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Illness, Injury, and Disability in the Inclusive Classroom

Elementary education teachers, preschool teachers, and day care workers are confronted and challenged in their settings by the presence of students who have some types of health problems. These problems can range from common illnesses, such as colds and influenza, to more serious medical circumstances, such as injuries, chronic illnesses, and disabilities. Advances in medical science and technology have dramatically influenced the survival rates among children living with chronic and serious health problems. As a result of changing attitudes and legislation, many children previously excluded from school are now integrated into the classroom. With these changes, teachers have had to learn new skills to respond to the needs of this particular student population. In addition, budget constraints have decreased the number of school nurses, forcing teachers to recognize potential health problems, provide support for those with chronic conditions, and respond to classroom emergencies. This book is designed to assist teachers and day care workers in the promotion of safety and well-being of all their students.

This chapter provides a basic introduction to the health problems and accidental injuries seen most frequently in young and preteen

children. The chapter also provides an overview of the impact of chronic illness and long-term disabilities on the developmental stages and educational needs of these children. Attention is given to the effects of hospitalization during these formative years.

Common Health Problems

Colds are one of the leading causes of school absences in children. Estimates indicate that school-age children have as many as four or five colds a year. Although medical science has not been able to eliminate this common health problem, teachers can intervene proactively to reduce the number of colds that children experience, which then reduces the number of days they are absent from school. This information is found in Part II (*see* Common Colds) and in Part III (*see* Procedure A: Hand Washing).

Another common health problem seen in the classroom is head lice (pediculosis) (*see* Head Lice). Current estimates from the Centers for Disease Control and Prevention (CDC) are that head lice affects 6 million people worldwide. The most common infestation in the United States is among schoolchildren between the ages of 5 and 12 years. Because many schools restrict attendance until the children are completely free of lice, school days are lost and academic performance is affected. Teachers must be vigilant to prevent children with lice from becoming victims of teasing and taunting from their classmates.

Allergy (*see* Allergy entries) is another common health problem in school-age children. It is estimated that approximately one in every five children suffers from some form of allergy. Numerous allergens (substances that cause allergic responses) can be the cause of an allergic response. For example, exposure to pollen, dust mites, animals, insect bites, and smelling or eating certain foods or medications may initiate a child's allergic response. Symptoms can range from a runny nose, watery eyes, and sneezing (*see* Allergy: Hay Fever) to life-threatening situations (*see* Anaphylaxis). The effects in the classroom can range from poorer academic performance of an individual child to complete disruption of the classroom environment. Teachers must be ever alert to the signs and symptoms of severe reactions because there are many items in the classroom that can trigger an allergic response (*see* Allergy: Latex). Teachers must be well informed on the procedure of administering an epinephrine injection to students with life-threatening allergic responses and whose health care providers have recommended this course of treatment (*see* Procedure I: EpiPen).

These are just a few examples of common health problems encountered by teachers in their day-to-day interactions with children. Each day, teachers must understand the health concerns of children and often must make independent decisions regarding the management of these problems. In some instances, teachers play a role in reducing occurrences of health problems through preventive measures. In other situations, teachers initiate or follow through on strategies to manage health problems and bolster learning and academic achievement.

Accidental Injury

Accidental or unintentional injuries of school-age children have been identified as the major health problem encountered by school personnel. Annually, approximately 4 million children between the ages of 5 and 18 years are injured on school property. Injury-related problems account for 80% of visits to the school nurse. A compilation of statistics from several national studies indicates the following characteristics of injuries to school-age children:

- Approximately 38% of injuries occur in elementary schools.
- Most injuries occur on school playgrounds.
- The majority of injuries occur during the first 2 months of the school year.
- Morning hours and the lunch period are the most frequent times for injuries.
- Those in kindergarten have the least number of injuries, while first-graders have the greatest number of injuries.
- The head, arms, and legs are at highest risk for injury.
- Broken bones and injuries associated with falls account for the most serious accidents.
- Boys are at higher risk than girls, especially when boys are involved in organized sports or “pickup” athletic games.
- The rate of injury on asphalt surfaces is six times greater than that on sand or grass.

The CDC, in its 2001 report on *School Health Guidelines to Prevent Unintentional Injuries and Violence*, provides guidance for the prevention of accidental injuries in the school setting. Some of these guidelines are as follows:

- Establish a social environment that promotes safety and prevention of unintentional injuries.

- Implement health curricula and instruction that advocate health and safety. Through this provision, students develop the knowledge, attitudes, behavioral skills, and confidence necessary to adopt and maintain safe lifestyles.
- Provide safe physical education and extracurricular physical activity programs.
- Arrange for programs that teach and encourage all school personnel ways in which to promote safety and prevent accidents.

The rate of accidents can be decreased through preventive measures such as education and enforcement of safety rules and standards. These include the use of batting helmets for baseball; helmets, elbow, and knee pads for bicycling or skating; and mouth guards for contact sports. Following safety rules and using the right equipment makes for “smart and better players” and reduces children’s vulnerability to injuries. Teachers who discuss and model healthy habits instill in their students a way of life that will serve them well throughout life.

Chronic Illness

Approximately 31% of children in the United States have some type of chronic illness with varying degrees of severity. Children living with chronic illness have a significantly greater number of obstacles to overcome. These hurdles may include alterations in normal growth and development, exclusion from certain classroom activities, a sense of being different from the other children, and excessive absences from school. Teachers who are knowledgeable about these unique health and educational challenges are able to respond sensitively and appropriately to students with chronic illness.

Not surprisingly, children who have excessive absences from school face more challenges in meeting academic standards and outcomes. The school environment not only provides opportunities for children to learn but also encourages children to interact, work together, resolve conflicts, and solve problems. With this process comes a feeling of accomplishment and a growing sense of autonomy. Children who miss school due to chronic illness are deprived of these invaluable experiences.

Asthma (*see Asthma*), one example of a chronic illness, is the most common long-term respiratory illness in children. It is the leading cause of health-related absenteeism, with more than 10 million school days missed each year. When children experience breathing difficulties, their attention is focused on their bodies and their anxiety levels

increase. Inattention and anxiety interfere with the ability to learn. When this becomes a frequent or chronic situation, children with asthma may be at increased risk for learning problems. Not wanting to feel different from their peers, they may refrain from using their medications in front of other children or may avoid informing their teachers that they are in need of some assistance. Knowledgeable teachers are attuned to these problems and may be able to intervene before these situations worsen.

For children with chronic illness, having understanding teachers is critical for a positive school experience and academic success. For those schoolchildren who have no health problems, the sensitivity and role modeling by teachers often makes the difference between their acceptance and rejection of these vulnerable children. Teachers can gain knowledge regarding health problems from school health personnel, communications with parents/caregivers/children, this book, and resources available on the World Wide Web. Knowledgeable teachers are less likely to act on the basis of their acceptance or rejection of these biases and prejudices, and they are more likely to create a sensitive and caring school environment.

Disabilities and Individualized Education Plans

There are several labels that refer to the process of integrating children with disabilities in the regular classroom. This concept has been identified by some school systems as “mainstreaming,” “regular education initiative,” “full inclusion,” “partial inclusion,” or “inclusion.” Regardless of the selected terminology, current federal laws, such as the Individuals with Disabilities Education Act (IDEA), mandate that a child with a disability has a right to attend free and appropriate public education in the least restrictive environment provided by his or her local school system. In response to these legislative directives and considerable commitment of some school districts, tremendous strides have been made in overcoming challenges in providing disabled children with access to education.

The U.S. Census Bureau indicates that 6.5 million children have some type of disability and that 96% of these students attend regular schools with their nondisabled classmates. Based on such statistical data, it is vital that all teachers have an understanding of these children’s abilities and disabilities and of the unique needs inherent in being disabled. A knowledgeable and sensitive teacher, who understands a student’s Individualized Educational Plan (IEP) and meets the student’s needs,

will do much in creating a classroom environment where “inclusion” is a positive experience for children with and without disabilities.

Common disabilities seen in children include impairments of speech, hearing, and sight as well as learning problems. In addition, some students have activity limitations and restrictions such as being confined to a wheelchair and requiring the use of a cane or walker. Regardless of the source of the disability, the teacher working with such a school-age child can significantly affect his or her ability to achieve the developmental task of gaining a sense of accomplishment and diminish feelings of inferiority. A focus on the child’s strengths or abilities rather than on the disability may give the child a new perspective of what he or she believes can be accomplished and may foster a sense of self-worth. The child who attends school has the advantages of learning and socializing with a diverse group of peers and has the disadvantage of confronting the fact that he or she is “different” and may be the focus of ridicule and exclusion by classmates. The teacher who is sensitive to what it means to live with a disability, plans activities in which all children can participate, and models acceptance of differences may have a significant impact on the child’s sense of belonging while enhancing nondisabled students’ understanding of disability.

The child with a disability brings to the classroom a vast array of concerns to be addressed by school systems. In addition to educational issues, these concerns include the following:

- Arranging for a safe exit from the classroom in case of an emergency situation
- Sensitizing nondisabled students to promote inclusion without embarrassing or breaching the confidentiality of the disabled child
- Developing learning strategies that take into consideration the disabled child’s frequent absenteeism and energy level
- Planning a classroom schedule that meets the unique health needs of the child

The teacher will need to communicate with parents/caregivers, school health and educational personnel, and the child to better understand these concerns. Enhanced understanding will ensure appropriate planning for the disabled child’s successful integration into the classroom.

In addition to educational and safety concerns, teachers have identified fears related to appropriately responding to medical emergencies associated with specific disabilities in children. Classroom

emergencies such as seizures (*see* Epilepsy/Seizure Disorder), a sudden onset of flushed and sweating skin in a child with spinal cord injury (*see* Spinal Cord Injury: Long-Term Care), and difficulty with breathing in a child with cystic fibrosis (*see* Cystic Fibrosis) involve knowledgeable teachers who understand both the significance and the urgency of responding to these situations. Access to information, training, and identification of resource personnel are crucial in addressing these issues and in decreasing the worries of teachers.

The importance of school in the lives of all children is well known. For a child with a disability, being in school serves to afford him or her a sense of normalcy and acceptance. Therefore, teachers play a significant role in enhancing the disabled child's self-esteem and in assisting him or her to have a positive view in attaining an education.

Hospitalization

Hospitalization is a traumatic experience for all children. A school-age child who is hospitalized may experience a variety of feelings due to being absent from school and thrust into an unfamiliar environment over which he or she has little or no control. The child's reaction will depend on many factors, including age, developmental stage, reason for hospitalization, and support of family and friends. The younger school-age child is more susceptible to the stresses of hospitalization and appears to have more difficulty in adapting.

Psychosocial responses to hospitalization in children may include anxiety related to separation from family and friends, a sense of isolation, regression and withdrawal, anger (*see* Anger), panic attacks (*see* Panic Disorder), and fear of the unknown. Further sources of anxiety for the child who is hospitalized may include being confronted by a number of strangers in the hospital, experiences of pain, environmental changes, and special procedures. The child may even view the hospitalization as punishment for wrongdoing. For example, diabetic children (*see* Diabetes), who consistently select food items from the cafeteria that are not conducive to their health, may interpret the hospitalization as their fault for not adhering to diet restrictions. Unfortunately, long-lasting emotional problems can occur in children who have experienced very stressful hospitalizations.

Another common reaction among hospitalized children is a feeling of isolation. Children who are absent from school frequently worry about not being with their friends. Anticipating that friends develop new relationships and exclude them from school and social events troubles these children. In addition, these children may be concerned

that teachers will treat them differently and that special tasks assigned to them will be delegated to other classmates. They also may be struggling with the feelings of being different from other children due to their hospitalizations. Teachers' and classmates' visits, notes, telephone calls, e-mails, and videotapings may help to alleviate some feelings of isolation for these children and may serve to decrease some of the stressors associated with hospitalization.

A sick child normally exhibits signs of regression and withdrawal. As a result, the child who is hospitalized frequently experiences a sense of helplessness and dependency on others. The teacher may observe that after hospitalization, when the child is back in the classroom environment, the child requests more assistance, feels unable to learn new skills, may resist involvement in classroom activities, or becomes uncharacteristically compliant. The child also may become easily frustrated and readily relinquish control of a task to peers. The support and encouragement of the teacher will enhance the child's ability to conquer feelings of inadequacy and regain his or her sense of independence.

Although hospitalization can be stressful for children, it is also important to realize that it can also be very beneficial. Recovery from an illness is the most apparent benefit, but hospitalization can also assist children in learning to deal with stress and to cope with new situations. Emphasizing these positive experiences can serve to increase children's sense of well-being and can negate some of the unpleasant effects associated with the hospital experience in school-age children.