

Position Statements

Assuring Safe, High Quality Health Care in Pre-K Through 12 Educational Settings

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Purpose

Children should be healthy to learn and learn to be healthy. Educational institutions have a central role in teaching youth how to improve their overall health status and reduce health-risk behaviors, thereby optimizing the opportunity to learn and achieve. The purpose of this statement is to clarify the role and responsibilities of the school nurse¹ in securing the health and safety of children (and adults) in educational settings. These educational settings include, but are not limited to, classrooms, field trips, sporting events, and other school-related activities. Grounded in the core public health functions of assessment, assurance, and policy development, the school nurse provides direct care and establishes and manages the collaborative care model for children, youth and adults in the educational setting.

Statement of ANA Position

Students' health and health needs must be addressed in schools to achieve optimum learning. The American Nurses Association (ANA) supports a collaborative school health model which best protects the fundamental public health and educational priority our nation's children represent. Based in part on the success of public health planning, it requires the cooperation and participation of health care professionals, teachers, school administrators and staff, students, families, and the community.

In such a model, the school nurse serves in the role of coordinator of care, information, education, personnel and resources to take best advantage of schools' unique position in addressing students' safety and health care needs. As with any professional registered nurse, the school nurse's role also includes direct care, as well as educating and delegating health care activities to others (both healthcare and non-healthcare personnel) under various guidelines and

¹ A "school nurse," for purposes of this position statement, shall be qualified, at a minimum, as a Registered Nurse (RN); all references to "school nurse" throughout the position statement will incorporate this understanding of the term.

protocols, as permitted by each state's Nurse Practice Act.

To that end, ANA supports the assignment and daily availability of a registered school nurse for the central management and implementation of school health services at the recommended ratio of one nurse for every 750 students, with an ultimate goal of at least one nurse in every school. If the school nurse is assigned to more than one facility, the total number of students that the nurse serves should not exceed 750. Furthermore, ANA supports and recommends a modified ratio of fewer students per nurse, dependent upon the number and severity of disabilities within the student population.

"Daily availability" requires the registered nurse to be onsite for at least a portion of every day and otherwise available for immediate collaboration or consultation by alternate means of communication. To assure the safety of all children, ANA also supports the development and dissemination of instructional curricula to assist nurses in educating non-healthcare providers to competently perform delegated tasks.

History/Previous Position Statements

ANA has addressed multiple issues surrounding children's health, the details of proper delegation, and the role of the school nurse and the importance of public health in the spectrum of social policy through a variety of prior policy statements and documents of record.

Nursing's Social Policy Statement 2nd ed. (2003) is ANA's expression of the social contract between society and professional nursing in the United States. In the context of children's health and school nursing, it helps to frame an understanding of professional nursing's relationship with and obligations to society. These go beyond the legislative or regulatory, and extend to the mutually interdependent relationship among the school nurse, students, families, schools and the community.

ANA's *Code of Ethics for Nurses with Interpretive Statements* (2001) sets out the bases for the nurse's ethical obligations and duties to herself or himself, to the patient, to the community, and to society at large. Provision 4 states that "The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care." From that provision derive the principles iterated in greater detail in ANA's *Principles for Delegation* (2005), that permit the school nurse to transfer the responsibility for performing certain nursing tasks to a teacher, school staffer or other person, while still retaining accountability for the outcome.

In 2005, ANA published the updated edition of *School Nursing: Scope and Standards of Practice*, which describes

the professional expectations of school nurses. The standards serve as a definitive guide for role implementation, interpretation, and evaluation.... The scope and standards of

school nursing practice are also used in conjunction with state nurse practice acts and other relevant laws or regulations to determine the adequacy of school nursing practice (p. vii-viii).

The document's discussion of functions and settings, education and training, provides a context in which to better understand the role of school nurses within schools and communities.

ANA's *Principles for Delegation* (2005) is "a document designed to provide overarching principles and guidelines for practice when the registered nurse delegates tasks to others. [It is meant] to define relevant principles and provide registered nurses (RNs) with practice strategies when delegating patient care to nursing assistive personnel (NAP)" (p. 2) and informal caregivers, alike. It also reflects the legal authority under which nurses practice. The *Principles* address

the process of delegation as it applies in most states and territories of the United States. Some states may have different definitions, regulations or directives regarding delegation. RNs must check with their state's board of nursing to ascertain state-specific differences. The Nurse Practice Act (NPA) is the legal authority for nursing practice in each state; however, the majority of information in this document is relevant to the practice of all RNs (p. 2).

The *Principles* supersede earlier iterations of ANA's policy on delegation, including "Registered Nurse Education Relating to the Utilization of Unlicensed Assistive Personnel," (ANA, 1992) and "Registered Nurse Utilization of Unlicensed Assistive Personnel" (ANA, 1992). The *Principles* complement the recently issued "Joint Statement on Nursing Delegation," mutually agreed to by the ANA and the National Council of State Boards of Nursing (NCSBN) (2006), as well as the current "Joint Statement on Maintaining Professional Legal Standards During a Shortage of Nursing Personnel," written by ANA, the National Council of State Boards of Nursing and the National Federation of Licensed Practical Nursing, Inc. (1992).

In March of 2005, the ANA Board of Directors adopted the only ANA policy that directs itself specifically to the issue of school nursing, entitled "Delivery of Care in Schools for Children with Diabetes." While the recommendations reflected the overarching goal of protecting both children with diabetes and nurses in schools, its scope has subsequently been determined to be too narrow to address the full issue of children's health in educational settings and the role of school nurses.

Thus, the current discussion of the role of school nurses and children's health in the schools provides the opportunity to evaluate these policy issues in a broader context. This leads to sound ANA professional and ethical overall policy for the benefit of children and nurses alike.

Supportive Material

While the primary goal of schools is to educate students, schools also have a role in assuring the physical health, mental health, and safety of children and youth, as these factors are directly related to student achievement (Guttu, Engelke & Swanson, 2004; Taras, et al., 2004). Health promotion activities and education about such subjects as nutrition, physical activity, adequate sleep, tobacco avoidance, healthy relationships and other lifestyle choices, are essential elements in building a physically and mentally resilient student body, better capable of learning and achieving. At the same time, the increasing incidence of chronic diseases, behavior disorders and learning disabilities in the typical classroom has complicated the job of protecting and providing for students' health care needs during the school day (Broussard, 2004; Bierschbach, Cooper & Liedl, 2004; Taras & Potts-Datema, 2005). Schools, in collaboration with students, families, health care providers and community partners, are essential to health promotion, disease prevention and the daily safety and well-being of children and youth and, thus, have the potential to significantly shape the health of our nation (Hamilton, O'Connell, & Cross, 2004).

Key to the success of this vital public health function is the professional registered school nurse. The American Academy of Pediatrics (AAP) (2001), for example, has stated emphatically that "the school nurse has a central management role in the implementation of school health services" (p. 1231), including acute, chronic, episodic, and emergency care, as well as health education, health counseling, and advocacy for students with disabilities (AAP, 2001; American Heart Association (AHA), 2004; Broussard, 2004).

The Public Health Nexus

The school nurse's role corresponds to the registered nurse's central role in the greater public health mission. Lillian D. Wald, considered the founder of public health nursing, successfully advocated for the hiring of the first public school nurse in 1902 (Broussard, 2004; Lannon, 2006). This close connection has remained a touchstone for school nursing through to the present; and school nurses continue to adhere to the three core public health functions of Assessment, Policy Development, and Assurance in daily practice.

Each core function is defined below, followed by examples from school nursing.

1. **Assessment:** Collect data systematically, monitor the population's health, and provide information about the health of the community.

For example, the school nurse assesses the health status of children in the educational setting, identifies the resources and personnel available to support those children and determines what additional resources and education are needed to provide high quality care.

2. **Policy Development:** Provide leadership in developing policies that support the population's health, basing decisions upon scientific knowledge.

For example, the school nurse guides the decisions pertinent to planning and providing for the individual and school community's health needs, including the appropriateness of delegation to other personnel in providing certain care.

3. **Assurance:** Make sure that essential community-oriented health services are available, including personal health services as needed, and provide a competent public health and personal health care workforce.

For example, the school nurse either provides individualized care to children in the educational setting, or establishes protocols and educates others to provide competent care, when the school nurse is physically unavailable (Stanhope & Lancaster, 2004; National Association of School Nurses, 2002).

The necessity of a school nurse as the coordinating and collaborating leader within this framework is further highlighted by the growing special health needs of children in the classroom, as well as the more traditional school health services conventionally associated with school nursing. Federal statutes and judicial rulings have opened the classroom doors to many students with challenging health conditions and special educational needs who might have formerly been assigned to institutions or home tutoring (Smith, 2005; AAP, 2001).

The Various Needs of Student Populations

The prevalence and complexity of children's health problems affect every United States classroom. The National Institutes of Health (NIH) writes that "chronic diseases and other chronic health conditions are estimated to occur in 20% to 30%, or 12 to 18 million, of the children and adolescents in this country. Seven to eight percent of children aged 5 to 17 have activity limitations due to one or more chronic health conditions" (NIH, 2003, ¶2 "Research Objectives"). Estimates vary, often depending on how the investigator or data collector defines chronic health condition or chronic disease, or to what degree the condition or disease might limit an individual's activities or capacities.

NIH lists the numerous chronic conditions by which children are affected, "including, but not limited to, diabetes, chronic kidney disease, juvenile rheumatoid arthritis, epilepsy, cystic fibrosis, asthma, developmental disabilities, obesity, cerebral palsy, sickle cell disease, hemophilia, congenital heart disease, low birth weight sequelae, and traumatic injuries" (NIH, 2003, ¶2 "Research Objectives"). The Agency for Healthcare Research and Quality (AHRQ), the health services research arm of the US Department of Health and Human Services, reports that "Roughly 20 million of the Nation's children suffer from at least one chronic health problem" (AHRQ, 2002, p. 1).

Further, AHRQ reported that asthma is the most common of these health problems, an observation shared by the American Lung Association, which reports that asthma is the most common chronic disorder in childhood, currently affecting an estimated 6.2 million children under 18 years. Of these, 4 million suffered from an asthma attack or episode in 2004 (National Center for Health Statistics, as cited in American Lung Association, 2006). In 2004, asthma accounted for an estimated 14 million lost school days in children, and it is the leading cause of school absenteeism attributed to chronic conditions (Smart, 2004).

“As a leader of the school health team, the school nurse must assess the student’s health status, identify health problems that may create a barrier to educational progress, and develop a health care plan for management of the problems in the school setting” (AAP, 2001, p. 1231), which minimizes the student’s time lost from school. The school nurse notices the child with asthma whose breathing is more labored than usual, the child whose medication is not controlling the symptoms for which it was prescribed, even the teacher who needs assistance in checking blood pressure or blood glucose levels (Broussard, 2004).

“The school nurse has a unique role in the provision of school health services for children with special needs, including children with chronic illnesses and disabilities of various degrees of severity” (AAP, 2001, p. 1231). A child’s chronic illness or health condition can partially deprive that child of the psychosocial development that a child typically experiences while in school, as well as reduce the exposure to the classroom’s creative synergy and the potential for academic success. Children attending school are increasingly reliant upon medical assistive devices such as pacemakers, insulin pumps, and ventilators, and may require skilled nursing tasks such as intermittent catheterizations, tracheostomy care, gastrostomy tube feedings and nebulized treatments (Newacheck & Halfon, 2000). The availability of a competent, properly educated school nurse on the premises opens the school doors to children and youth who were previously denied.

In addition, the school nurse must limit exposure to students and school staff with communicable diseases; manage unintended injuries, potentially life-threatening environmental and food allergies; monitor and counsel on immune disorders, depression, eating disorders, obesity, substance abuse problems, adolescent pregnancy and parenting issues, and a raft of other general health issues. The school’s emergency and disaster preparedness, as well as more routine activities, such as field trip planning, also require the school nurse’s expert input (AHA, 2004).

Paralleling the well-documented negative effect of health-related conditions on a child’s academic success, there is also a growing body of research highlighting the positive effect of children’s good health on academic potential (Allen, 2003; Costante, 2002; Taras & Potts-Detema, 2005; Currie, 2005). Several of these studies specifically observe the correlation of school nurse availability to students’ better attendance and consequent academic performance. For example, studies have

shown that:

- students have better performance and attendance when attending a school with a full time school nurse (Allen, 2003; Costante, 2002; Taras & Potts-Datema, 2005),
- decreased absence due to asthma was correlated with full-time school nursing services (Telljohann, Dake & Price, 2004; Maughan, 2003), and
- general positive influences on health and disease management were associated with the involvement of a school nurse (Guttu, Engelke & Swanson, 2004; NCSBN, 1995).

These data and emerging research trends suggest that *all children* could benefit by receiving the support and services of a professional school nurse to optimize their safety, well-being and capacity for learning.

Essential Role of the School Nurse

Multiple professional, health and educational organizations, as well as governmental entities, have come to the same conclusion regarding professional school health services. The Centers for Disease Control and Prevention (2004), the American Academy of Pediatrics (2001), the National Institutes of Health (2003) and others describe school health services as an essential component of the coordinated school health model, which has been disseminated throughout the United States (Kolbe, 2002). To be effective, school health services require specially educated, licensed and experienced professional personnel for their implementation.

The registered professional school nurse is the identified health care provider who has the knowledge, education, experience and authority to manage and provide the full range of such health services in the educational setting. This expertise includes the knowledge and skills to provide:

- direct health care to students and staff for acute injury and illness and chronic health conditions;
- leadership for provision of health services, including assessment and planning;
- screening and referral for health conditions;
- assessment of physical and emotional environment of school, to promote a healthy school environment;
- health education and promotion to individual students, groups, classes, staff, families, and the community at large;

- leadership in developing and evaluating school health policies and programs;
- linkage among students, school personnel, family, community and health care providers, as case manager, counselor, and advocate. (National Association of School Nurses (NASN), 2002, pp. 1-2)

The American School Health Association (ASHA) is a multidisciplinary organization of more than 2,000 members in 56 countries: administrators, counselors, health educators, physical educators, psychologists, school health coordinators, school nurses, school physicians, and social workers. Its mission is to protect and promote the health and well-being of children and youth through coordinated school health programs as a foundation for school success. ASHA (2004) has declared that

A professional registered nurse certified by the appropriate state agency provides unique and valuable services to students, parents, and school personnel... including establishment and maintenance of a comprehensive school health program, e.g., identification of health problems in students and encouragement of their correction; identification of students at risk for health and education problems and development and encouragement of programs to prevent those problems through nursing care plans and collaboration with other interested professionals; supervision of hearing and vision testing; arrangement for needed immunizations; counseling of students and parents on health matters; interpretation of medical information to school personnel; and formulation of modified and adaptive educational programs and involvement in health education including wellness-oriented programs... (www.ashaweb.org).

School Nurse Availability in Educational Settings

The evidence demonstrating the wisdom and necessity of a school nurse available for school students and staff alike is compelling. One must then further define what is meant by “available.” This first requires an inquiry into the sufficient number of nursing personnel in an educational setting, given the size of the typical student body, to meet the above discussed goals. Second, given the breadth of need and obvious logistical hurdles, by what means can the school nurse be available in a way that best preserves the safety and health of students and staff?

Sufficient numbers of school nurses in educational settings

Given that a quarter of the US population is under age 18 and that most of those children and youth are school-aged, and that they are generally in school from 8am to 4pm, five days each week, it is remarkable how low a priority their health care appears to receive (U.S. Census Bureau, 2007).

The number of students assigned per school nurse can be absurdly high, as reflected by 2005 statistics rating states from best to worst in terms of this disparity. The state with the lowest ratio of school nurses to students was Vermont (1 to 305). States with higher ratios include New York (1 to 1,008); California (1 to 2,241); Florida (1 to 2,639); Michigan (1 to 3,611) and the highest, Utah (1 to 4,952) (NASN, 2004).

In order to achieve the benefits for *all* children, several health and educational organizations have endorsed a ratio of one school nurse to 750 students, with smaller numbers of students as they are increasingly impacted by their various physical and mental health conditions. ANA supports this recommendation, with the ultimate goal of having at least one school nurse assigned to every school.

The American School Health Association supports the services of professional certified registered nurses in all schools at the recommended ratio of one nurse for 750 students, and a smaller ratio for student populations that present greater physical and mental health challenges in learning (1:225 main-streamed students, and 1:125 severely/profoundly handicapped students) (ASHA, 2004).

The American Federation of Teachers, in its position statement "Every Child Needs a School Nurse," describes the unique role played by specially educated and experienced registered nurses, and also supports the recommended ratios of nurses to students [1:750], with a goal of one nurse in every school (AFT, 2002).

The U.S. Department of Health and Human Services' "Healthy People 2010" is a broad consortium statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. Its data, documentation and conclusions are highly regarded, as it is the result of a broad consultation process, and is built on the best scientific knowledge and designed to measure programs over time. Two of the four Healthy People 2010 objectives, pertaining to the "School Setting," specifically target the improvement of school health for school-aged children and youth. These objectives assert the need for extensive health education of children and youth and stipulate a nurse-to-student ratio of at least 1:750 (Healthy People 2010, 2000, Objectives 7.2 & 7.4).

These objectives can be met by assuring that every school has a registered nurse available daily and that for larger schools there should be at least one school nurse for no more than 750 students and at decreased ratios for students with special education or health needs (Healthy People 2010 Objective 7.4, 2000).

Delegation to others

School nurses are likely to be the only health care provider in the educational setting. They collaborate with other health care professionals in providing health care with positive outcomes. Since they are the only health care providers, school nurses often are called upon to delegate

nursing care tasks to teachers, other school staff (including other school health personnel), other unlicensed assistive personnel (UAP), and volunteers.

This increased necessity for registered nurses to delegate effectively presents challenges that must be overcome to assure the health and safety of students and staff. According to the American Nurses Association's *Principles of Delegation*, it is "the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome" (2005, p. 4).

Delegation is a set of skills that are learned and developed over time; these skills must be taught and practiced to achieve proficiency. The nursing shortage requires that, sometimes, nurses with varying levels of experience are asked to delegate without adequate supervision or mentoring. Of even more risk to the patient, sometimes nurses are asked to delegate to another person without evidence of that person's competency or skills. Yet the nurse remains professionally accountable for the outcome (ANA, 2005).

To protect their patients and the legitimate scope of professional nursing practice, school nurses must follow practice strategies for safe and effective delegation. The elements essential for effective delegation include:

1. Emphasis on professional nursing practice
2. Definition of delegation, based on nurse practice act and regulations
3. Review of specific sections of the law and regulations regarding delegation, identification of disciplinary actions related to inappropriate delegation
4. Emphasis on tasks/functions that cannot be delegated or routinely delegated
5. Focus on RN judgment for task analysis and decision to delegate
6. Determination of the degree of supervision required for the delegation
7. Identification of the guidelines for lowering risk related to delegation
8. Development of feedback mechanisms to ensure that task is completed and to receive updated data to evaluate the outcome (ANA, 2005, p. 12).

Consistent with the *Code of Ethics for Nurses with Interpretive Statements*, the nurse must not engage in practice prohibited by law, nor delegate to others activities prohibited by the state nurse practice acts or other laws (ANA, 2001). The nurse's scope of practice is determined by the *Nursing: Scope and Standards of Practice*, in light of the state's Nurse Practice Act and the individual nurse's knowledge, competence and extent of experience (ANA, 2004). Registered nurses frequently carry out components of a patient's care regimen that are delegated from another health care professional. RNs must determine if they are adequately prepared to provide

the delegated care or treatment and either carry out the care or seek other more appropriately prepared persons to provide the best care based on the client's welfare (ANA, 2005, p. 12).

In addition to consulting the profession's *Principles of Delegation* for direction, the registered nurse can seek guidance from the three core public health functions described herein earlier. This framework encourages the school nurse to make a systematic review of students, resources and personnel (Assessment), to guide health planning for individual student and staff health needs (Policy Development), so that appropriate people can be identified and educated to follow various guidelines and protocols when emergencies arise (Assurance).

This assessment of the students' individual needs ensures that the planning and subsequent education and delegation strategies are appropriate to meet the individual's needs. Such a structure provides a measure of predictability, and the reassurance that the best care will be available to secure a positive outcome. The common goal is that of protecting students' safety and well-being in the educational setting, so that they are free and unencumbered to concentrate on learning and succeeding.

In order to delegate appropriately, the school nurses must also know and understand the laws, regulations, and standards regarding delegation specific to the nurse's state, since they differ from state to state, depending on that particular state's Nurse Practice Act. Some states have other documents, such as the Georgia Board of Nursing's "Decision Tree," to guide nurses in determining if the person to whom they delegate a task is qualified to provide safe and effective health care for the school student (www.sos.state.ga.us/). Care must be taken, as some state practice acts limit delegation within strict parameters, as will be discussed further below.

When a registered nurse delegates a task, that nurse "remains accountable for the decision to delegate, and for the adequacy of nursing care to the patient [student], provided the person to whom the task was delegated performed the task as instructed and delegated by the delegating RN. "The RN retains accountability for the outcome of delegation" (ANA, 2005, p. 3). It is the rigorous application of education and professional judgment that creates the social contract whereby the registered nurse is licensed by the state to provide health care in exchange for a guarantee of expertise and accountability. Registered nurses are bound legally and ethically to protect the public by protecting their legitimate scope of professional nursing practice.

When communicating with others about health care provided in educational settings, the school nurse needs to protect the confidentiality of students and staff. The school nurse must follow the guidelines established in the Family Education Rights Privacy Act of 1974 (FERPA) and its corresponding regulations. In addition, nurses are required to adhere to health information confidentiality and privacy restrictions imposed by the Health Insurance Portability and Accountability Act (HIPAA, 1996). School nurses must also assure that those to whom they delegate health care activities follow these same laws and regulations (Bergren, 2004).

Federal and State Requirements

In addition to the compelling and well-documented social, educational and health reasons, children are entitled to school health services under the provisions of three federal laws. First, the Individuals with Disabilities Education Act (IDEA), originally passed in 1990, is an education statute that provides federal funding for special education, as well as for services related to helping disabled students receive a “free and appropriate education” in the “least restrictive environment” (IDEA, 2004).

Subsequent amendments included school nurses among the “related services providers” for which school districts are eligible for state, federal and third party reimbursement (20 U.S.C. 1400 § 26 (IDEA, 2004)). The United States Supreme Court, in *Cedar Rapids Community School District v. Garrett F.* (1999), underscored the central importance of school nurses to the implementation of this law, holding that IDEA requires school districts to provide nursing services for students with disabilities during school hours when “related services” are necessary for students to access and benefit from their education program (NASN, 2006a).

Two federal civil rights laws also set important standards for children with disabilities, although these laws do not have direct federal funding attached to them. The first of these, Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) prohibits discrimination against individuals on the basis of their disabilities and guarantees access to federally funded programs, including public schools, for children with disabilities. The disability can be either physical or mental, but the impairment must be one that “substantially limits one or more major life activities” (29 U.S.C. 794, 1973).

The school nurse is a key actor on the “504 team,” that is, the group of knowledgeable individuals who determines a child’s eligibility under Section 504, and then designs a student-specific plan for physical and learning accommodations to permit the child to maximize his or her learning in the least restrictive environment (AAP, 2001; NASN, 2005). The Americans with Disabilities Act is the other applicable federal civil rights law and it has the effect of extending Section 504 protections to private institutions, such as private daycare programs and private schools (NASN, 2006b).

State statutes and court decisions also obligate schools to safely provide health services when students require them in order to access an appropriate education; however, the manner in which this is approached varies considerably from state to state (NASBE, 2007). This can affect the availability of school nurses to provide these services in many ways. For example, Delaware’s Code 14:§1310(b) requires each school to have at least one full-time school nurse; whereas, Utah’s law encourages school districts to have one registered nurse for every 5,000 students (Utah Code § 53A-11-204). Clearly, there is a continuing need for vigorous advocacy for states to adopt the Healthy People 2010 objectives of hiring at least one nurse for every 750 students, and for promoting health education in schools.

School nurses have an individual responsibility to educate themselves as to the parameters of their own state's Nurse Practice Act. It is likewise important to educate school administrators and others in regard to the laws that regulate the practice of school nursing (NASN, 2006a). This is particularly true as it affects the relationship between school nurses and school principals. School nurses have at least two lines of authority to which they report: one is the principal and other supervisors within the school system; the other is their state's practice act and other legal obligations imposed on nurses as a function of their role as licensed professional health care providers. These lines of authority have the strong potential to cross more than once during a school year, and often in an emergency. It is in the interest of school nurses to proactively approach and educate their principals and other supervisors as to the legal obligations of registered nurses.

Supervisors who are not nurses do not have the authority to direct school nurses to perform activities outside the scope of nursing practice or acts that school nurses have determined to be inconsistent with independent nursing judgment. Non-nurse supervisors who do make such directives may be held liable for practicing nursing without a license. School nurses remain accountable through licensure, under nurse practice acts, for nursing judgments and actions. However, functions performed by school nurses that do not require a nursing license fall under the non-nurse supervisor's authority as outlined by the employer (Schwab & Pohlman, 2002, pp. 301-305; NASN, 2003).

States vary in their scopes of practice, particularly in the ability of the nurse to delegate to others – an important component of school nursing. Arizona, for example, permits delegation (ARS §32-1601(13)(g)) and its Board of Nursing provides a detailed Advisory Opinion setting out the process by which to safely delegate. A handful of states do not specifically address delegation at all in their Nurse Practice Acts or their Rules and Regulations. In Connecticut, for example, in the absence of any direction regarding delegation from the state's practice act, state law designates the Board of Education to decide whether or not principals and teachers may be allowed to administer medication in the absence of licensed personnel. While the school nurse supervisor for the district would help write procedures for such, the procedures would be generic rather than individualized, and final approval is by the board and not the nurse (Public Health Code 10-212a-2 (1995)).

Summary

On any given weekday, as much as 20% of the combined US population of children and adults can be found in schools (AHA, 2004). To best serve the health needs of students and staff in educational settings, ANA supports a collaborative school health model which requires the cooperation and participation of the school nurse, students, families, teachers, school administrators and staff, other health care professionals, and the community. In such a model, the school nurse serves as manager and coordinator of care, information, education, personnel and resources to take best advantage of schools' unique position in addressing students' safety and health care needs.

School nurses are essential in promoting health, injury prevention and providing direct health services to school students and staff; thus the ANA advocates for one nurse to be available onsite for at least a portion of each day for every 750 students, with an ultimate goal of at least one nurse per school. If the school nurse is assigned to more than one facility, the total number of students that the nurse serves should not exceed 750. To assure children's safety, it is essential that other responsible individuals (both health care and non-health care personnel) in the school setting receive education and practice in various health care activities, under the direction of the school nurse. In this way, the school nurse can safely and legally delegate those tasks permitted by each state's Nurse Practice Act using various guidelines and protocols. Thus, the availability and guidance of the school nurse by phone or through the learned and practiced protocols taught, can assist others in providing high quality care to students or staff in need of health services even if, during a portion of the day, the school nurse is physically absent.

Public policy must guarantee a central health care professional -- educated, knowledgeable and with up-to-date skills -- to be available daily to students in the educational setting, to best protect the fundamental public health and educational priority our nation's children represent. The central health care figure best prepared to serve in this role is the registered school nurse.

Recommendations

1. ANA supports the assignment and daily availability of a registered school nurse for the central management and implementation of school health services at the recommended ratio of one nurse for every 750 students, with an ultimate goal of at least one nurse in every school. "Daily availability" requires the registered nurse to be onsite for at least a portion of every day and otherwise available for immediate collaboration or consultation by alternate means of communication. If the school nurse is assigned to more than one facility, the total number of students which the nurse serves should not exceed 750.
2. ANA supports a modified ratio of fewer students per nurse, dependent upon the number and severity of disabilities within the student population.
3. ANA supports safety assurances for all children, by requiring individuals other than school nurses, when performing health care related tasks in the educational setting, to follow guidelines and protocols taught to them in educational sessions led by the school nurse.
4. ANA supports the development and dissemination of instructional curricula to assist school nurses in educating non-healthcare providers to competently perform delegated tasks in an educational setting.

A sample of published curricula or plans for nurses to use in educational sessions include, but are not limited to: Alabama Board of Nursing's "Curriculum to Teach

Unlicensed School Personnel How to Assist with Medications in the School Setting” (Alabama Board of Nursing, 2006); the Idaho Board of Nursing approved “Curriculum Guide for the Assistance with Medications for Unlicensed Assistive Personnel Course” (Idaho Board for Professional-Technical Education, 2003); the American Heart Association’s “Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies: The Medical Emergency Response Plan for Schools” (AHA, 2004); the U.S. Environmental Protection Agency’s “Managing Asthma in the School Environment” (EPA, 2000); Asthma Educator Institute course offerings from the American Lung Association (ALA, 2007); the NIH’s National Diabetes Education Program’s varied course materials (NIH, n.d.); and the American Diabetes Association’s website, including “Resources for Professionals” (www.Diabetes.org).

5. ANA supports the dissemination of consistent information on delegation to school nurses that reflects both the legal requirements of their state, as well as the professional standards required of them as professional registered nurses.
6. ANA should continue its advocacy for public policy and funding to provide at least one registered nurse for every 750 students in educational settings.

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