

Association of School Nurses of Connecticut
Position Statement
Quality School Health Services

POSITION

The Association of School Nurses of Connecticut believes that quality school health services should be equally accessible to all Connecticut students and provided by qualified school nurse(s) or nurse practitioner(s) according to the attached staffing guidelines.

The school nurse provides key services in all eight components of a coordinated school health program:

- Health Services – provides leadership and direction for the health services program, delivers nursing services that maintain and enhance the health of all students, promotes self-management, learning and independence for students with specialized health care needs, and advocates for students with special needs;
- Health Education – provides health education to students, staff and parents, individually and in groups, promotes healthy choices, and coordinates school health services with the school curriculum;
- Environment – identifies and intervenes with health and safety concerns in the school environment and collaborates with others to promote a safe and nurturing school environment;
- Nutrition – supports and collaborates to ensure quality food service programs and provides nutritional assessment, counseling and referral services for students;
- Physical Education/Activity – promotes health activities, including exercise and physical education, and advances developmentally appropriate sports policies and practices;
- Counseling/Mental Health – provides health counseling, assesses mental health needs, provides interventions, refers students to appropriate school staff and community agencies, and provides ongoing monitoring and coordination;
- Parent/Community Involvement – promotes parent and community involvement in assuring a healthy school and quality school health services, and serves as a liaison to, or leader of a health advisory committee;
- Staff Wellness – provides health education and counseling, promotes healthy activities and collaborates to provide a safe environment for school staff members.

RATIONALE

All children, regardless of disability, are entitled to a free and appropriate public education in the least restrictive environment. Children, who in the past were placed in institutions and long-term hospitals, or who had to remain at home due to health-related disabilities, now attend their neighborhood public schools. Due to advances in medical science and technology, children with complex medical and behavioural conditions, chronic illness, and other special physical and mental health needs are included in regular classrooms and, with adequate supports and services, can participate in a wide variety of school academic and extracurricular programs. Similarly, societal changes, including those related to family structures, cultural diversity, violence, managed care, and the increased use of medication to control the effects of physical and mental health conditions, have placed new responsibilities on schools—as providers of health services that protect and maintain students' health. Because of these and other challenges facing our student populations, schools and communities, health services provided by qualified professional school nurses have become an essential component of effective educational programs. These nursing services support and enhance school attendance, learning potential and success of students.

SUMMARY

The Association of School Nurses of Connecticut believes that ready access to quality student health services and coordinated school health programs will enhance and facilitate educational opportunities for students by promoting healthy behaviors, reducing health-related barriers to education, and contributing

to a safe environment. The most efficient and cost effective way for local and regional boards of education to ensure quality school health services is by appointing one or more full time qualified school nurse(s) or nurse practitioner(s) to schools in their districts, based on the attached *Guidelines for Establishing Safe School Nurse to Student Population Ratios*. State funding should be made available to assist districts in meeting the increased health service needs of their students and achieving safe staffing ratios according to a needs-based formula.

REFERENCES

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- Fryer, G., Igoe, J. (1995). A relationship between availability of school nurses and child well being. *Journal of School Nursing*. 11(3). 12-18.
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Guidelines for Establishing Safe School Nurse to Student Population Ratios

These guidelines apply to student populations in one building. Students with special needs often require a great deal of the school nurse's time to assess, plan, implement and evaluate their care. Student population numbers listed below need to reflect this by accommodating for the intensity level of the special needs students in a given population. Students who fit into an "at risk" category (see definitions on the following page) need to be counted as 3 students. Students who are moderately physically or emotionally challenged should be counted as 10 students. Students with severe/complicated medical, physical, or mental challenges should be counted as 20 (KSNO, 1994).

Components of School Nursing	School Nurse to Student Ratio			
	1 FTE / 350 and below Comprehensive School Health Services	1FTE / 500 Students Core School Health Services	1FTE / 750 Students Minimum School Health Services	1FTE / 800 and above Inadequate School Health Services
1. Assessment and Intervention of Illness and Injury	Yes	Yes	Yes	Yes
2. Child Abuse & Neglect	Yes	Yes	Yes Follow-up limited	Limited
3. Communicable Disease Control	Yes	Yes	Limited	Very Limited
4. Health Screening	Yes – with follow-up	Yes	Limited	Very Limited
5. Health Counseling	Yes	Yes	Limited	Very Limited
6. Health Appraisal	Yes	Yes	Limited	Very Limited
7. Medication Administration	Yes	Yes	Yes	Yes
8. Consultation, Planning and Implementation of Care for Special Needs Students	Yes	Limited	Very Limited	Very Limited to None
9. Substance Abuse Intervention	Yes	Yes	Limited	Very Limited
10. Health Education Resource / Provider	Yes – Provider – classroom participation possible	Yes – Resource – limited classroom participation	Limited – Resource only	Very Limited
11. School Personnel Health Services	Yes	Limited	Very Limited	Very Limited to None
12. Safe School Environment Services	Yes	Limited	Very Limited	Very Limited to None

Additional factors to consider when establishing safe school nurse to student population ratios are:

1. *The number of buildings the nurse covers* – The travel time and the fact that the nurse is not always present to carry out such things as assessment and intervention and medication administration limits the coverage that she/he can provide. Ratios need to be lower in these situations. For example, the minimum school health services ratio of 1/750 needs to be lowered to 1/500 student in a maximum of five buildings, each of which is accessible within thirty minutes (Vermont Standards of Practices: School Health Services, 1995).
2. *The staffing patterns* – The use of unlicensed and licensed assistive personnel such as secretaries, health aides and licensed practical nurses to cover the health office in the nurse's absence or to augment health services. The delegation of nursing tasks to these persons requires training and monitoring by the school nurse. Adequate time must be available for these functions.
3. *The amount of time and responsibility the nurse takes for health education.* – Coordination, planning and lesson preparation can require large amounts of time away from other school nursing tasks. The more the nurse is involved with health education the lower the ratios must be to allow for proper follow through in the area of health services.

Any one or more of the following indicators may characterize “at risk” students:

1. A high rate of absenteeism from school – ten days or more;
2. Failure to achieve grade level standards;
3. Failure in two or more subjects or courses of study;
4. Behind in credits to graduate;
5. Retention at grade level one or more times;
6. Below grade level for students of the same age;
7. Pregnancy or parenthood or both;
8. Repeated commission of disciplinary infractions;
9. Member of a household that is at or below poverty level using the criteria for the free or reduced lunch program;
10. Limited English proficiency;
11. Identified victim of physical, sexual, or emotional abuse and/or neglect;
12. Health or substance abuse problems;
13. Attempted suicide;
14. Identified as medically fragile or has special health problems;
15. Identified with and IEP for Special Education, as 504, as gifted or with speech problems. (KSNO, 1994)