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*NASN School Nurse* 2005; 20; 16

DOI: 10.1177/104747570502000407

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# Where, Oh Where, Are the School Nurses? Staffing in School Health Services Programs

By Vicki Taliaferro, RN, BSN, NCSN, Maryland

## Introduction

*School nurses serve 48 million youth in U.S. schools. School nurses assess student health and development, help families determine when medical services are needed, and serve as a professional link with physicians and community resources. Nurses manage care and provide services to support school attendance and academic achievement. For children with disabilities, the nurse is an essential resource. These children are dependent on daily medication, nursing procedures, or special diets for normal function (Healthy People 2010).*

**S**chool nurse programs are not immune to staff reductions, budget limitations, and shortages of nurses. School health services (SHS) programs struggle every budget cycle to reach a staffing model that will adequately provide school Health Services to the children.

## Models of Staffing SHS Programs

Staffing of SHS programs across the nation varies tremendously. The spectrum of staffing covers a nurse (or several nurses) in every school to one nurse covering several schools with the assistance of unlicensed health aides. Some models use a registered nurse to supervise licensed practical nurses or licensed vocational nurses in a teamwork type of staffing model to cover multiple schools. Still other SHS programs have a nurse covering several schools with no assistance, and at the end of the spectrum is the ultimate extreme—schools that have no nursing coverage at all.

Staffing for SHS programs evolved from different sources: special needs students who required nursing services, a principal who advocated for a school nurse position, or response to state and federal mandates for specific services. Regardless of the genesis of the program, adequate staffing of SHS programs remains a constant challenge to school health services administrators across the nation as they pursue the goal of essential and adequate services for children.

## Issues That Impact Staffing of SHS Programs

Recently, several issues have impacted school nurse staffing.

## Legislation Facilitating Diabetes Care for Students

Several states have enacted legislation that requires schools to provide training for unlicensed persons to assist children who have diabetes. The American Diabetes Association supports legislation where state laws limit what nonmedical personnel can do to help a student. Several laws ensure that there are trained school personnel available to assist students with diabetes self-care or in emergency situations. California, Connecticut, Montana, North Carolina, Tennessee, Virginia, Washington State, and Wisconsin public schools have such legislation. The association's Web site (<http://www.diabetes.org/advocacy-and-legalresources/discrimination/school/legislation.jsp>) has links to each of these states' legislation.

## *What's the Implication for or Impact on Staffing?*

Some states' legislation strengthened the role of the school nurse, outlining responsibility for planning and developing care plans for children, and training and supervising certain tasks by nonlicensed school staff who provide direct care. Other states' laws, however, consider not having a school nurse at all or assign the responsibility of teaching the nonlicensed school staff to the parent or to an outside medical care provider.

## **Legislation Regarding Asthma Inhalers and Student's Ability to Self Carry**

The Asthmatic Schoolchildren's Treatment and Health Management Act of 2003 (amended in 2004) directs the Secretary of Health and Human Services, in making any asthma-related grant to a state educational agency or a local educational agency, to give preference to agencies in states that require schools to allow students to self-administer medication to treat his or her asthma or anaphylaxis

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(Asthmatic Schoolchildren's Treatment and Health Management Act of 2003).

Allergy & Asthma Network Mothers of Asthmatics advocates for state laws that protect a student's right to carry and self-administer prescribed lifesaving asthma and anaphylaxis medications. They are additionally reaching out to legislators for their support of Asthmatic Schoolchildren's Treatment & Management Act 2003 (ASTHMA 2003; Allergy and Asthma Network Mothers of Asthmatics).

### *What's the Impact on Staffing?*

The law addresses emergency care for children with asthma in schools. The legislation provides for a student to carry his or her inhaler *if the student has demonstrated to the health care practitioner (or such practitioner's designee) and the school nurse (if available) the skill level necessary to use the medication and any device that is necessary to administer such medication as prescribed. The proposed legislation addresses situations where school nurses are not available and does not address the need to develop individual care plans for the student with asthma and to monitor the student daily. The role and the need for a registered school nurse are not addressed.*

### Medication Administration in Schools

Numerous states have enacted statutes that permit or direct school systems to train unlicensed staff to administer medication to students. Maryland and Oregon are among those mandating that unlicensed persons who administer medication must be trained and be registered or certificated to perform that task in a school setting. Minnesota has been required to study the issue of medication administration in schools. Locally, some school systems have policies that allow school employees to administer medication in the absence of a school nurse. Laramie County School District in Wyoming has a policy to allow nonlicensed staff to administer inhalers, Epi-Pens® and specific oral medications (*Wyoming Tribune-Eagle*).

### *What's the Impact on Staffing?*

In some states, the laws have improved the safety of medication administration in schools. If medication administration can be delegated by the nurse (per the state's nurse practice act), the unlicensed staff can receive extensive training, and the task is supervised by the school nurse. This can be helpful to the nurse and emphasizes the importance of this nursing function in schools.

However, there is concern in states in which statute/policy does not designate a school nurse role. Professional nurses should be involved with the selection of the individual to whom the responsibility of medication administration will be delegated, and the nurse is responsible for the supervision of that task. The nurse should advise the administrator, usually the principal, if a staff member cannot or will not perform competently and safely or adequately document.

### Student Health Plans Legislation

Washington state enacted legislation requiring all students with health conditions to have a nursing assessment. This legislation strengthens the role of the school nurse and establishes need for school nurses (Revised Code of Washington, 2004).

### Nursing Crisis: Shortage of Nurses

Nursing shortages are plaguing most agencies and programs, both large and small, in all arenas of nursing.

- By 2015, it is estimated that the United States will be short 500,000 nurses.
- By 2020, 65% of the population will be 65 years of age or older. It is predicted we will lack 700,000 nurses to care for them.
- The need for health care workers will triple by 2050.
- The average age of the nurse today is 46 years.
- Of the 2.7 million registered nurses in this country, 83% are employed in nursing.
- Thirty percent of nurses under the age of 30 years plan to leave their jobs within the next year.
- Forty-one percent of nurses are dissatisfied with their current jobs, mostly because of poor staffing ratios.
- Nationwide, there is one school (registered) nurse for every 3,521 students. Meanwhile, the incidences of asthma and type 1 diabetes continue to climb.

What's the impact on school nursing? The nursing shortage impacts school nursing for all the reasons outlined above. School health programs are competing with institutions that can offer benefits and sign-on bonuses to nurse recruits. In addition, school nursing is an independent, community-based practice in which the school nurse must prove him or herself as an essential team member of the school. Often new school nurses do not anticipate the complex role of this position.

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## **Budgets**

In times of diminishing resources, school systems and health departments that are responsible for school health services examine budgets closely. In a response to financial constraints, many agencies consider cutting nurse positions, leaving vacancies unfilled, decreasing or eliminating benefits for school nurses, or outsourcing these services, thinking (wrongly) that they will cut costs at no loss of service.

## ***What's the Impact on School Nursing, School Health Services Programs, and School Systems?***

School health programs are vulnerable to staffing cuts. Reduction in staff or inadequate staffing can cause disruption in care of students with special needs, inadequate care, and liability or safety risks for the school system if not in compliance with federal and state laws.

## **What About Ratios?**

Nurse-to-patient ratios have been established in many areas of nursing practice and are being closely examined because of the looming nurse shortage. The number of students for which a school nurse is responsible affects not only job satisfaction and retention but most importantly, the safety of students.

The National Association of School Nurses, the American Nurses' Association, the American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the American School Health Association recommend a ratio of school nurses to students of 1:750. The federal report, *Healthy People 2010*, also targets a ratio of one school nurse to 750 students (U.S. Department of Health and Human Services).

Pennsylvania's Joint State Government Committee has published an excellent resource, *Laws Regulating School Nurses in Pennsylvania and Other States* (July 2004), that summarizes statutes and regulations regarding school nurse staffing. This report indicates that 33 states have a provision for school nurses. Fourteen states have established students per school nurse ratios, with only five states establishing numeric ratios for school nurse to students: Pennsylvania, Alabama, Arkansas, Utah, and West Virginia (Pennsylvania's Joint State Government Committee).

Although setting ratios seems to support school nursing staffing, ratios are not without limitations. If a school sys-

tem or school health services program uses a 1:750 student ratio, what determines the service level for a school for 3,000? One might add a nurse or two to meet the established ratio, but what about the elementary school with 350 students? Is it sufficient to provide a part-time nurse?

Students' health needs are usually ongoing, and therein lies the limitation in ratios. The overarching principle for determining staffing should be students' health needs and safety.

## **How to Secure Appropriate Staffing?**

There are no easy solutions, but there are some suggestions:

First, **assess** the schools and their **health services needs**. In assessing those needs, several factors should be identified. How many students require medication or treatments at school? How many children attend school with chronic health conditions and risk unnecessary absence from class? How many have special health concerns that need to be addressed in schools? What is the capability of students and their families to access health care? Collecting and monitoring this data is essential.

Washington State has developed several tools; one is The Staff Model for the Delivery of School Health Services and the Assessment of District Student Health Services to determine the levels of care students require in each school and school district. It establishes four levels of care. For example, students who require Level A care are accompanied by a nurse in the classroom. Children with minimal health needs (Level D) will be assessed yearly, and a plan of care is established by a nurse for such problems as migraines, eating disorders, and well-controlled seizure disorders. This model gives schools the opportunity to base staffing for health services on the students' needs in that particular school and to address the complex realities that may not be sufficiently addressed with simple ratios (Washington State Department of Public Instruction).

Legally, schools must comply with laws such as IDEA, 504, and ADA that guarantee students with perceived disabilities receive services, including health services. Many states have regulations, which require school systems to provide health services to all children. Who can provide those services is regulated by each state's nurse practice acts and other state rules, delineating which nursing tasks can be delegated and which may not. Researching federal and state laws regarding school health services and assessing an individual school system's compliance with those laws is a step in determining staffing needs.

Second, identify **partners**. Boards of nursing, state school nurse consultants, local school nurse supervisors, school administrators, health officers, professional nursing organizations, parent advocacy groups, and legislators can be allies in securing and advocating for safe school nurse staffing.

Third, **educate** stakeholders. School administrators, parents, and legislators should understand the value of school nurses. It is important that they understand the complexity of the responsibilities of the school nurse, and that the nurse can support their efforts to provide a safe environment and safe care to all students in order that they succeed academically. Who is better prepared to develop care plans for the student with diabetes, asthma, or other chronic condition; to train staff in emergency care; and to be a liaison between care provider, parent, and school than the school nurse?

Fourth, consider a **pilot**. Once a plan for staffing is developed, it might be helpful to begin with a small pilot project that compares staffing in several schools or a school district versus an entire jurisdiction. Evaluation must be a part of the pilot so that the success of the program can be assessed and the need for amending the plan be identified. It allows a school system the ability to "try out" the plan before committing funding to an entire jurisdiction.

A word of caution: Some school health services programs have established staffing models that use unlicensed ancillary staff to assist the school nurse and allow him or her to have more flexibility to attend to complex functions and perhaps make home visits. It is of utmost importance to maintain the integrity of the school nurse's role in such a model. There can be a temptation to develop policies and seek declaratory rulings from boards of nursing to allow unlicensed staff to perform professional nursing functions just because school nurses are not on site. Care must be taken not to jeopardize student safety. Developing policies simply to match a budget-based staffing model versus using the guiding principle of safety of the children is unwise and should be avoided at all costs.

## **A Word About Supervision**

In evaluating and planning for school nursing staffing, supervision of school nurses themselves cannot be overlooked. The complexity, volume, and range of nursing services that must be provided at schools have increased dramatically. School nursing is a profession, a blend of public health, pediatric, and other nursing specialties that requires

unique preparations and skills and a license to practice. It is an independent practice arena in which the school nurse is often the only health care staff on site. Although the school nurse is accountable for his or her own practice, that practice may be compromised when non-nurses think they can supervise nursing practice. It is important to plan for school nurse supervisors in any staffing plan.

## **Summary**

Legislation, a shortage of nurses, and budgets all affect staffing of school health services programs. School nurses and school nurse administrators must stay alert to legislative efforts. The guiding principle for any legislation that deals with students' health needs must be the safety of children. To preserve the integrity of school nurse programs and provide essential, safe health care to students, school nurses and parents must advocate that each child with a health concern needs an individual nursing assessment to meet the child's health needs in the school setting and deserves the skill and knowledge the school nurse can offer to care for and monitor those children. Care should be taken in ensuring that nonlicensed staff are not used to replace or supplant the school nurse for professional practices because there are not enough school nurse staff.

Efforts to maintain effective school nurse staffing include thoroughly assessing the school's needs, developing partnerships, and educating stakeholders in the role of the school nurse.

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School Health Alert  
P.O. Box 150127  
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#### Reminder of State to State Endowment Challenge

Hello to All Board Members,

I know we are all busy getting ready for DC and making appointments with the politicians...but, I want to remind you about the State to State Endowment Challenge! Last fall Illinois challenged each state to exceed Illinois's contribution to the NASN Endowment Fund. Several states said that they were indeed "on board" with the contest and hopefully, many more are just busy collecting funds and have joined in the fun.

Remember that School Health is again there for us, and is contributing \$2000.00 to the winning state. The money is to be used for the children in your state- two great winners, the kids and the Endowment Fund. Thank you School Health!!!!!!!!!!!!!!

The contest will end at the November Board Meeting, so you have summer and fall meetings to reach your members. If you are sending in funds before the board meeting in November, remember to earmark them "State to State Endowment Challenge" so that Wayne credits your State as he records your contribution. He will announce the winner at the November meeting — a year of challenge.

Illinois is busy passing piggy banks in each of their Divisions, so I hope you are too.

Julie Johnson  
Illinois Director