

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

FIFTEENTH CONGRESS
First Regular Session

House Bill No. 3505

Introduced by **Rep. Eulogio "Amang" R. Magsaysay**

EXPLANATORY NOTE

Access to quality health services remains a major challenge for Filipino children. This deprivation is actually magnified in the sad health conditions of children attending in public elementary and secondary schools around the country. Various studies have revealed that a large number of very young children in the country have iron deficiency anemia. Older children suffer from soil-transmitted parasitic worms that cause malnutrition. Such malnutrition makes them vulnerable to ailments such as eye and ear defects, tuberculosis and others.

Health problem can become a barrier to learning. Such causes absenteeism among school children and is a major deterrent to their consistent productivity. For children to learn effectively they must be placed in a healthful environment where they feel well supported by parents, administrators, teachers, and other stakeholders, and embraced by a school program that ultimately works for their health and wellness.

The World Health Organization (WHO) made a comprehensive definition of what school health programs are composed of: school health services, school health education, school health environment (physical and psychosocial), health promotion for its personnel, school community projects and outreach, nutrition and food safety, physical education and mental health, counseling and social supports.

This bill aims to promote the health of school children attending our public elementary and secondary schools by prescribing the general standards of a Public School Health Program. It does not only delineate the basic health program components; it also contains provisions relating to its administration, review and evaluation.

In view of the foregoing, approval of this bill is earnestly sought.


EULOGIO "AMANG" R. MAGSAYSAY

House of Representatives

House Bill No. 3505

Introduced by **Rep. Eulogio "Amang" R. Magsaysay**

**AN ACT
PROMOTING THE HEALTH OF STUDENTS ATTENDING PUBLIC
ELEMENTARY AND SECONDARY SCHOOLS**

Be it enacted by the Senate and the House of Representatives of the Philippines in Congress assembled:

SECTION 1. *Short Title.* - This Act shall be known as the "Public School Health Act of 2010."

SECTION 2. *Declaration of Policy.* - It is hereby declared the policy of the State:

- a) To recognize the vital role of the youth in nation-building, promote and protect their physical, moral, spiritual, intellectual, and social well-being.
- b) To recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. It is the duty of the State to ensure that no child is deprived of his or her right of access to such health care services.
- c) To prioritize the delivery of basic social services in health and nutrition to children.

SECTION 3. *General Standards of a Public School Health Program.* - All public schools nationwide, both elementary and secondary, are hereby required to duly implement their respective school health programs, in accordance with the following general standards:

- a. Designation of a Physician-in-Charge and a Nurse-in-Charge
- b. Creation of a School Health Committee;
- c. Compliance with the school health program components, as follows:
 - c.1. Health Education
 - c.2. Health Assessments & Screenings
 - c.3. Preventive & Curative Health Services
 - c.4. Dental Health Services
 - c.5. Nutrition Services
 - c.6. School Personnel Health Promotion
- d. Maintenance of a Healthful School Environment
- e. Monitoring and Evaluation System

SECTION 4. *Designation of School Physicians and School Nurses.* –

There shall be appointed School Physician(s) and School Nurse(s) for each schools district. The schools division superintendents, through the schools district supervisors, shall coordinate with the city/municipal government and/or the Department of Health (DoH) district offices as to who can be appointed as School Physicians and School Nurses.

They shall be assigned in a public school or a cluster of schools under the jurisdiction of the respective districts. Depending on the number of schools to be served, two (2) or more physicians and/or nurses may be appointed for a particular schools district. The schools division superintendents, in coordination with the schools district supervisors, shall provide such physician and nurse with adequate facilities to conduct health examinations of individual pupil/student and to discharge such other as may prescribed.

SECTION 5. *Duties of School Physicians.* – The designated physicians, acting as visiting doctors to each of public schools in the district where they are assigned, shall have the following duties:

- (a) Establish a regular schedule of visits to the school;
- (b) Make a prompt examination of all pupils/students referred to them by the school nurse, school head, or teacher, and shall interpret to such nurse, school head, or teacher, and to the parents of each such pupil/student, such medical findings, with recommendations as to how the pupil/student should be cared for and what provisions, if any, should be made at the school for the care and welfare of such pupil/student;
- (c) Make examinations of teachers, staff, and other personnel in the school when requested to do so by the schools division superintendents or by the schools district supervisors, or when, in such physician's opinion, such examinations are necessary;
- (d) Make such sanitary inspection of school buildings as, in such physician's opinion, is necessary for the protection of the health of pupils.
- (e) Take steps to preserve and improve the health of pupils/students in accordance with the statutes and rules and regulations by the Secretary of the Department of Health or the sanitary ordinances in force in such town or city.

SECTION 6. *Duties of School Nurses.* – The designated school nurses, acting as visiting nurses to each public school in the district where they are assigned, shall assist in executing the orders of the school physicians, visit the homes of concerned pupils/students when deemed necessary, and perform such other duties as may be required.

SECTION 7. *Creation of School Health Committee.* – There shall be established School Health Committees in respective public elementary and secondary schools composed of the School Head as Chairman, the School Physician as Co-Chairman, with the Members, as follows: School Nurse, Other School Health Support Personnel, the Guidance Counselor, the Health Education Teachers, the Parents-Teachers Association (PTA) President, and the President of the Supreme Pupil/Student Government.

The School Health Committee shall perform such oversight functions for the proper and effective implementation of the school health program.

SECTION 8. *Health Education.* – There shall be an organized and planned health education integrated in the curriculum or instructions of public schools. A continuing program for health education teaching shall be implemented by the school among its academic and non-academic personnel.

The School Heads are hereby required to ensure that adequate provision of resource learning materials on health are made available in the library, and that health promotion materials such as posters and advisories are made visible in all the strategic areas and conspicuous portions of the schools.

SECTION 9. *Health Assessments and Screenings.* – Each of the schools division superintendents, through the schools district supervisors, shall require each pupil/student enrolled in the public schools to have health assessments and screenings pursuant to the provisions of this Section.

Such health requirements may include: 1) a physical examination which shall include height, weight, blood pressure, hematocrit or hemoglobin tests, and chronic disease assessment; 2) vision, hearing, speech, and gross dental screenings; and 3) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The health assessments shall be conducted by the school physician and/or the school nurse, to ascertain whether such pupil/student is suffering from any physical disability tending to prevent such pupil/student from receiving the full benefit of school work and to ascertain whether such school work should be modified in order to prevent injury to the pupil/student or to secure for him/her a suitable program of education.

Under the supervision of the school physician and/or the school nurse, the vision, audiometric, and postural screenings may be conducted by the authorized health personnel, to find out whether such pupil/student has a particular impairment, defects or problems in seeing, hearing, or posture.

No health assessment or screening shall be made of any child enrolled in the public schools unless such examination is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian of such child shall receive prior written notice and shall have a reasonable opportunity to be present at such assessment or to provide for such assessment himself/herself.

Provided, that no provision of this Act shall be construed to require any pupil/student to undergo a physical or medical examination or treatment, or to be compelled to receive medical instruction, if the parent or legal guardian of such pupil/student or if such pupil/student who is an emancipated minor or is eighteen years of age or older, in writing, notifies the teacher or school head or other person in charge of such pupil/student that his/her parent or guardian objects, on religious grounds, to such physical or medical examination or treatment or medical instruction.

The school physician and/or school nurse shall review the results of each assessment and screening. When, in their judgment, a pupil/student is in need of further testing or treatment, the schools division superintendent through the schools district supervisor shall give written notice to the parent or guardian of such pupil/student and shall make reasonable efforts to assure that such further testing or treatment is provided. Such reasonable efforts shall include a determination of whether or not the parent or guardian has obtained the necessary testing or treatment for the pupil/student, and, if not, advising the parent or guardian on how such testing or treatment may be obtained.

The results and the reviews of each assessment and screening done shall be recorded in forms prescribed by the Secretary of Health. Such information shall be included in the cumulative health record of each child and shall be kept on file in the school where such child attends. The physician, nurse, and other school health personnel assisting in the performance of such health assessments and screenings, and the corresponding reviews of the results thereof shall completely fill out and sign each form and other accompanying documents.

If a pupil/student permanently leaves the school, his/her original cumulative health record shall be sent to the school to which such he/she moves. The school transmitting such health record shall retain a true copy.

SECTION 10. *Preventive and Curative Health Services.* – The health program of a public school shall comprise services on preventive health such as physical activities and required immunizations, and on curative health such as administration of medications and drugs, subject to the following provisions:

- a) Subject to the guidelines for addressing the physical health needs of pupils/students in a comprehensive manner that coordinates services, issued by the Department of Education in consultation with its division and regional offices, the school health program shall formulate and implement plans for engaging pupils/students in daily physical exercise during regular school hours and strategies for engaging them in daily physical exercise before and after regular school hours in coordination with the parks and recreation offices of local governments. *Provided*, that the School Head concerned shall honor written notice submitted by a licensed practitioner who places physical restrictions upon any pupil/student enrolled in the public school.
- b) The schools division superintendents shall require each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenza type B, and any other vaccine pursuant to guidelines established by the Secretary of Education, in consultation with the Secretary of Health, before being permitted to enroll in any program operated by a public school under its jurisdiction. Any such child who (1) presents a certificate from a physician or government health clinic or hospital stating that initial immunizations have been given to such child and additional immunizations are in process under the said guidelines and schedules specified by the Secretary of Education; or (2) presents a certificate from a physician stating that in the opinion of such physician, such immunization is medically contraindicated because of the physical condition of such child; or (3) presents a

statement from the parents or guardian of such child that such immunization would be contrary to the religious beliefs of such child; or (4) in the case of measles, mumps, or rubella, presents a certificate from a physician or from the health center in such child's present or previous town of residence, stating that the child has had a confirmed case of such disease; or (5) in the case of hemophilus influenza type B has passed his or her fifth birthday; or (6) in the case of pertussis, has passed his or her sixth birthday, shall be exempt from the appropriate provisions of this Section. The expenses of the immunizations shall be shouldered by the Department of Education from funds to be appropriated for the purpose. Provided, that no government health clinic or hospital or public official who causes an immunization required by law to be administered shall be liable for civil damages resulting from an adverse reaction to a non-defective vaccine.

- c) The school nurse, any qualified school health personnel or any authorized school personnel may administer medicinal preparations to any pupil/student at such school pursuant to the written order of the school physician and the written authorization of the parent or guardian. *Provided*, that the administration of medicinal preparations by a school head, teacher, or coach in case of athlete-students shall be under the general supervision of a school nurse. *Provided, further*, that no such school nurse, authorized school health personnel, school head, teacher, or coach shall be liable to such student or a parent or guardian of such student for civil damages for any personal injuries that result from acts or omissions of such school nurse, authorized school health personnel, principal, teacher, or coach in administering such preparations that may constitute ordinary negligence. This immunity does not apply to acts or omissions constituting gross, willful, or wanton negligence.
- d) Each school wherein any controlled drug is administered under the provisions of this section shall keep such records thereof as are required

of hospitals and shall store such drug in such manner as the statutes, rules, or regulations shall require.

- e) Nothing in this section shall be construed to prohibit the administering of medications by parents or guardians to their own children on school grounds.
- f) For purposes of this Section, "psychotropic drugs" means prescription medications for behavioral or social-emotional concerns, such as attention-deficits, impulsivity, anxiety, depression, and thought disorders, and includes, but is not limited to, stimulant medication and anti-depressants. The Department of Education, in consultation with its regional and division offices shall adopt and implement policies prohibiting any school personnel from recommending the use of psychotropic drugs for any child.

SECTION 11. *First-Aid and Emergency Facilities.* – Each public school is required to maintain the necessary provisions and facilities that can be readily applied, administered, and utilized in any first-aid and emergency cases.

SECTION 12. *Dental Health Services.* – The dental health services shall form part of the core components of a public school health program. Such services shall be made available to the children and all school personnel under the supervision of a Dentist-in-Charge. The schools division superintendents, through the schools district supervisors, shall coordinate with the city/municipal government and/or the Department of Health (DoH) district offices on the designation of dentists to respective public schools.

They shall be assigned as the Dentist in charge of a school or a cluster of schools under the jurisdiction of the respective districts. Depending on the number of schools to be served, two (2) or more dentists may be appointed for a particular schools district. The schools division superintendents, in coordination with the schools district supervisors, shall provide such dentist-in-charge with adequate facilities to conduct dental and oral health examinations of individual pupils/students, and to discharge such other as may prescribed.

SECTION 13. *Duties of School Dentists* – The designated school dentists to particular public schools, shall have the following duties:

- a) Establish a regular schedule of visits to the school and/or conduct of clinical activities;
- b) Make a prompt dental examination of all pupils/students referred to them by the school nurse, teacher, or principal, undertaking immediate dental and oral health procedures or interventions to concerned pupils/students, with recommendations as to what other provisions, if any, should be made at the school and at homes for the care and welfare of such pupils/students;
- c) Make examinations of teachers, and other personnel in the school when requested to do so or when consulted by such teachers and other school personnel undertaking immediate dental and oral health procedures or interventions to concerned personnel, with recommendations as to what other provisions, if any, should be made at the school and at homes for the dental and oral care of such personnel;
- d) Hold regular consultations with the pupils/students, and all school personnel including dental education and counseling;
- e) Administer basic dental and oral health procedures, particularly: oral prophylaxis, temporary filling, dental extractions except surgery, treatment of minor mouth lesions, wounds and burns, and routine gum treatment.
- f) Attend to cases of emergency care treatment in the schools;
- g) Take steps to preserve and improve the school health program component relating to oral and dental health and wellness of pupils/students as well the teachers and other school personnel;

SECTION 14. *Feeding Programs for Public School Children.* – The provincial, city, or municipal school boards are hereby required to set an allocation from the Special Education Fund for the implementation of Feeding Programs for children attending all the public schools under their respective jurisdiction. Expenditures for such feeding programs may be fixed by such boards and shall not exceed the cost of food, wages, and other expenses directly

incurred in providing such services. Such board is authorized to purchase the necessary equipment and supplies, to employ the necessary personnel, to utilize the services of volunteers, and to receive and expend any funds, equipment, and supplies which may become available to carry out the provisions of this section.

The provincial, city, or municipal school board is authorized to expend in each fiscal year funds to implement the feeding programs pursuant to this section.

SECTION 15. *Participation of Non-Government Organizations (NGOs), Private Schools and other Private Entities in Feeding Programs.* –

The School Health Committee of a public school shall explore the participation of non-government organizations (NGOs), private schools and other private entities in the implementations of the school's feeding programs.

SECTION 16. *Incentives to Private Sector Participation.* – Partnership between the government and private sector in support of local education initiatives shall be encouraged. The costs on the part of partner private entities shall be considered as allowable deduction from the gross income in the computation of their income tax, in accordance with the provisions of the National Internal Revenue Code of 1997, as amended.

SECTION 17. *Nutrition and Sanitation Standards for Foods.* - The School Health Committee shall certify to the schools division superintendent through the schools district supervisor all food items made available for sale to students in schools meet the nutrition and sanitation standards as prescribed by the Secretary of the Department of Education in consultation with the Secretary of the Department of Health. Such certification shall cover foods offered for sale to students at all times, and from all sources, including, but not limited to, school stores, vending machines, school cafeterias, and any activity on school premises, whether or not school sponsored.

SECTION 18. *School Personnel Health Promotion.* – The health of all personnel of the school, both academic and non-academic, shall likewise be promoted under the school health program. The School Heads, in consultation with the School Health Committee, shall develop as well a health program for the

personnel pertaining, but not limited, to annual physical and medical examinations, disease prevention, provisions of medicines, and healthy work place. All the health-related benefits and privileges provided to school personnel under the existing laws, orders, ordinances, and the likes, shall be duly rendered.

SECTION 19. *Maintenance of a Healthful School Environment.* – All public elementary and secondary schools shall maintain healthful school environment, that shall account, but not limited, to a clean and safe school surroundings, safe water provisions, well-maintained sanitary facilities such as hand-washing areas and toilets.

Safety measures against hazards shall also be provided in all areas of the schools where learning activities, both curricular and non-curricular, take place such as laboratories, shops, and school grounds.

SECTION 20. *Monitoring and Evaluation of a School Health Program.*
– The DepEd Secretary, in consultation with the regional and division offices shall come up with the guidelines in monitoring and evaluating the public school health programs, covering all aspects of program formulation and implementation, at the school, district, division, regional, and national levels.

SECTION 21. *Annual Report on Pupils' Health Insurance.* - Each schools division superintendent shall require each pupil/student enrolled in public schools under his/her jurisdiction coverage of health insurance. An annual report shall be made to reflect the list of pupils/students in public schools with health insurance. The Insurance Commissioner shall provide information on government-sponsored health insurance programs for children, including application assistance for such programs. Each schools division superintendent shall provide such information to the parent or guardian of each pupil/student identified as uninsured.

SECTION 22. *Appropriations.* – The President is hereby authorized to realign or transfer any item of appropriation within the Department of Education, and/or utilize any savings therein to carry out the purposes of this Act. Whatever additional amount as may be needed for its implementation shall be included in the General Appropriations Acts for the ensuing fiscal years. A portion of the

annual supplementary budget provided by the Local School Boards shall also be allocated for purposes of this Act.

SECTION 23. *Rules and Regulations.* -The Secretary of the Department of Education in consultation with the Secretary of the Department of Health shall promulgate the implementing rules and regulations of this Act within ninety (90) days after its approval.

SECTION 24. *Separability Clause.* - If for any reason, any portion or provision of this Act shall be declared unconstitutional, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect.

SECTION 25. *Repealing Clause.* - All laws, decrees, executive orders, rules and regulations, part or parts thereof, inconsistent with the provisions of this Act, are hereby repealed or modified accordingly.

SECTION 26. *Effectivity Clause.* - This Act shall take effect fifteen (15) days following its publication in at least two (2) newspapers of general circulation.

Approved,