriculum: <input type="checkbox"/> Health / P.E. teacher: <input type="checkbox"/> P3-P6 <input type="checkbox"/> P1-P6 <input type="checkbox"/> M1-M3 <input type="checkbox"/> S1-S4 <input type="checkbox"/> Science, Yr. levels: <input type="checkbox"/> Family Studies <input type="checkbox"/> Human Biology <input type="checkbox"/> Food & Nutrition <input type="checkbox"/> Classroom teacher: P1 & P2	NO modules were delivered.	1 - 25% of: * modules delivered * lesson plans generated * learning assessed	26 - 50% of: * modules delivered * lesson plans generated * learning assessed	51 - 74% of: * modules delivered * lesson plans generated * learning assessed	75 - 99% of: * modules delivered * lesson plans generated * learning assessed	100% of: * modules delivered * lesson plans generated * learning assessed	BONUS POINT(S)
	2. Applied health knowledge in at least one school-wide project. <i>E.g., school / health / science fair, school-wide walk / physical activity half-day / afternoon, hula hoop / jump-rope, after-school, Spirit Day physical activities, Walking Club ...</i>	NO school-wide project / activity was provided.	One year- participated in a school-wide activity.	One year- level of all students participated in a school-wide activity.	50% of ALL students AND at least 50% of staff participated.	51 - 99% of ALL students AND at least 50% of staff participated.	100% of students AND at least 50% of staff participated.	
3. Delivered sexuality modules as required for each year-level. <i>E.g., "Good Touch, Bad Touch" to lower primary**; personal hygiene and puberty talks to upper primary boys and girls**; risky behaviors ***; human reproduction to middle and senior students****, etc.</i>	1. Delivered each year-level's required physical education modules. <i>Who delivers the P.E. curriculum?</i>	NO sexuality modules were delivered.	Required sexuality modules were partially delivered to ONE class.	ALL required sexuality modules were completely delivered to ONE class.	ALL sexuality modules were completely delivered to ONE year-level.	ALL sexuality modules were completely delivered to TWO year-levels.	ALL sexuality modules were completely delivered to ALL year-levels as required.	BONUS POINT(S)
	2. PHYSICAL EDUCATION & PHYSICAL ACTIVITY Consistently delivers the required physical education curriculum and promotes a variety of physical activities that all students can enjoy and pursue.	NO modules were delivered.	1-25% of: * modules delivered * lesson plans generated * learning assessed	26-50% of: * modules delivered * lesson plans generated * learning assessed	51-74% of: * modules delivered * lesson plans generated * learning assessed	75-99% of: * modules delivered * lesson plans generated * learning assessed	100% of: * modules delivered * lesson plans generated * learning assessed	
		Demonstration: Lessons plans and assessment tools for at least <u>two</u> year-levels will be requested.						
		Demonstration: Dated digital photos of the event / activity will be requested.						
		Demonstration: Lessons plans and assessment tools for at least <u>two</u> year-levels will be requested.						

COMPONENT & CRITERIA	STANDARDS	RUBRIC					20XX-20XX Score	20XX-20XX Score
		0	1	2	3	4	5	BONUS POINT(S)
<p>Please note: Health and fitness assessment measures included in the Spirit System's Fitness Testing are: Body Mass Index (BMI), trunk flexibility, aerobic endurance, muscle strength, anaerobic endurance.</p>	<p>2. Utilizing the FitnessGram or a similar application, assessed the health and fitness levels of all required year levels (E.g., P5, P6; M1 - M3; and S1 - S4), to include BMI and the additional four fitness components.</p> <p>3. Implemented a Fitness Portfolio or similar method as a part of the Premier's Youth Fitness Program or P.E. Program to track student physical activity levels following fitness assessment for years P5, P6, M1 - M3, and S1 - S3.</p>	NO assessments completed.	Up to 25% of ALL year-levels assessed and NO student reports generated.	25-50% of ALL year-levels assessed AND student reports generated.	50-75% of ALL year-levels assessed AND student reports generated.	75-100% of ALL year-levels assessed AND student reports generated.	100% of ALL year-levels assessed AND student reports generated.	BONUS POINT(S)
		<p>Demonstration: A consolidated report of all assessed students.</p>						
<p>3. HEALTH SERVICES Consistently ensures that all health-related policies and services are consistently implemented.</p>	<p>1. Ensures that all health services are delivered as required, including: <input type="checkbox"/> school nurse <input type="checkbox"/> occupational therapy <input type="checkbox"/> physiotherapy <input type="checkbox"/> speech-language therapy <input type="checkbox"/> vector control (rodents/mosquitoes) <input type="checkbox"/> oral health <input type="checkbox"/> water testing <input type="checkbox"/> nutrition services</p> <p>2. Ensures that a dedicated (predetermined) and adequate* space is reserved for provision of scheduled health services. * adequate = well-lit, well-ventilated, clean and uncluttered</p> <p>3. Maintained and shared with school nurse an up-to-date list of students with ANY health conditions by September 30. E.g., asthma, diabetes, epilepsy, etc.</p>	NO Fitness Portfolios were distributed to students' to track physical activity levels.	Fitness Portfolios were provided, BUT NOT monitored for at least 50% of students in identified year-levels.	Fitness Portfolios were provided, AND monitored for at least 25% of students in the identified year-levels.	Fitness Portfolios were provided, AND monitored for at least 50% of students in the identified year-levels.	Fitness Portfolios were provided, AND monitored for 100% of students in the identified year-levels.	BONUS POINT(S)	
		<p>Demonstration: Charts / documentation of physical activities in which students participated (e.g., length of program, list of activities, # minutes participated, distance walked / run, etc.).</p>						
<p>4. NUTRITION ENVIRONMENT & SERVICES Consistently promotes healthy eating with its</p>	<p>1. Provided some healthy foods at school events. E.g., <input type="checkbox"/> Sports Day # ___ Staff meetings # ___ PTA meetings <input type="checkbox"/> Orientation <input type="checkbox"/> Other: ___</p>	NO dedicated and adequate space is reserved.	The space provided is NOT reserved OR adequate.	The space provided is NOT consistently reserved/available.	The space provided is dedicated, BUT is NOT adequate.	The space provided is dedicated and adequate space IS consistently reserved.	BONUS POINT(S)	
		<p>Demonstration: Assessor will ask to review daily sign-in book to include Dept. of Health staff.</p>						
<p>Demonstration: The assessor will ask to review the reserved intervention room.</p>		List NOT maintained or accessible to school nurse, BUT is in school files.	List NOT maintained, but is in school files, which school nurse must access.	List IS maintained, but NOT up-to-date; and NOT provided to school nurse.	List IS maintained, but NOT up-to-date; but IS provided to school nurse.	List IS maintained; but NOT maintained; but NOT provided to school nurse.	BONUS POINT(S)	
<p>Demonstration: Hard copy of the up-to-date list (Please obliterate student names).</p>		NEVER provides healthy foods at ANY school functions.	Provides healthy foods at ONE school function.	Provides healthy foods at TWO school functions.	Provides healthy foods at THREE functions.	Provides healthy foods at FOUR functions.	BONUS POINT	
<p>Demonstration: Dated photos of tables bearing healthy foods at each function.</p>								

COMPONENT & CRITERIA	STANDARDS	RUBRIC					20XX-20XX	20XX-20XX
		0	1	2	3	4	5	Score
<p>students and staff in all school settings.</p> <p>➤ Note for Standard 1: Add up the number of all staff meetings, PTA meetings and bake sales at which some healthy food choices were provided for the total number of functions.</p>	<p>2. Ensured that students are not rewarded with food, through the use of non-food incentives: E.g., <input type="checkbox"/> extra playtime <input type="checkbox"/> weekly certificates <input type="checkbox"/> Honour Roll certificates <input type="checkbox"/> erasers <input type="checkbox"/> pencils <input type="checkbox"/> house points <input type="checkbox"/> badges <input type="checkbox"/> verbal praise <input type="checkbox"/> stickers <input type="checkbox"/> vouchers <input type="checkbox"/> Scholar Dollar Store <input type="checkbox"/> Treasure Box <input type="checkbox"/> Other:</p> <p>3. Monitored lunches / snacks / beverages in classroom / cafeteria. ➤ Who monitored / provided feedback: <input type="checkbox"/> teachers <input type="checkbox"/> prefects Cafeteria / Hot Lunch / Breakfast Vendor:</p>	<p>ALWAYS rewards students with food for ANY reason.</p>	<p>Students are rewarded with food after performing / behaving well.</p>	<p>Students are rewarded with food after performing / behaving well at least ONCE A WEEK.</p>	<p>Students are rewarded with food after performing / behaving well at least ONCE A MONTH.</p>	<p>Students are rewarded with food more than ONCE A TERM.</p>	<p>NO students are rewarded with food more than ONCE A YEAR.</p>	
		<p>Demonstration: Photos, certificates, examples of other non-food incentives.</p>	<p>NEVER monitors lunches / snacks / beverages.</p>	<p>At least TWO staff members provide verbal feedback at least ONCE A MONTH.</p>	<p>At least TWO staff members provide verbal feedback at least ONCE A WEEK.</p>	<p>At least TWO staff members provide verbal feedback at least ONCE A MONTH.</p>	<p>At least THREE staff members provide verbal feedback about healthy food choices at least ONCE A WEEK.</p>	<p>Consistently provides feedback (via verbal AND health talks or posters, etc.) about healthy food choices.</p>
<p>5. COUNSELING, PSYCHOLOGICAL, & SOCIAL SERVICES Consistently ensures that the psychological and social needs of students are addressed.</p>	<p>1. Delivered a comprehensive, developmental School Counseling Programme, including the four components: <input type="checkbox"/> System support <input type="checkbox"/> Responsive services <input type="checkbox"/> Individual planning <input type="checkbox"/> Classroom guidance</p> <p>2. Advocates for school psychology and outside mental health and community support services for identified students and their families.</p>	<p>Delivers NO components of the counseling program.</p>	<p>Consistently delivers only 1 of 4 components of the counseling program.</p>	<p>Inconsistently delivers 2 of 4 components of the counseling program.</p>	<p>Consistently delivers 3 of 4 components of the counseling program.</p>	<p>Consistently delivers 4 of 4 components of the counseling program.</p>	<p>BONUS POINT(S)</p>	
		<p>Demonstration: Photos children eating / holding healthy lunches / snacks (Can integrate data into Math class per week children in each class bring healthy lunches / snacks)</p>	<p>Demonstration: A Semester One or January Statistics Form, plus a completed Guidance Timeline, or School Counseling Curriculum. OR Data to be collected by the Education for School Counseling</p>	<p>Demonstration: School counselor will be assessed by the Education Officer, Counseling.</p>	<p>Demonstration: Photos of bulletin board/handouts and schedule of Character Traits taught this year.</p>	<p>Demonstration: Provides Anti-bullying posters, handouts and/or two Anti-bullying bulletin board phot</p>		
<p>6. SOCIAL & EMOTIONAL CLIMATE Consistently ensures that the school climate is healthy, safe and welcoming to promote learning. * Character Traits in school life reflect norms, goals, values, interpersonal relationships, teaching and learning practices, and organizational structures.</p>	<p>1. Ensures that Character Traits* are taught that help to maintain positive relationships between students, teachers, and parents. E.g., Character Counts and the Bee-Attitudes, and similar programs</p> <p>2. Ensures that students and staff enjoy physical and emotional safety. E.g., School consistently applies anti-bullying practices</p>	<p>NO Character Traits are taught</p>	<p>1 - 2 Character Traits were taught this YEAR.</p>	<p>2 or 3 Character Traits were taught this YEAR.</p>	<p>1 - 2 Character Traits were taught each TERM.</p>	<p>2 or more Character Traits were taught each MONTH.</p>	<p>Character Traits are taught and reinforced on a WEEKLY basis.</p>	<p>BONUS POINT(S)</p>
		<p>Demonstration: Photos of bulletin board/handouts and schedule of Character Traits taught this year.</p>	<p>Demonstration: Provides Anti-bullying posters, handouts and/or two Anti-bullying bulletin board phot</p>					

COMPONENT & CRITERIA	STANDARDS	RUBRIC					20XX- 20XX	20XX- 20XX	
		0	1	2	3	4	5	Score	Score
7. PHYSICAL ENVIRONMENT Consistently ensures that the school environment is healthy and safe and that health and safety issues are reported, and action taken. * <i>Cleaning Measures include consistently cleaning the water fountains and spouts.</i>	1. Ensures that the Safety & Health (SH) Committee functions as a part of the school's Healthy Schools (HS) Committee. <input type="checkbox"/> <i>meets every month</i> <input type="checkbox"/> <i>produces monthly meeting minutes</i> <input type="checkbox"/> <i>posts lists of SH committee members AND fire marshals</i> <input type="checkbox"/> <i>maintains a HS bulletin board</i> <input type="checkbox"/> <i>numbered all fire extinguishers</i>	Has NO SH / HS Committee or bulletin board.	SH / HS Committee meets inconsistently ; has NO bulletin board.	SH / HS Committee meets inconsistently ; HAS bulletin board.	SH / HS Committee meets monthly ; has minutes ; and NO bulletin board.	SH / HS Committee meets monthly ; has minutes AND bulletin board.	SH / HS Committee meets monthly with HAS bulletin board AND fire extinguisher list.		
		2. Held one fire / disaster drill / lockdown each term. Date # 1: _____ Date # 2: _____ Date # 3: _____ Date # 4: _____	NO fire drill was executed this year. TWO fire drills were executed and NO plan submitted to Fire Service / MOED. TWO fire drills were executed and plan WAS submitted to Fire Service / MOED. THREE fire drills were executed and NO plan submitted to Fire Service / MOED. THREE or MORE fire drills were executed and plan WAS submitted to Fire Service						
8. EMPLOYEE WELLNESS Consistently provides health promotion opportunities that help to improve the health and well-being of school staff, who may then serve as health role models for students.	3. Ensures that Infection Control, Custodial (cleaning) and Air Quality Policies / Measures are fully implemented. Note: This score will reflect those actions for which the school / board is responsible (not those of Public Works).	NO Measures were implemented. Inconsistent implementation of ONE Measure.	Complete implementation of ONE Measure: E.g., Improved cleaning of all areas of the school.	Inconsistent implementation of TWO Measures: E.g., Cleaning and monitoring Air Quality.	Complete implementation of at least TWO Measures: E.g., Cleaning and monitoring Air Quality.	Complete implementation of ALL Measures.			
		1. Provided support for staff members to improve their health and well-being. E.g., <input type="checkbox"/> <i>some healthy food choices at staff functions</i> <input type="checkbox"/> <i>health screenings</i> <input type="checkbox"/> <i>health talks</i> <input type="checkbox"/> <i>fat-loss program</i> <input type="checkbox"/> <i>exercise / lunch / afterschool walks</i> <input type="checkbox"/> <i>100 Day Activities</i> <input type="checkbox"/> <i>Sports Day / race</i>	NO support was provided to staff. Up to 25% of staff participated in at least ONE activity.	26-50% of staff participated in at least ONE activity.	26-50% of staff fully participated in TWO activities this year.	26-50% of staff fully participated in THREE or more activities this year.	51-100% of staff fully participated in TWO or more activities this year.		
Demonstrations: (1) Meeting minutes for at least two months. (2) Provide photo / Healthy Schools bulletin board will be viewed by assessor. (3) Completed Fire Extinguisher master list.		Demonstration: Dates of fire / emergency drills.							
Demonstrations: (1) The assessor can request a visit to 2 student bathrooms, a staff lounge, and 2 water fountains. (2) Inspection forms from the Dept. of Health's Safety & Health Officer can be requested from the officer / school. (3) The school nurse can be consulted regarding number of infections that occurred in the school population this year.		Demonstration: Photos / documentation of activities / programs.							

COMPONENT & CRITERIA	STANDARDS	RUBRIC					20XX-20XX	20XX-20XX	
		0	1	2	3	4	5	Score	Score
8. EMPLOYEE WELLNESS	<p>2. Encouraged staff to comply with the School Nutrition Policy and all school health policies (as per the <i>Healthy Schools' School Policy Handbook</i>).</p> <p><i>E.g., teachers eat healthy foods while on campus, refer students to school nurse as needed, participate in Wellness Wednesdays, etc.</i></p>	<p>Staff does NOT comply with ANY school health policies.</p>	<p>Staff complies with ONE school health policy.</p>	<p>Staff complies with ONE school health policy and inconsistently highlights / models policies to students.</p>	<p>Staff complies with at least TWO school health policies and consistently highlights / models policies to students.</p>	<p>Staff complies with at least THREE school health policies and consistently highlights / models policies to students.</p>	<p>Staff complies with ALL school health policies and consistently highlights / models policies to students.</p>		
9. FAMILY ENGAGEMENT	<p>Consistently encourages family involvement that enhances the overall health and well-being of students.</p> <p>1. Had an ACTIVE PTA / PTSA / Home & School Association that also promoted health by providing parents with talks on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>E.g.,</i> <input type="checkbox"/> financial planning <input type="checkbox"/> nutrition / healthy eating <input type="checkbox"/> cyberbullying <input type="checkbox"/> infection control <input type="checkbox"/> hand-washing <input type="checkbox"/> improving sleep <input type="checkbox"/> vector control <input type="checkbox"/> Gang Awareness <input type="checkbox"/> SCARS <input type="checkbox"/> Anti-Bullying <input type="checkbox"/> healthy cooking <input type="checkbox"/> diabetes <input type="checkbox"/> Healthy Schools <input type="checkbox"/> Anti-Gang <input type="checkbox"/> developing leadership <input type="checkbox"/> SunSmart <input type="checkbox"/> Community Action Team / Police <input type="checkbox"/> Women's Resource Center <input type="checkbox"/> Heart Health <input type="checkbox"/> Self-Empowerment <input type="checkbox"/> Trash-free Lunch <p>Other: _____</p>	<p>Has NO PTA / PTSA / Home and School Association (or functioning Executive Committee).</p>	<p>PTA / PTSA / Home and School Association met regularly, but did NOT promote health through health topics / activities.</p>	<p>PTA / PTSA / Home and School Association promoted health through ONE health topic / activity.</p>	<p>PTA / PTSA / Home and School Association promoted health through TWO health topics / activities.</p>	<p>PTA / PTSA / Home and School Association promoted health through THREE or more health topics / activities.</p>		BONUS POINT(S)	
10. COMMUNITY INVOLVEMENT	<p>Consistently encourages an integrated approach through involvement of community resources that helps improve student connectedness, health, and wellness.</p> <p>1. Students participated in required community service.</p> <p>Which year level(s) had required CS?</p> <ul style="list-style-type: none"> <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> P3 <input type="checkbox"/> P4 <input type="checkbox"/> P5 <input type="checkbox"/> P6 <input type="checkbox"/> M1/Gr. 6 <input type="checkbox"/> M2/Gr. 7 <input type="checkbox"/> M3/Gr. 8 <input type="checkbox"/> S1/Gr.9 <input type="checkbox"/> S2/Gr. 10 <input type="checkbox"/> S3/Gr. 11 <input type="checkbox"/> S4/Gr. 12 	<p>NO healthy practices were implemented this year.</p>	<p>1 healthy practice / option was implemented this year.</p>	<p>2 healthy practices / options was implemented this year.</p>	<p>3 healthy practices / options was implemented this year.</p>	<p>4-5 healthy practices / options was implemented this year.</p>	<p>Healthy practices / options were provided at EVERY fund-raising event</p>		
		Demonstration: List of health talks provided.							
		Demonstration: Dated photos of meals / bake sale options (etc.), including beverages.							
		Demonstration: Documentation of community service hours to date (e.g., A list / spreadsheet).							

COMPONENT & CRITERIA	STANDARDS	RUBRIC					20XX- 20XX Score	20XX- 20XX Score
		0	1	2	3	4	5	TOTAL Score
Bonus Points: Give one point for each activity the school has conducted from the bonus list attached. Give 5 points for school-wide activities the school has conducted from the bonus list attached.		Total Bonus Points						



EXAMPLES OF OUT-OF-THE-BOX ACTIVITIES FOR BONUS POINTS IN HEALTHY SCHOOLS COMPONENTS & STANDARDS

Each activity receives 1 bonus point, with the exception of innovative and/or whole-school activities, which receive 2 or 5 points (please provide pics.)

Health Education

- Provided practical nutrition activities:
- students learned about the EatWell Bermuda Plate (= 5 pts.)
- Prepared meals from vegetables / fruits / herbs grown in school garden (= 5 pts.)
- at least once this year, students made healthy meal(s):
 - fruit salad smoothies granola
- students learned to read food labels.
- submitted healthy lunches to The Annual Exhibition.

Other: _____

- Ensured that all classrooms and hallways display health promotion posters on walls (E.g., *Cover Your Cough, Move More, Wash Your Hands, Eat Healthy, EatWell Bermuda Plate*, etc.).
- Participates in community / Healthy Schools activities to apply learning in an everyday setting (E.g., School Nutrition Championship; students go to purchase food for healthy food recipes).
- Practiced Trash-free lunches (e.g., conducts audits / spot-checks) (= 5 pts.)
- Students wore hats while out at play (part of being SunSmart) (= 5 pts.)
- Participated in Wellness Wednesdays, i.e.,
 - entire school participated (= 5 pts.) announced in every assembly (= 5 pts.)
 - emailed to student homes highlighted at line-up
 - sent newsletter home posted fliers in classrooms
 - entire class highlighted healthy habit (= 5 pts.)

Participated in World AIDS Day (Dec) / HIV Awareness Month (June)
Provided assembly presentations / classroom lessons through:

- Healthy Schools Nutrition Services
- CADA Bermuda Red Cross
- Asthma / Open Airways Bermuda Cancer & Health Centre
- SunSmart LungSmart Bermuda Sport Anti-Doping Authority
- St. John Ambulance Greenrock / ECO Partner
- Bermuda Heart Foundation Bermuda Institute of Ocean Sciences
- PRIDE Sustainable Development
- Police Community Action Team Argus Crimestoppers
- HIV / AIDS Awareness King Edward VII Memorial Hospital (BHB)
- Chain Reaction / Dare to Care Bermuda Underwater Exploration Institute
- Local farmer came to assembly Religious leader came to assembly
- Other: _____

Health Services

- Updated student medical alert list, as needed and provided it to school nurse.
- Ensured compliance with all health policies, i.e.,
 - nutrition policy school asthma policy
 - exclusion for disease cover your cough
 - sealant program to P2 & P3 and M2 SunSmart Policy
 - hand-washing
 - oral health policy
 - oral health distribution of fluoride tablets to preschool and primary

Nutrition Environment & Services

- Put the www.health.gov.bm link on the school's website (= 5 pts.)
- Limited Birthday Parties to once a month (E.g., All kids with birthdays in Oct. celebrated with one party during that month). (= 5 pts.)
- Students with Birthday Parties provided healthy foods (E.g., fruit kabobs) (= 2 pts. Please provide pictures)
- Provided feedback to food service vendor through Rating Scale Form for Nutrition Policy Compliance. (= 5 pts.)
- Ensured that food service provider's breakfast / lunch menus are submitted to Nutrition Services at the beginning of each 3- to 4-week menu cycle as per contract. Includes church lunches, community group breakfasts, etc. (= 5 pts.)
- School has a "Water-Only Policy", wherein only water is consumed as a beverage throughout every day = 5 pts. 1 - 4 days a week = 3 pts.
- Encouraged students to maintain a vegetable / fruit / herb / square-foot garden. (= 5 pts.)
- Encouraged students to drink water only, on a daily basis (E.g., water bottles on desk throughout day, frequent water breaks throughout day). (= 2 pts.)
- With Afterschool staff, ensured that afterschool snacks are healthy. (= 5 pts.)
- School (PTA) / church / community partner provided breakfast to students.
- Ensured that teachers (and other adults) eat only healthy foods and beverages in the presence of students.
- Encouraged non-food fund-raising activities (E.g., walks to raise funds).
- During fundraising activities when food was sold, ensured that some choices were healthy. E.g., oatmeal cookies, popcorn, banana bread, etc.
- Offered low-fat or calcium-rich products at events / cafeteria.
- Prohibited purchase of foods off premises during school hours (= 10 pts.)

Other: _____

Physical Education & Physical Activity

In addition to P.E. classes, encouraged all students to engage in varied physical activities during / after school as a part of the school's Wellness Club:

- school-wide walk(s)
- golf
- swimming
- tennis
- treadmill
- jump-roping
- gymnastics
- sailing / Water-wise
- Windreach
- Zumba
- non-competitive cross-country
- Healthy Heart Walk
- Stepping Team (Boys / Girls)
- Afterschool daily / weekly walking / running club (= 5 pts.)
- Before-school walking program / Marathon Club (at least one term) (= 5 pts.)
- Half-Day of Physical Activities (weekly, monthly, each term or # times this year _____) (= 5 pts.)
- Pedometer Program (= 5 pts.)
- Mini Marathon (May 24) (= 5 pts.)
- Sports Health Expo (= 5 pts.)
- Other: _____

Encouraged students to participate in weekend / community activities (posted flyers, promoted activities, recognized in assembly):

- Butterfield & Vallis Run
- Telford Electric Mile
- Dash-in-the-Dark
- PartnerRe Walk
- Middle-to-End
- Let's Move! Program/Walk
- Lindo's to Lindo's Walk / Run
- Beyond Rugby
- Other: _____

- Allowed students to be physically active throughout school day by **NOT**:
 - withholding physical activity as a punishment (i.e., consistently keeping same students in at recess / lunch), OR
 - using physical activity as a punishment repeatedly with same students.
- Recognized student athletic achievements and highlights the importance of perseverance and health. E.g., certificates (= 1 pt.), Sports Awards (= 5 pts.)

Counseling, Psychological and Social Services

Had ongoing (E.g., daily, weekly) support from the school counselor and/or health partner to focus on any/all of the following:

- the family unit
- behavior
- students' self-esteem (may use a self-esteem chart)
- Positive Behavioral Interventions
- Young Citizen's Award in November
- PRIDE
- personal health
- being kind to others
- Anti-Bullying Program / Lessons
- Character Counts / Building
- More than one-year level of
- positive message announcements to students and staff every morning (= 5 pts.)
- non-food awards to students for improving their character: certificates, charts, etc.
- Leadership training
- Big Brothers, Big Sisters
- Afterschool Interim Program (E.g., for P1 & P2)
- Crisis Incident Stress Mgt. for Students (C.I.S.M.)
- Scholar Dollar Store (= 5 pts.)
- Sons of Allen Mentors
- Peer Mentor Program
- Peer Mentors
- Crisis Plan
- held a Buddy Day
- Character Counts (= 5 pts.)
- Principal's Tea / Lunch

Had an active: Peer Mediation Peer Helper Program Peer Mentors Prefects PRIDE / PRIDE PATH YouthNet Mirrors Program Anti-Gang Program SCARS Program Social Groups to assist students Student Council Mentoring Program (middle / senior school students mentor other students)

Other: _____

Liaised with CAS Child & Family Services MWI Other: _____

Extra Notes:

COMPONENTS: Health Education and Physical Education & Physical Activity

1. *The Laws of Bermuda Annual Volume of Public Acts The Education Act 1996:22 1989 Revision 15 Page 133*

PART IV

**Section B: EDUCATION
The Curriculum**

- 23 (1) The curriculum of every aided and maintained school shall include such of the following subjects as the Minister considers appropriate, that is to say, business studies, design and technology, family studies, fine arts, foreign languages, information technology, language arts, mathematics, performing arts, **physical and health education**, science and social studies.
 - (2) The curriculum shall specify in relation to each subject—(a) the matters, skills and processes which are required to be taught to pupils of different abilities and maturities during each level of schooling (to be known as "programmes of study");
(b) the knowledge, skills and understanding which pupils of different abilities and maturities are expected to have during each level of schooling (to be known as "outcomes"); and
(c) the arrangements for assessing pupils during each level of schooling for the purpose of ascertaining what the pupils have achieved in relation to the outcome targets of that level
2. School Improvement Plan (All levels, Government schools)

COMPONENT: Physical Environment

1. *BR 71 / 2006 EDUCATION ACT 1996 1996:22 EDUCATION RULES 2006 Page 16*

**PART VIII MISCELLANEOUS Inspection
Emergency precautions**

- 39 (1) The principal shall ensure that **fire drill**, bomb threat drill and drill for protection against harmful intruders including the use of all exits from the school premises and securing each classroom and workshop against access by intruders are carried out by the teachers and children **at least once in every term**, and shall keep a record of all drills in the school Log Book.
2. *Occupational Safety & Health Regulations 2009 BR 65/2009 PART 2 SAFETY AND HEALTH COMMITTEES AND REPRESENTATIVES Page 12*
Meetings of committee
14 (1) Committees shall meet during regular working hours **at least once a month** at times and places to be mutually agreed by the employer and the committee.
(2) If meetings are urgently required as a result of an emergency or other special circumstance, the committee shall meet more frequently, not necessarily during regular working hours.

Records and minutes

- 15 (1) Every committee shall ensure that accurate records are kept of all matters that come before it, and shall **keep minutes of its meetings**.
- (2) The two chairpersons shall sign the minutes.
- (3) The chairperson selected by employer members shall, as soon as possible after a committee meeting, provide a copy of the minutes to the employer and to each member of the committee.
- (4) The employer shall **post a copy of the minutes in a conspicuous place** at the relevant place of employment.

COMPONENTS: Health Services, Nutrition Environment & Services, Employee Wellness, Physical Environment and Health Education

1. **School Health Program: School Health Services** (i.e., school nurse, environmental health officer, nutrition services, oral health nurse occupational therapist, physiotherapist, speech-language pathologist, and vector control)
Public Health Act, 1949
Part V: 72 (1), Page 43

2. **School Health Policies Approved by the Ministry of Education and the Department of Health**

- ✦ *Food and Nutrition Policy 1997 and the Vending Machine and Cafeteria Policy 2006*
- ✦ *School Oral Health Policies (2009)*
- ✦ *Exclusion for Infectious Diseases from School or Daycare*
- ✦ *Administration of Medication in Schools Policy 2003*
- ✦ *Safe Storage of Medication in the School Environment 2003*
- ✦ *Physical Activity Policy for All Schools 2008*
- ✦ *Bermuda School Asthma Policy 2007 (Approved by Dept. of Health; Pending Ministry of Education Approval)*
- ✦ *Management of Students with Diabetes Policy 2008 (Approved by Dept. of Health; Pending Ministry of Education Approval)*

