

Supporting Scheduled Recess

Position Statement

NASN POSITION

It is the position of the National Association of School Nurses (NASN) that scheduled recess not be withheld for any student during the school day. Recess is defined as “a regularly scheduled period within the school day for physical activity and play that is monitored by trained staff or volunteers” (Centers for Disease Control and Prevention [CDC] & SHAPE America-Society of Health and Physical Educators [SHAPE], 2017, p. 1). During recess “students are encouraged to be physically active and engaged with peers in activities of their choice, at all grade levels, kindergarten through 12th grade” (CDC & SHAPE, 2017, p. 1). Recess may be regarded as superfluous and eliminated from the school day to provide for more time for academics, or purposefully withheld as a disciplinary technique. The registered professional school nurse (hereinafter referred to as school nurse) is knowledgeable of the benefits that recess has on the student’s emotional, social, physical, and cognitive development. The school nurse undertakes a leadership role within the school community to assist in developing policies that support recess and reject withholding recess.

BACKGROUND

Recess is an opportunity for students to engage in physical activity and play with fellow students. Aerobic physical activity is positively associated with cognition, academic achievement, behavior and psychosocial functioning outcomes (Lees & Hopkins, 2013). There is clear evidence that links health and academics (Michael, Merlo, Basch, Wentzel, & Wechsler, 2015) and recess provides the student with the opportunity to exercise, thereby contributing to better health. Handyman, Benson, Lester & Telford (2017) found a positive relationship between children’s quality of life and enjoyment of recess. Fortson et al., (2013) found teacher reports of positive effects of a structured recess in students’ use of positive language and perception of safety, better behavior and control, and decreased bullying. “Recess in schools benefits students by increasing their level of physical activity improving their memory, attention, and concentration; helping them stay on-task in the classroom; reducing disruptive behavior in the classroom; and improving their social and emotional development” (CDC & SHAPE, 2017, p. 2). Withholding recess for behavior or academic reasons, however, is still prevalent across the United States (CDC, 2015; Turner et al., 2013).

RATIONALE

The CDC considers recess an essential part of the school day and encourages self-directed physical activities among students in grades K-12 (CDC & SHAPE, 2017). Many national organizations recommend that recess not be withheld from students (CDC & SHAPE, 2017; Murray et al., 2013); however, withholding recess continues to be practiced in schools as a form of punishment or as an avenue to allow for more academic endeavors (CDC, 2015). Creating and strengthening school policies on recess, especially prohibiting the elimination of recess time as punishment, will protect scheduled recess. A “strong district policy was associated with increased odds of not withholding students from recess for poor behavior or for completing schoolwork” (Turner et al., 2013, p. 533). The school nurse, as a child health content expert, advocates for policies that protect scheduled recess. The school nurse uses data, research, and evidence-based practice to affect change at the school or district level and can influence state level policy through state school board policy, legislation and the Every Student Succeeds Act (ESSA).

The school nurse supports and advocates for scheduled recess that

- Is well-supervised by staff members who receive annual professional development (CDC & SHAPE, 2017);
- Is safe and enjoyable (Hyndman, Benson, Lester, & Telford, 2017);
- Supports physical activity (Hyndman et al., 2017; Lees & Hopkins, 2013);

- Provides age-appropriate equipment and facilities, including a designated space that meets or exceeds safety requirements (CDC & SHAPE, 2017);
- Is scheduled before lunch (CDC & SHAPE, 2017); and
- Is safeguarded from being withheld as a punishment or used as punishment (CDC & SHAPE, 2017; Murray et al., 2013; Turner, Chriqui, & Chaloupka, 2013).

CONCLUSION

NASN supports daily recess. School administrators and teachers may regard recess as non-essential, using the removal of recess as a discipline tool to address student behavior. Educators, bound by time constraints of the school day, are challenged to cover academics within the allotted instructional time. Consequently, recess may be shortened or replaced with academics to compensate for the time limitations of the school day. Daily recess positively impacts student academic success and behavior. The school nurse is cognizant of the physical and academic benefits of recess as based on current research and assumes a role in educating the school community regarding these findings. Utilizing NASN's *Framework for 21st Century School Nursing Practice™* (NASN, 2016) the school nurse, mobilizing key principles and components of leadership and community/public health, develops and advocates for recess policies that promote the benefits of recess and prevent withholding scheduled recess. The school nurse collaborates with health and physical education teachers, administrators, and other stakeholders such as parent teacher organizations in supporting scheduled recess.

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