Recommended Component:  
Provide a Full-Time Registered School Nurse All Day, Every Day, for Each School

Both the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) have specific recommendations about the need for school nurses.

NASN recommends the following ratios of nurse to student:\footnote{National Association of School Nurses Position Statement: Caseload Assignments. National Association of School Nurses (NASN). Revised June 1995.}

- one school health nurse to no more than 750 students in the general school population
- one school health nurse to no more than 225 students in the mainstreamed population
- one school health nurse to no more than 125 students in the severely chronically ill or developmentally disabled population in the medically fragile population, a ratio based on individual needs

While AAP does not make specific staffing ratios, the Academy does recommend that schools use school nurses, rather than paraprofessionals, to deliver day-to-day nursing services and health counseling to children in schools.

School nurse staffing allocation varies greatly among individual districts. Staffing decisions are made by policy makers, including district administrators and school boards, and can be influenced by local and state leaders in education, school health and medicine. To work toward each school’s having a full-time registered school nurse, consider the following steps.

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\textbf{School Nurse Staffing Checklist} \\
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- Convince decision-makers about the need for full-time nursing
- Develop a health advisory council at the district level
- Develop support structures for school nurses
- Explore school-based health centers
- Identify advocacy and legislative opportunities
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\begin{itemize}
\item Convince decision-makers about the need for a full-time school nurse.
\end{itemize}

- \textbf{Educate and demonstrate to key decision-makers the need for and role of school nurses.} Collect and provide specific data, including statistics related to asthma and other chronic conditions in school settings; and school absenteeism rates of students with asthma and other chronic conditions obtained from school health teams at district and school levels. See the sample Position Description: School Nurse included with this hand-out.

- \textbf{Educate decision-makers about nurses’ clinical, health education, and health promotion skills.} The vast range of school nurses’ skills include clinical asthma management, in addition to collaboration with community health providers, health education and health promotion. The school nurse coordinates school health programs, including the following:\footnote{The Role of the School Nurse. National Association of School Nurses, 1999.}
  \begin{itemize}
  \item Health Services: coordinating programs and providing nursing care
  \item Health Education: teaching students, staff, parents
  \item Healthy Environment: identifying health and safety concerns in the school environment
  \end{itemize}
• Nutritional Service: supporting a healthy food service program
• Physical Education/Activity: promoting healthy activity and practices
• Counseling/Mental Health: providing counseling, assessing needs, intervening with and referring students
• Parent/Community Involvement: promoting community involvement in the school community
• Staff Wellness: providing health education and counseling for school staff

Explain the school nurse’s role in the development and management of Nursing Care Plans, Emergency Action Protocol for Students in Respiratory Distress, Individualized Education Plan, Individualized Family Service Plan and Section 504 plans. Nurses also can play a key role in district risk management and other legal issues.

► Develop a health advisory council at the district level. The council serves as a community “steering committee” for school health services. The council is responsible for assessing school health service needs, facilitating implementation, and providing ongoing evaluation and modifications. The health advisory committee often serves as a resource for the Board of Education on health issues for the schools. It should consist of health professionals, school personnel, students, parents, and representatives of community-based organizations and the department of health. Some states have mandated school health advisory councils. Be sure to check your state guidelines and laws to find out what requirements exist and leverage them to maximize health services! (See the School Health Advisory Council: Charge and Operational Guidelines included with this handout.)

► Develop support structures for school nurses. Nurses are unable to meet the range and quantity of student and staff needs without appropriate support structures. School nurses, administrators and other stakeholders can develop a coordinated support structure for health services.

CDC has created a Coordinated School Health Program (CSHP) model designed to create a strong CSHP infrastructure that can deliver long-term health benefits for children and their families. The CSHP model includes eight components: school environment, health education, physical education, nutrition services, school health services, school counseling, psychological and social services, health promotion for staff, and family and community involvement.

Structural support also should include school health teams at both the district and school levels. The team would be responsible for a range of issues affecting school health, which should reflect the components of CDC’s CSHP (above). Membership would be based on the priority areas and could include classroom and physical education teachers, parents, food service staff, community health agency representatives, social workers, psychologists, and community-based social services providers.

► Explore school-based health centers. School-based health centers (or clinics) (SBHCs) are a growing trend. These centers deliver primary preventive and early intervention services and are located in the school or on school property. The National Assembly on School-Based Health Care (NASBHC) works to nurture interdisciplinary school-based healthcare. Districts can access NASBHC’s Web site (www.nasbhc.org) for specific tools for developing and supporting SBHCs, in the areas of advocacy, public policy, technical assistance, training, evaluation, and quality.
Identify advocacy opportunities. Some opportunities for advocacy and policy action may include:

- advocate for implementation of the coordinated school health model, health advisory committees, and School Based Health Centers
- including health services in “school report cards,” which are issued by some school districts as state-of-the-school documents/updates for parents and the community
- working with PTA and local non-profit organizations to raise awareness
- reviewing current legislation, policies and procedures that may support improved school health services
- creating policy that works to maximize school health services, as detailed in this section

REFERENCE MATERIALS

- Position Description: School Nurse
- School Health Advisory Councils: Charge and Operational Guidelines
POSITION DESCRIPTION:

School Nurse

Education & Professional Qualifications

• Registered nurse (RN) licensed by the state board of nursing
• Accountable to practice within current state laws, rules and regulations, as well as Professional Standards of School Nursing Practice (National Association of School Nurses)
• School Nurse Certification through the National Board of Certification of School Nurses
• Expertise in several areas, including: pediatric, public health and mental health nursing; education and health laws impacting children; teaching strategies for student and staff health education

Primary Responsibilities
To support student learning by implementing strategies that promote student and staff health and safety, by providing the following services:10

• Illness, injury assessments and interventions
• Identification, assessment, planning, intervention and evaluation of student health concerns
• Health assessments/participation in Individualized Education Plan development
• Pediatric nursing procedures: ventilators, gastrostomy feedings, tracheostomy care, catheterization
• Screening for health factors impacting student education
• Activities and education to promote health and prevent teen pregnancy, sexually transmitted diseases, tobacco use, and alcohol and substance abuse
• Chronic disease management and education
• Individualized Nursing Care Plans and services for students with disabilities and/or health conditions that interfere with learning
• Medication administration
• Assessment and interventions for students with mental health needs
• Crisis team participation
• Health curriculum recommendations
• Guidelines for school district health policies, goals, and objectives
• School/community/health care provider liaison

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10The Role of the School Nurse. National Association of School Nurses, 1999
SCHOOL HEALTH ADVISORY COUNCILS*  
(Charge and operational guidelines)

School health advisory councils can play a major role in assisting school districts to develop effective school health programs. The council members serve as resource consultants to the district, providing medical and dental expertise from the private sector and input from representatives of public community health agencies. Each school district should establish a health advisory council to assist in developing objective policies in accordance with community needs.

RATIONALE:
• Council members will become knowledgeable about school health activities, issues, and concerns and become community advocates for children.
• Schools will benefit from the medical, dental, and nursing expertise.
• School board members and administrators will have support and advice when dealing with controversial health issues.
• School health nurses will have established sources of reference for problems as they occur.
• Community healthcare providers will have a designated contact within the school environment.

PURPOSE:
1. To review available health status indicators in the school community population.
2. To identify available community health resources.
3. To promote cooperation between school district personnel and community health resources.
4. To provide a forum for discussion of health related issues.
5. To review and endorse objective health policies and practices.
6. To provide medical backup for standing orders and/or home remedy procedures.
7. To review and endorse a comprehensive health education program that meets the long-term needs for optimal growth and development of children.

MEMBERSHIP:
Membership should include:

SCHOOL DISTRICT MEMBERS:
• School health nurses
• School administrative staff
• School board member
• School psychologist
• School social worker
• School teacher
• Other (e.g., custodians, food service workers, etc.)

COMMUNITY MEMBERS:
• School consulting physician
• Practicing physicians including but not limited to:
  – Pediatrician
  – Orthopedic Specialist
  – Ophthalmologist
  – Obstetrician
  – Family Practitioner
• Community Health Providers
  – Respiratory Therapist
  – Nurse Practitioners
  – Physician’s Assistants
• Dentist
• Social Services representatives
• Local public health representative(s)
• Parent representative
• Others (audiologists, speech pathologists, etc.)

* American Academy of Pediatricians, School Health Resources for Pediatricians. 