Child Mortality in the School Setting

Position Statement

National Association of School Nurses

SUMMARY

It is the position of the National Association of School Nurses (NASN) that data on children's deaths in school should be recorded, analyzed and reported at the local, state and national levels. The systematic review of data on child mortality is necessary to drive interventions and policies that will decrease mortality from injuries, violence, acute illness and chronic disease in the school setting (Bergren, 2010; Christian & Sege, 2010).

BACKGROUND

Schools are not immune from the threat of fatal injury or death of school-age children. Schools today provide care for an increasing number of chronically and acutely ill children. Medically fragile children in schools require ventilators, tube feedings, medication, and other complex nursing care procedures (Allen, Henselman, Laird, Quinones, & Reutzel, 2012; Bergren, 2011; Centers for Disease Control and Prevention [CDC], 2015; National Association of State Chronic Disease Directors [NACDD], 2016; Perrin, Anderson, & VanCleave, 2014). Chronic conditions may put students at higher risk for unexpected death. In 2015, 8.4% of children were identified as having had asthma (CDC, 2016a). Diabetes is one of the most common chronic diseases in children and adolescents, affecting 167,000 children in 2009 (CDC, 2016b). Ten percent of children over 6 years of age are allergic to peanuts, potentially at risk for life threatening anaphylaxis (Liu et al., 2010). Epilepsy primarily affects children who also bear the burden of its most catastrophic forms (Institute of Medicine [IOM], 2012). Overall, 15% to 18% of children and adolescents have a chronic health condition (Perrin, Bloom, & Gortmaker, 2007). School children are at risk of injuries in classrooms, gyms, playgrounds and playing fields. Drug and alcohol overdoses, suicide, violence and homicide can also occur at school (American Academy of Child and Adolescent Psychology [AACAP], 2013).

There is a dearth of data surrounding the health of the 50.4 million students who attend school every day (Kena et al., 2016). While voluminous amounts of data on children are reported in various national health data bases in hospitals, clinics and primary care offices, data is not collected or analyzed on a national level about the intensity or quality of health care that is delivered in school every day (Patrick et al., 2014).

The lack of data on students' health also extends to a corresponding lack of data on students' deaths. In the United States, deaths of employees that occur at work are monitored and investigated by the Occupational Health and Safety Administration (OSHA). OSHA can specify that exactly 4,836 United States workers died on the job in 2015 (Bureau of Labor Statistics, 2016). However, the number of children who die at school or who die following an adverse event at school is often known only from anecdotal or newspaper accounts limiting the ability to understand causes or identify preventative measures (Malone & Bergren, 2010). Only half of all states review child death from all causes (Christian & Sege, 2010). Forty-three states participate in the National Center for Fatality Data Review and Prevention (NCFRP, 2016); but, despite asking if school was the location of the death, not all data elements are submitted by all states A few states, including North Carolina and Massachusetts, collect and publish public data on chronic and acute health conditions of students in public schools (Massachusetts Department of Public Health, 2013; North Carolina Healthy Schools, 2016; Selekman, Wolfe, & Cole,

2016). However, many states do not collect that data, and no national repository exists on child deaths at school nor on whether they are accidental or due to disease or violence.

RATIONALE

Preventable child mortality is classified as a "never event" (Agency for Health Research and Quality [AHRQ], 2013). A never event is a rare, devastating, preventable adverse event (National Quality Forum [NQF], 2011). While there are widespread initiatives to eliminate devastating "never events" in healthcare settings, there is not a similar broad effort to address dire outcomes in the school setting. The systematic review of child mortality in schools would drive population level data analysis and interventions for a safer school environment for all children. The increasing number and complexity of students with serious health conditions require vigilance to prevent those conditions from exacerbating and to reduce preventable child fatalities. Registered professional school nurses need to advocate for the collection and analysis of student health data at the local level and for the reporting and aggregation of student health data at the state and national level in order to inform and advise health and education policy makers (Bergren et al., 2016; Christian & Sege, 2010; Johnson, Bergren, & Westbrook, 2012).

CONCLUSION

Just as there are federal laws to monitor deaths in the workplace, there needs to be a parallel federal system for child deaths at school. Registered professional school nurses should accept opportunities to serve on state and national child fatality review committees to provide input into policies that protect children at school and in the community.

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