

School Nursing

Introduction

School nursing in the United States has existed for decades for the purpose of supporting the educational mission of schools by preventing, removing, and/or reducing barriers to student learning. In recent years, school nurses have become increasingly more integral to America's schools. The deepening of that relationship has been motivated and supported, in great part, by legal initiatives such as Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA and IDEA reauthorization of 2006), and its predecessor, Public Law 94-142. Each of these helped to make the distinct missions of schools and school nursing more complementary.

While more recent laws are now on the books and numerous excellent nursing-preparation programs exist in the United States, a limited number of nurse-training programs include a specialty with a focus on school nursing. Thus, nurses who undertake school nursing after graduation or upon leaving traditional hospital/clinic work are often unprepared for and overwhelmed by the unique demands of professional practice in the school environment. A nurse's related frustration can be heightened by the unique distinctions between the mission of schools and the mission of providing health care.

Nursing education teaches nurses to understand and support their profession within a variety of traditional health care settings, where the mission of intervening to preserve and promote good health is consistent with the mission of nursing. A school's mission, however, focuses on and promotes academic learning, both creative and disciplined. The nurse's focus within a school system is to mitigate the effects of students' health concerns on their ability to learn. When the effects of a student's health conditions are managed during the school day, that student is able to come to school and learning is optimized. Many studies have documented the benefits of school nurse practice in reducing absenteeism (Allen, G. 2003; Weismuller, P., et al. 2007).^{1,2}

This chapter gives an overview regarding the school nurse and the practice of school nursing.

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Important Parallels

As with any profession, school nurses must rise to the challenge of balancing professional responsibilities with the quest to fulfill personal goals. Knowing how the professional responsibilities of different positions will interact with one's own job can make that balancing act even more fruitful. When nurses and teachers understand each other's work, they have the opportunity to eliminate confusion and more fully understand how their work interacts to support the development of competence and academic success in children.

Just as nurses have different styles and approaches to help promote the healthy development of children and youth, teachers have different styles and strategies for helping children learn. Those styles are usually defined or influenced by a unique mix of factors from the realm of profession and practice.

Both the nursing and teaching professions are influenced and shaped by outside forces and concepts, including licensing, credentialing, education degree programs, and by standards of professional practice and conduct. Such measuring devices help define the professions as a whole and involve or affect large groups of people.

Conversely, practice embodies the inner forces that drive the individual: background, training, personal style, and individual strengths and weaknesses. These factors help shape the individual's performance and behavior within the professional role.

History of School Nursing

The disciplines of school and public health nursing have their roots in England in the late 19th century. Through transatlantic contact between the Secretary of London's School Nursing

Society and Lillian Wald, a nurse in New York City, the idea of managing the health of the community was born in the United States. Lillian Wald was concerned about the rampant transmission of contagious disease in the school setting. Since the exclusion of sick children from school did not stem the tide of illness in the communities, Ms. Wald suggested that nurses treat the students at school. In 1902, Lillian Wald chose Lina Rogers to be the first nurse in the schools in New York City as a public health experiment. Ms. Rogers provided the needed food and clothing for children to come to school during the school day and identified and treated children with communicable diseases. As a result of Ms. Rogers' efforts, the rate of illness and exclusion due to contagious disease declined dramatically. Ms. Rogers' public health experiment was so successful that New York City became the first city to employ school nurses in their schools. The work of school nurses continued with the introduction of wellness and illness prevention programs, introduction of paper towels for hand drying, and audiological and dental screening programs in school. The early work of Lillian Wald and Lina Rogers in the New York City schools was the start of school nursing in the United States.³

Today, the role of the school nurse has evolved into a marriage between student health and optimizing learning. In providing health care and resources, school nurses minimize the impact of the child's health on their ability to learn. When children are not socially, mentally, and physically healthy, students are not able to academically achieve.

Definition of School Nursing

School nursing has come a long way since the early days. In 1999, the National Association of School Nurses Board of Directors developed a definition of school nursing, which states:

School nursing was defined as the specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.⁴

This definition speaks to the specialized role school nursing has in the profession of nursing. School nurses use the nursing process in providing for the physical, social, emotional, and psychological care for children in schools. Consistently, school nurses look for strategies to remediate or minimize the impact of students' health problems on their ability to learn. See Chapter 2, School Nursing and Health Services Laws, for legal definitions of professional nurses.

School nursing services are primarily provided in local education agencies. School nurse services can be provided by a school nurse who is employed through the local board of education, or nursing services can be contracted through local public health departments, hospitals, Cooperative Educational Service Agency (CESA), or home health care agencies. If the nurse is employed by the school board, the school nurse's job description outlines his or her role, responsibilities, duties, qualifications, and certification requirements. School districts that

contract for service with other agencies or organizations will want to have a contract or memorandum of understanding that outlines the nurse's duties and responsibilities.

Role of the School Nurse

The role of the school nurse has evolved and follows the school nursing definition. The National Association of School Nurses has developed seven roles of the school nurse. The role of the school nurse includes:

- providing direct care to students and staff;
- providing leadership for the provision of health services;
- providing screening and referral for health conditions;
- promoting a healthy school environment;
- promoting health;
- serving in a leadership role for health policies and programs; and
- serving as a liaison between school personnel, family, community, and health care providers.

The school nurse may take on additional roles based on the unique population demographic and community health needs.

Provides Direct Care to Students and Staff

School nurses provide the knowledge and skill for provision of direct health care in the school setting. Direct care involves the provision of care for accidental injury, illness management, medication administration, and nursing procedures. The nurse acts as a health care resource person in the planning for emergency care and disaster preparedness in the schools. Delegation of nursing tasks to others involves training, competency validation, supervision, consultation, and evaluation by the school nurse. The nurse is instrumental in providing a system for care to assure that the health needs of the students are addressed during the school day and at all school-sponsored events.

Provides Leadership for the Provision of Health Services

School nurses should provide information and leadership regarding the model of school nursing care employed at the local level. The model of school nursing practice provides information regarding the role of nursing personnel, which may include registered nurses, licensed practical nurses, nursing assistants, and unlicensed assistive personnel. The school should develop job descriptions with responsibilities, duties, and qualifications for each level of nursing personnel employed by the school district. School nurses are involved in the organization and implementation of education and training of nursing personnel. School nurses can also be instrumental in the annual review and evaluation of emergency nursing services by the school board.

Provides Screening and Referral for Health Conditions

School nurses are involved in the development of local policies and procedures for health appraisals in the school setting. The school nurse participates in the identification and referral of

health concerns that affect an individual's health and ability to learn. Examples of health assessments in the school setting include: developmental, physical, hearing, vision, growth, blood pressure, and scoliosis screening. School nurses may provide information on health resources to referred students and families. The school nurse makes appropriate referrals to the medical providers for further assessment and treatment as necessary. Documentation of significant findings and implementation of necessary school accommodations minimizes the impact of the student's learning.

Promotes a Healthy School Environment

School nurses provide technical support and guidance in the development of policies and procedures related to environmental health. This may include blood borne pathogen training, immunization compliance, communicable disease management, injury prevention, air quality, pest management, and animal policies that impact the health of the school environment. The school nurse can help provide the ongoing surveillance to the obstacles to health and strategies to improve the health of the school environment.

Promotes Health

School nurses provide individual and group health-related education of students and school personnel regarding preventative health promotion measures and management of health conditions. In order to promote health, school nurses develop health and education plans for children with acute and chronic health needs in the school. Nurses provide emergency and individual health care plans to outline how school nursing services will be provided during the school day. The school nurse provides essential health information for educational plans indicating how the child's health condition impacts their ability to learn.

Serves in a Leadership Role for Health Policies and Programs

In accordance with [Wis. Admin. Code PI 8.01\(2\)\(g\)](#) or Standard G, a registered nurse licensed in Wisconsin must be involved in the development of policies that address emergency nursing services in school districts. The policies for emergency nursing services must include protocols for dealing with student accidental injury, illness, and medication administration. The statutory definition of a professional nurse and the Standards of Practice of the Registered Nurse in [Wis. Stats. ch. 441](#) or the Nurse Practice Act defines further leadership roles. (See Chapter 2 for more information regarding definitions.) The school nurse is a leader on the coordinated school health team, providing knowledge and skills for the development and implementation of a coordinated school health program.

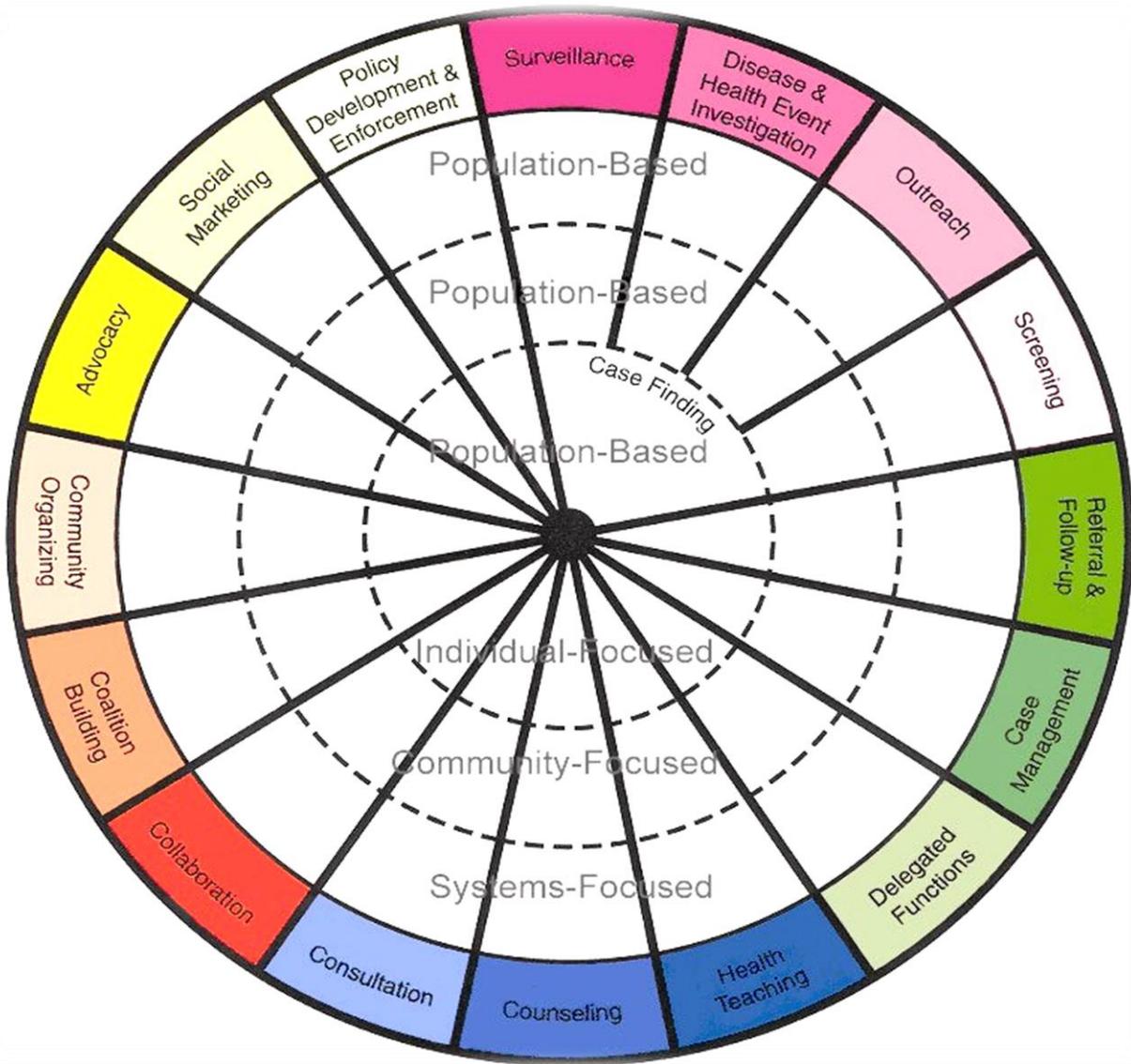
Serves as a Liaison between School Personnel, Family, Community, and Health Care Providers

The school nurse is the communication conduit between schools and health care providers and community health care organizations. The school nurse guards the confidentiality of all students and families, sharing only the health information with the school staff that have an educational need to know. The health information shared should only be the essential information needed to provide for the health and safety of the student. Communication with the family is provided by school conference, written communication, emails, telephone calls, and home visits. The school

nurse can participate as a health expert on the Individual Education Program and Section 504 Accommodation teams. Nurses have the knowledge regarding how the health impairment or disability impacts the student's ability to learn. Nurses can serve as case managers for the student, assuring that the student and family has access to all the available school, health, and community resources.⁵ Adapted with permission from the National Association of School Nurses.

Framework for School Nursing Practice

The following diagram identifies categories of interventions in community health nursing, which may be applied to school nursing.



Public Health Intervention Wheel-School Nurse Applications

	Individual, School—Community, and System Interventions
Disease and Health Event Investigation	<ul style="list-style-type: none"> • Student assessments • Disease surveillance • Foodborne illness and environmental investigations
Outreach	<ul style="list-style-type: none"> • Parent-teacher conference • Options for reproductive care • NASN eyeglass program • Dental—Give a Kid a Smile • Newsletters • Community primary and specialty care providers • Community service organizations
Screening	<ul style="list-style-type: none"> • Screening programs for students: hearing, vision, blood pressure, scoliosis, dental, and growth • Screening program for staff: blood pressure, cholesterol, blood sugar
Referral and Follow-Up	<ul style="list-style-type: none"> • Medical • Mental health • Dental • Child protection services
Case Management	<ul style="list-style-type: none"> • Individualized Education Plans (IEP) • Section 504 evaluations • Individual and emergency action plans • Chronic disease management • Liaison between the school, parent, medical, and community health organizations
Delegated Function	<ul style="list-style-type: none"> • Nursing tasks • Procedures • Medication administration
Health Teaching	<ul style="list-style-type: none"> • Classroom presentations • Small groups (i.e. asthma, hygiene, and high risk groups) • 1:1 nurse/student teaching • Presentation to parent teacher organizations • Newsletters, student newspapers, announcements, parent notifications
Counseling	<ul style="list-style-type: none"> • 1:1 nurse/student counseling • Small group • Parent-child counseling
Consultation	<ul style="list-style-type: none"> • Teacher referrals • Pupil Services staff • Student service teams • School’s medical advisor

	Individual, School—Community, and System Interventions
Consultation (continued)	<ul style="list-style-type: none"> • Community medical providers and agencies • School nurse colleagues • School legal services
Collaboration	<ul style="list-style-type: none"> • Pupil Services personnel • Local health departments • Student—nurse preceptors • Nurse-to-new school nurse mentorship • Local Medicaid enrollment
Coalition Building	<ul style="list-style-type: none"> • School personnel • Local health department • Wisconsin and National Association of School Nurses • Community agencies • First responders
Community Organizing	<ul style="list-style-type: none"> • Local chronic disease chapters of the Wisconsin Asthma Coalition, Immunization Practices, Wisconsin Diabetes Association, Epilepsy Foundation • Service organization—Lion’s Club, Optimist Club, Jaycees, etc. • Faith-based groups
Advocacy	<ul style="list-style-type: none"> • School Nursing and Health Service Report to the school board • Accommodation for student with special health care needs • Wisconsin and National School Nurse legislative committees • Department of Health Services’ Health Service Report
Social Marketing	<ul style="list-style-type: none"> • Email blast to students, staff, and parents • Facebook®, Twitter®, and You Tube® • Local Nursing and Health Service website design • Letters to the local newspapers • School district newsletter
Policy Development and Enforcement	<ul style="list-style-type: none"> • Accidental injury and illness • Medication administration— records keeping, forms, and storage • Nursing procedures
Surveillance	<ul style="list-style-type: none"> • Population assessment • Local disease prevalence • Chronic disease awareness • Local and statewide Youth Risk Behavior Survey data

Public Health Nursing Section: [Public Health Interventions—Applications for Public Health Nursing Practice](#). St. Paul: Minnesota, Department of Health, 2001. Adapted by the Holmen School District School Nurses and Department of Public Instruction, 2010.

School nurses can identify the individual, community, and systems level interventions for each of these categories of public health intervention.

Code of Ethics for School Nursing

The National Association of School Nurses has established a Code of Ethics for the practice of school nursing. The code is centered on three aspects of school nursing: client care, professional competency, and professional responsibilities.

School nurses are advocates for the care of students and professionals working in the school setting. The school nurse intervenes to provide positive outcomes for illness prevention and health promotion and case management in collaboration with other school and health professionals. The services of school nurses are provided with dignity and respect. Each individual needs to be provided with equal service regardless of socioeconomic status, race, gender, sexual orientation, disability, culture, and religious beliefs.

The school nurse must maintain and enhance their professional knowledge and skill to provide safe and competent nursing care. School nurses also need to be knowledgeable regarding the federal and state laws as they affect school health and nursing practice. Nurses are accountable for nursing actions and judgment in their school nursing practice. The responsibilities of the professional school nurse are embedded in the expansion of knowledge and improvement in the standards of practice in school nursing through collaboration and research.¹⁴ Adapted from National Association of School Nursing, Code of Ethics, 2002.

Scope and Standards of School Nursing Practice

The scope of practice statement is a description of the school nursing practice. Initially, the scope of practice was written by Donna Mazyck and Leslie Cooper. In 2011, the standards of school nursing practice were modeled after the language in the American Nurses Association *Nursing: Scope and Standard of Practice* (ANA, 2011). This template was carefully modified to reflect the practice of school nursing. In 2004, the National Association of School Nurses Board of Directors submitted the scope and standard for school nursing for review by the American Nurses Association's (ANA) committee on Nursing Practice Standard and Guidelines. Six Standards of School Nursing¹⁴:

Standard 1 Assessment—The school nurse collects comprehensive data pertinent to the client's health or the situation.

Standard 2 Diagnosis—The school nurse analyzes the assessment data to determine the diagnosis or treatment.

Standard 3 Outcome Identification—The school nurse identifies expected outcomes for a plan individualized to the client and situation.

Standard 4 Planning—The school nurse develops prescribed strategies and alternatives to attain expected outcomes.

Standard 5 Implementation—The school nurse implements the identified plan.

Standard 6 Evaluation—The school nurse evaluates progress toward attainment of outcomes.

The standards go on to address the performance of school nursing.

Standard 7 Ethics—The school nurse practices ethically.

Standard 8 Education—The school nurse attains knowledge and competency that reflect current nursing practice.

Standard 9 Evidence-based Practice and Research—the school nurse integrates evidence and research findings into practice.

Standard 10 Quality of Practice—The school nurse contributes to quality nursing practice.

Standard 11 Communication—The school nurse communicates effectively in a variety of formats in all areas of nursing practice.

Standard 12 Leadership—The school nurse demonstrates leadership in the professional practice setting and the profession

Standard 13 Collaboration—The school nurse collaborates with the healthcare consumer, family and others in the conduct of nursing practice.

Standard 14 Profession Practice Evaluation—The school nurse evaluates one’s own nursing practice in relation to professional practice standards and guidelines, relevant statutes rules and regulations.

Standard 15 Resource Utilization—The school nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.

Standard 16 Environmental Health—The school nurse practices in an environmentally safe and healthy manner.

Standard 17 Program Management—The school nurse manages school health services.

Culturally Competent

With the United States and Wisconsin becoming much more diverse, school nurses need to continue to work on becoming culturally competent. The Transcultural Nursing [website](#) states, “to be culturally competent the nurse needs to understand his/her own world views and those of the patient, while avoiding stereotyping and misapplication of scientific knowledge.”

Awareness of personal biases can identify areas where the nurse may need more knowledge and skills. The school nurse needs to be creative and flexible in the application of culturally sensitive interventions for the provision of health care in the school setting. Culturally competent nursing practice can lead to better health care outcomes and academic achievement.

School nurses can also be advocates for the school building and district to become culturally competent. Cross, T., B Bazron., K. Dennis, and M. Isaacs. 1989 *Toward a Culturally*

Competent System of Care, Volume 1. Washington, D.C.: Georgetown University, identifies five elements of culturally competent organization including:

- valuing diversity,
- having the capacity for cultural self-assessment,
- being conscious of the dynamics inherent when cultures interact,
- having institutionalized cultural knowledge, and
- having developed adaptations of service delivery reflecting an understanding of cultural diversity¹⁹.

The school nurse can monitor school district's policies, procedures, and practices for cultural sensitivity.

Staffing

In Wisconsin, local school boards decide who will provide school health services. The school district may employ registered nurses and other school health personnel to provide the health services in the district and/or may contract with another organization to coordinate and provide necessary health services.

Local school districts in Wisconsin provide school health services through a variety of staffing options, sometimes combining the following options:

- School board employment of health services staff through the local school board. For example, school staff may include a registered nurse(s) and/or other school health personnel (such as an LPN, health aide, or paraprofessional and/or secretary) who serve the entire school population or possibly only the children with special health care needs. (See Appendixes A and B for sample position descriptions for a school nurse and a school health paraprofessional.)
- Contracting with the local health department (LHD) for public health nursing services. The LHD may serve the general school population or those students with special health care needs, or it may provide specific health services such as communicable disease control and prevention.
- Contracting with hospitals, clinics, private home care agencies, or cooperative educational service agencies (CESAs) for the services of a registered nurse(s). This model, too, may provide services to the general student population or to those students with special health needs.
- Provide or contract for the provision of school-based primary health care services. The model is available in select urban school districts.

School districts should examine the health service needs of the total student population to determine safe and appropriate staffing patterns.

Regardless of the staffing patterns a school district employs, it is strongly recommended that the duties and responsibilities of the school nurse and all health services personnel be clearly identified. If the school district is directly employing the nurse, the school district may develop job descriptions for the school nurse and other personnel providing health services. Job

descriptions might include required training, education, experience, certification requirements, working relationship and communication patterns, principal responsibilities and duties, and evaluation procedures (sample job descriptions in appendix). If nursing services are provided by a contracted service with a third party agency or service, a contract or memorandum of understanding may be developed that includes many of the aspects of a job description including substitute or back-up provisions for the nurse and any other health services staff. The job description, contract, or memorandum of understanding becomes the school district's legal documentation of the expectations of the nursing services staff.

According to the generally accepted [guidelines](#)⁵ by the American Nurses Association (ANA) and the National Association of School Nurses (NASN), the recommended full-time nurse-to-student ratio is:

1:750 in general school populations

1:225 in mainstreamed populations

1:125 for student populations with complex health care needs

1:1 for a student who requires daily and continuous professional nursing services

In addition to the population groups noted above, other population groups can make unique demands on school nurses. These populations include students:

- in early childhood;
- classified as “at risk”;
- from low-income families;
- from families with limited English proficiency;
- with special educational needs; and
- with physical, psychological, and social problems.⁵

Consistent with the guidance of the [American Nurses Association](#)⁶ and [NASN \(2015\)](#),⁷ the Wisconsin Board of Nursing (1992) recommends nurse-to-student ratios that take into consideration the quality and complexity of the health needs of students, the availability of nurses and assistive personnel to provide care, and the need to ensure adequate supervision of assistive personnel. Administrative personnel should consider their own liability in observing and supporting safe nurse-to-student ratios.

The [American Academy of Pediatrics](#) (AAP) supports having a “full time nurse in every school as the best means of ensuring a strong connection with each student’s medical home.”⁸

Physicians see the school nurse as the health care representative on site. AAP fully recognizes the relationship between health and learning and the school nurse’s role in promotion of every student’s well being and academic success.⁹

Since student health issues have a greater impact on the educational mission of the school than ever before, school nurses and other school staff members must work cooperatively in addressing such issues. To help school nurses and others coordinate such efforts, it is important to outline each person’s role, responsibilities, and lines of authority to provide effective care.

Health Care Personnel in the School Setting

School Health Personnel Title and Description	Legal Requirements	Recommendations	Health-Related Activities
Health services coordinator	None		<ul style="list-style-type: none"> • Coordinated health services program • Leadership for health initiative • Health services policies and procedures • Budget • Work with administration regarding school nurse staff
Advance practice nurse	Licensed RN Prescriptive authority, Nurse Practitioner Certification	<ul style="list-style-type: none"> • Current CPR/AED and First Aid Certification 	<ul style="list-style-type: none"> • Advanced physical assessment • Prescribe authority (optional) • Other school nurse activities listed below
School nurse (Wis. Adm. Code PI 34.01(52m))	Licensed RN Course in public health	<ul style="list-style-type: none"> • Current CPR/AED and First Aid Certification 	<ul style="list-style-type: none"> • Physical and health assessment • Participation in Section 504 accommodation plan, and individual education plans • Assessment of impact of health issues on ability to learn • Direct care of injury and illness • Identification, assessment, planning, intervention, and evaluation of student health concerns • Nursing procedures and training • Screening and referral • Health education and curriculum recommendations

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School Health Personnel Title and Description	Legal Requirements	Recommendations	Health-Related Activities
			<ul style="list-style-type: none"> • Chronic disease management • Medication administration • Assessment and referral of students' mental health needs • Crisis management • Pandemic planning • Liaison between students, families, community, and health care providers⁴ • Communicable disease prevention and surveillance • Wellness activities
Special needs or private duty nurse	Licensed LPN/RN with additional certification as appropriate for care provided (e.g. ventilator management certification)	<ul style="list-style-type: none"> • Current CPR/AED certification 	<ul style="list-style-type: none"> • Provide direct care for one or a small group of students with complex medical care • LPN must practice under supervision of RN or physician • Communication with student, school nurses, and other school personnel, medical provider, family, other community agencies (as appropriate with releases of information)
Licensed practical nurse	Licensed LPN	Current CPR/AED and First Aid certification	Under the direction of nurse or medical provider: <ul style="list-style-type: none"> • Provides basic nursing care and first aid • Assists with data collection, immunization, and record keeping • Assists with development/revision of health plans

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School Health Personnel Title and Description	Legal Requirements	Recommendations	Health-Related Activities
			<ul style="list-style-type: none"> • Documents care and referral to school nurse and health care provider • Reinforces teaching by nurse and primary health provider • Maintains confidentiality of health issues and records
School health assistant		Current CPR/AED and First Aid Certification	Under the direction of a nurse: <ul style="list-style-type: none"> • Provides basic first aid • Assists with monitoring, reporting, and documenting • Provides appropriate follow-up referrals to school nurse • Assists with maintenance of immunization and health record • Administers medication and carries out nursing procedures • Helps maintain health office supplies and equipment • Maintains confidentiality of health issues and records
Medical advisor	Licensed physician (Wis. Adm. Code 8.01(2)(g)3)	Volunteer or contracted service	<ul style="list-style-type: none"> • Review and approve standing orders • Review policies and protocols • Accidental injury • Illness • Medication administration • Provide consultation issues

School Health Personnel Title and Description	Legal Requirements	Recommendations	Health-Related Activities
			<ul style="list-style-type: none"> • Communicable or contagious disease • Students with special health care needs
School district administrator	DPI Certification		<ul style="list-style-type: none"> • Collaborate with school nurse regarding health care mission • Supervision of school personnel • Policy role • Assist with health services resources • Liaison between school nurse and school board
Health classroom teacher	DPI Teacher Certification—Health		<ul style="list-style-type: none"> • Teaches health curriculum
Classroom teacher	DPI Teacher Certification Bachelor’s degree in education		<ul style="list-style-type: none"> • Identifies health and safety concerns in the classroom and school • Refers students to health services with health and education concerns • Implements health related programs • Participates in IEP meetings

See Chapter 2, School Nursing and Health Services Laws, regarding the legal definitions of school and licensed practical nurse.

Special Needs Nurse vs. Private Duty Nursing

There are two different mechanisms for employing nurses to care for an individual student or small group of students with complex health needs. Districts can either hire a special needs nurse or contract with a third party to provide the nursing service.

School districts may hire nurses, usually called special needs nurses, who only provide care for an individual student or small group of students. The special needs nurse’s job description outlines nursing and educational duties and relationship and responsibilities of communication between the special needs nurse and the school nurse, district, parents, and medical providers.

The advantages of using special needs nurses include control of the duties, accountability of care, and flexibility to be able to adjust to changes in care. The disadvantages for school districts to hire a special needs nurse is limited availability of qualified nurses and the need to pay the costs in advance for the nursing services. The need for nursing service to enable the student to benefit from their education is documented in the individual educational program in the present level of performance. Nursing services should also be documented in the related services section of the individual educational program. Documentation of nursing services will allow school districts to obtain reimbursement through special education categorical aid, and if the student is eligible, for Medicaid funding.

School districts may choose to provide for nursing services through a third party. The third party is either a home health care agency or independent nurse. In this option, the nursing care is solely provided by the third party agent. The responsibilities of the third party agent should be outlined in a contract or memorandum of understanding. An advantage to the school district in contracting for nursing services is the third party will do all billing for Medicaid service. The disadvantages of contracted nursing services include lack of involvement in educational duties, accountability, and flexibility of care for other students. Also, school districts are not allowed to be reimbursed through special education categorical aid for third party nursing services. In a situation involving third party agents, school districts would list nursing services as a related service in the individual educational program. Also, the district may want to add consultative services of the school nurse in the program modification and support section of the individual educational program. This would include the school nurse's consultation with the educational team regarding the impact of the child's health on his or her ability to learn. Third party nursing service agents can serve as participants during an individual educational program evaluation.

School Nurses Practicing Below Their Licensure

Nurses who practice at a level below that of their licensure are expected to function according to the position description for which they are employed. For example, a licensed practical nurse (LPN) who is employed as a home health care aide or certified nursing assistant (CNA) should not exceed the scope of the duties of that position, although the nurse may have education and/or training beyond that required for the position. Similarly, registered nurses (RN) who accept positions as LPNs should limit their practice to the job description and not act beyond the scope of those duties. However, in the event that the nurse voluntarily acts beyond the scope of the position description, the nurse may be held to the highest standard of care for which they are licensed.

School Nurse Education, Certification and Licensing

Preparation and Education

Wisconsin state law requires a school nurse to be a registered nurse licensed under [Wis. Stat. ch. 441](#) to complete a course in public health. The Department of Public Instruction licensure of the school nurse is voluntary ([Wis. Adm. Code 34.31](#)).¹¹

The National Association of School Nurses has recommended the [minimum qualifications](#)¹⁰ for the professional school nurse should include licensure as a registered nurse and a baccalaureate

degree from an accredited college or university. The [American Academy of Pediatrics](#) (AAP)⁸ supports these recommendations and the goal of professional preparation and selection of school nurses to facilitate and provide school health services.

Certification

Certification in school nursing is not required. However, it does help ensure that the school nurse possess the core knowledge for competent practice beyond the licensure as a registered nurse.¹³

The National Board for the Certification of School Nurses is an independent organization which develops, administers, and evaluates a national certification examination for school nurses. Successful completion of the examination will result in the school nurse earning the credential of Nationally Certified School Nurse. Certification is then renewed every five years with successful completion of continuing education requirements or retests with a passing score. The National Association of School Nurses has developed a book, [School Nursing Certification Review](#),¹² to assist a school nurse in preparing for the examination.

Licensure

State law requires a nurse to be a registered nurse licensed under [Wis. Stat. ch. 441](#) through the Wisconsin Department of Regulation and Licensing, and to complete a course in public health nursing in order to practice school nursing in Wisconsin. A Wisconsin Department of Public Instruction (DPI) school nursing license is not required by state law. However, DPI licensure is available under [Wis. Admin. Code PI 34.31\(2\)](#). Please see the [University of Wisconsin-Madison requirements](#) for the institution endorsement that leads to DPI school nursing licensure. Following completion of an approved higher education program in school nursing and upon receiving the institutional endorsement, the school nurse can apply for a school nurse license by submitting an application form and fee to the DPI.

The school district must provide school nurses holding an Initial Educator License with ongoing orientation, support seminars on the standards, mission and goals of the school district, a qualified mentor, and shall designate an administrator to serve on the school nurse's professional development plan (PDP) team. A nurse with an Initial Educator License must create and successfully complete a PDP for their license renewal. The PDP is a three- to five-year process of planned professional growth and the evidence of that growth on student learning. In the PDP process, the school nurse would develop professional goals, objectives, and timelines with appropriate collaboration and evaluation to advance his/her school nursing practice. School nurses who were licensed through the DPI as professional school nurses before August 1, 2004, have the option of completing either six semester credits of course work in five years or a PDP for license renewal.¹³

Professional Development Plan at a Glance

Educator's Name: _____ Educator's Phone Number: _____
Educator's Address: _____
Educator's SS#: _____ Educator's Fax Number: _____
Educator's E-mail: _____
Educator's School District: _____ School Year Plan Submitted: _____
Current Educational Assignment: _____ No. of Years in Current Assignment: _____
No. of Years of Educational Experience: _____
Licensure Renewal Date: _____ License(s) to Be Renewed: _____

Present Licensure Stage: Initial Educator, Professional Educator, or Master Educator

Licensure Stage Sought: Professional Educator

Professional Licensure Category: Teacher Administrator Pupil Services

Step I: Preparing to Write the Plan: SELF-REFLECTION

Step II: Writing the Plan: COMPONENTS

If you have identified more than one goal in your plan, follow Step II, A–E, for each goal:

- A. Description of School and Teaching/Administrative/Pupil Services Situation
- B. Description of the Goal(s) to be Addressed
- C. Rationale for Your Goal(s) and Link to Self-Reflection, Educational Situation, and Standard(s)
- D. Plan for Assessing and Documenting Achievement of Your Goal(s)
- E. Plan to Meet Your Goal(s): Objectives, Activities and Timeline, and Collaboration

Date goal(s) (including Step II, A–E) submitted to the PDP Team: _____

Date goal(s) approved/not approved by the PDP Team: _____

Step III: Annual Review of Your Plan

(To be completed in years two, three, and four of the licensure cycle.)

- A. Completion dates for objectives and activities completed during each year
- B. Reflection summary of your growth made throughout the year
- C. Description of any revisions made in your goal(s), objectives, or activities

Step IV: Documentation of Completion of Your Plan

(To be completed at the conclusion of the licensure cycle.)

- A. Three to five pieces of evidence
- B. Reflection and summary of your professional growth and its effect on student learning

Also include your Annual Reviews and, for the initial educator, your approved and signed Goal Approval Form.

Date plan submitted to the PDP Team: _____

Date plan verified/not verified by the PDP Team: _____

Wisconsin Licensure Program Guidelines for Institutions of Higher Education and Alternative-Route Programs

In 2005, as a part of PI 34, the Department of Public Instruction (DPI) developed licensure guidelines for institutions of higher education with a certification program in school nursing. Every five years, the DPI reviews the content of course work and practicum experiences for the institutions of higher education with school nurse programs, to see if they are continuing to offer a school nursing preparation program addressing all the licensure guidelines. The following are the guidelines that the institutions of higher education must implement in the school nursing curriculum to continue to meet state licensure requirements. The content guidelines determine the key elements necessary for an effective program in school nursing.

School nurses can review the content guidelines assessing their knowledge and skills in their school nursing practice. The content guidelines state a school nurse will demonstrate knowledge of and skill in:

1. The organizational processes of public education, including the organizational culture, values, structure, and politics of schools.
2. Describing the roles and areas of competence of various professionals within the local educational agency, including the teacher standards under [PI 34](#).
3. Defining the purpose, role, professional standards, and laws affecting school nurse practice in the public schools.
4. Participating in the development of a school nursing practice within an education system that is consistent with principles of a family-centered approach, community health practice theory, comprehensive school health, and child growth and development.
5. Following the American Nurses Association Standards of Clinical Nursing Practice and the National Association of School Nurses Standards of Professional School Nursing Practice in the application of the nursing process to systematically collect relevant data and other information; identify problem areas and needs; make or facilitate empirically-based decisions about service delivery; and evaluate the outcome of service delivery within an educational setting.¹⁴
6. Making assessments, planning strategies of care, and implementing and evaluating care in ways that promote the academic success of a child with a chronic condition, illness, or disability.
7. Utilizing research to develop health policies and procedures to improve health services, programs, and client outcomes, and recommending systematic change that will support pupil learning, health, safety, and development.
8. Developing and implementing health policies and procedures in collaboration with school administrators, the school medical advisor, public health officials, and the Department of Public Instruction.
9. Collaborating with the student, family, school staff, community, and other providers in the formulation of overall goals, objectives, timelines, care plans, and decisions related to the delivery of services.
10. The relevant federal and state laws, administrative codes, and institutional rules and regulations, including practice which is guided by the Wisconsin Standards of

- Practice for Registered Nurses and Rules of Conduct, and the American Nurses Association Code of Ethics with interpretive Statements for School Nurses.
11. Articulating the organization, content, roles, and management of collaborative pupil services programs in an educational setting, and being able to define the pupil services model as a comprehensive, multi-faceted, and integrated approach for addressing barriers to learning and promoting healthy development.
 12. The cultural factors in race, gender, ethnicity, sexual orientation, and socioeconomic status and how culture affects individual, family, group, organization, and community behavior, academic achievement, and health status.
 13. How the larger environment influences the child's health and development and the family's activities in relation to the child's health to make assessments, plan strategies, and implement and evaluate approaches to care of the child that are in accord with the family's economic and social situation and available resources.
 14. Using effective written, verbal, and nonverbal communication skills to work effectively with individuals and groups with different abilities, disabilities, orientations, strengths, and weaknesses.

In most school districts, the school nurse acts as a member of the pupil services team of professionals which strategize how to maximize student learning and remove barriers to learning. The membership of a pupil services team may vary from school to school with the usual participants including: school nurse, psychologist, social worker, counselor, and administrator. The school nurse should review the pupil services content guidelines and assess her/his competency in these areas.

The pupil services member will demonstrate knowledge of and skill in:

1. The pupil services professional understands the teacher standards under sec. [PI 34.02](#).
2. The pupil services professional understands the complexities of learning and knowledge of comprehensive, coordinated practice strategies that support pupil learning, health, safety, and development.
3. The pupil services professional has the ability to use research, research methods, and knowledge about issues and trends to improve practice in schools and classrooms.
4. The pupil services professional understands and represents professional ethics and social behaviors appropriate for school and community.
5. The pupil services professional understands the organization, development, management, and content of collaborative and mutually supportive pupil services programs within educational settings.
6. The pupil services professional is able to address comprehensively the wide range of social, emotional, behavioral, and physical issues and circumstances which may limit pupils' abilities to achieve positive learning outcomes through development, implementation, and evaluation of system-wide interventions and strategies.
7. The pupil services professional interacts successfully with pupils, parents, professional educators, employers, and community support systems such as juvenile justice, public health, human services, and adult education.

Funding

School nursing and health services are funded by a variety of funding services including general state aid, state categorical aid, Medicaid School-based Services, and local funding. Learning how to access these funding sources can assist the schools in subsidizing the cost of school nursing services. The following describes several types of aid that can support school nursing.

Local Funding

The school district is responsible for providing emergency nursing services for all students and the nursing services necessary for students with disabilities to receive a free, appropriate, public education. If other funding sources are not available, school districts must use state or local general revenue for the school nursing and health services necessary for emergency nursing services and to provide students with a free, appropriate, public education. These costs may include personnel contracts, supplies, and associated costs.

Special Education Categorical Aid

[Wisconsin Statute sec. 115.88\(lm\)\(b\)](#) established a categorical aid program to support special education. A maximum of 29 percent of the salary and fringe benefits for a school nurse employed by a school district, CESA, or CCDEB, not to exceed the locally-funded amount, may be eligible for special education state categorical aid under [2009 Wisconsin Act 221](#). The maximum of 29 percent would then be reimbursed at a prorated rate, currently around 27 percent, because the appropriation does not cover all special education categorical aid eligible expenditures. Under [Wisconsin Act 221](#), there are two calculations to find the maximum amount eligible because aid cannot be paid on expenditures which have received reimbursement from another source, typically grant funding.

Example 1—Local, non-grant funding: A nurse has salary and benefits of \$100,000, which are locally funded, and 29 percent, or \$29,000, of that would be categorical aid eligible. The \$29,000 is then included with all the other eligible special education expenditures and the reimbursement is prorated 27 percent and the amount of aid actually received would be \$7,830.

Example 2—Part local and part grant funding: A nurse has salary and benefits of \$100,000, working 80% in Special Education, \$20,000 is locally funded and \$80,000 is grant funded (IDEA funded). Since we can only pay a maximum of 29 percent, not to exceed the amount locally funded, only \$20,000 would be eligible for categorical aid. The amount that is grant funded cannot also be eligible for categorical aid. The \$20,000 would then be prorated by 27 percent to \$5,400 in actual aid.

Individual Disability Education Act (IDEA) Part B Flow-through Grants

Funds under the Individuals with Disabilities Education Act are provided to school districts on an entitlement basis for programs and services to children with disabilities. IDEA Part B flow-through grants provide funding for special education services for children ages 3-21. Nursing costs that may be charged to the IDEA grant include salaries and fringe benefits for school district employees or costs for contracted nursing services. Additional costs allowable include supplies, materials, travel, training, and equipment. Costs must be IEP-driven or related to the

evaluation of a child. Day-to-day costs of nursing services provided to all students are not allowed. Only the actual time providing related services required by IEPs or performing evaluations is allowed.

The entitlement amounts for each school district's share of IDEA Part B flow-through entitlement funds are distributed in accordance with an allocation formula. Each district generates a "base amount" with the base amount determined by the federal government equal to the December 1, 1998, child count. Additional dollars are distributed on the basis of the district's public and private elementary and secondary school enrollment (85 percent) and the relative number of children living in poverty (15 percent). The Wisconsin Department of Public Instruction utilizes the Title I formula in each district as the poverty indicator for use in the formula.

Medicaid Reimbursement for School-Based Services

Medicaid is a means-tested benefit program that provides health care coverage and medical services to United States citizens including low-income children, pregnant women, families, and persons with disabilities. Medicaid is financed jointly by the state and federal governments, and is administered directly by states.¹⁵

Medicaid will reimburse schools for nursing services that are specified in a Medicaid-eligible child's individualized educational program and are appropriate for the child's medical needs. Covered nursing services under the Medicaid school-based service benefit are described in [Wis. Admin. Code DHS 107.36](#). Nursing services that are covered include evaluation and management services, including screenings and referrals for health needs, treatment, and medication management Wis. Admin. Code DHS 107.36(1)(e). All the time that a nurse spends conducting activities with the child that are included in the child's individual education program (IEP) may be submitted to Wisconsin Medicaid for reimbursement. Similar to other school-based services, nursing services identified in the IEP must have outcome-based goals. All nursing outcome goals should also be included in the child's individual health care plan. The child's IEP must identify each specific nursing service, and the individual health care plan should identify the personnel who will be performing the service.¹⁶

Medicaid does not pay for nursing services for which a third party is legally liable and responsible for providing to all students in the school district without charge. The school district must ensure that individuals who deliver the services are licensed under [Wis. Stat. ch. 441 \(Wis. Admin. Code sec. DHS 107.36\(1\)\(e\)\)](#). Federal matching funds under Medicaid are available for the cost of administrative activities that directly support efforts to identify and enroll potential eligible participants into Medicaid and that directly support the provision of medical services covered under the state Medicaid plan.

School districts receive a school-based services payment from the Department of Health Services for Medicaid-eligible services the district has provided pupils. Schools may use time or task method of submitting claims for covered school-based nursing services.

Evaluation of School Nurses

School administrators can readily assess some aspects of the performance of nurses in the school setting by observing them performing essential job activities, by surveying those who work with school nurses, and reviewing records and reports. The essential activities in the job performance of school nurses are identified in the position description (see Appendix A) and may include:

- establishing and maintaining a comprehensive school health services program;
- applying appropriate nursing theory in decision making;
- developing individualized health plans for students;
- providing direct nursing services, both individual and group;
- providing indirect nursing services through collaboration with other school staff and community partners;
- assisting students, their families, and interested groups to achieve optimal levels of health through health education;
- communicating and collaborating with children, their families, student-service providers, teachers, nonprofessional school health personnel, administrators, medical advisors, and other community partners; and
- participating in peer review and other means of evaluation to ensure quality clinical nursing care.

In addition to these activities (described in detail throughout other chapters of this guide), nurses educate other nurses, educators, school personnel, and community partners; supervise nonprofessional school health personnel; and monitor and maintain their own professional development and adherence to professional standards and ethics.

When evaluating performance, the director of student services, building principal, or other designated administrator follows performance-appraisal criteria based on the school nurse's position description. Ideally, performance criteria should be developed jointly by the evaluating administrator and the school nurse.

Educational administrators may find it difficult to evaluate the quality of nursing care or clinical skills of the nurse, because they are not professionally prepared in health administration or nursing. The quality of nursing activities is reflected in various factors such as:

- documented achievement of outcomes related to school health service program goals;
- ability of the nurse to interpret the health needs of children in the school setting and determine functional outcomes that prevent, modify, or remove health-related barriers to learning in the school environment; and
- ability of the nurse to foster a mutual commitment to and responsibility for student health and learning readiness among school and community partners.

Janice Selekman and Patricia Guilday, authors of *School Nursing: A Comprehensive Text*, have identified ten desired outcomes of school nursing and health services. These could be used in evaluating school nurses and include the following:

1. Students have increased time in the classroom or learning environment related to health needs.

2. Students receive first aid, emergency services, and services for their acute health care needs.
3. Students receive needed competent health-related interventions (procedures, medication).
4. Students with chronic conditions have their health care needs met.
5. The overall health of the school is enhanced by wellness promotion and disease prevention measures.
6. Students receive appropriate referrals related to nursing assessments.
7. The environment in which students learn is safe.
8. The overall health of the school is enhanced by community outreach.
9. School nursing services are cost-effective.
10. Parents, teachers, administration, and staff express satisfaction with health-related services.¹⁷

Potential quality indicators are also identified for each of the desired outcomes.²¹ Using this tool, local school districts and school nurses can adapt their school nursing evaluation criteria to reflect standard practice, school nursing staff assignments, student to nurse ratios, and the unique local needs of the community.

Administrators can assist nurses in developing health- and education-related outcome measures that demonstrate improved health status and learning readiness of children. Nurses can assist administrators in (1) understanding the interactive nature of health and education when evaluating school environments that support children's health, development, and learning readiness; (2) realizing the importance of developing school health information, management, and service systems that provide necessary data to monitor trends and inform policy development; and (3) linking with local health departments and/or other nursing colleagues familiar with school nursing practice to explore clinical consultation, mentoring, or peer-evaluation methods.

Nurses hired by the school district undergo evaluation in accordance with district personnel policies and/or any master agreement, if applicable. Nurses contracted by the school district should undergo an annual evaluation relative to the agreed-upon service expectations outlined in a memorandum of understanding, purchase-of-service agreement, or contract. Such agreements or contracts should specify the expectation of ongoing evaluation or assessment of performance and the resolution of deficiencies.

Sample templates of school nursing evaluation tools can be found on the Wisconsin Department of Public Instruction [school nursing webpage](#).

Programs

Coordinated School Health Programs

A coordinated school health program is based on the notion that health is more than the absence of disease and injury. Health is a child's physical, emotional, and social well-being. Good health is essential to effective learning of our students. The Coordinated School Health Program is an effort using multiple strategies to meet the health needs of our children to improve their academic achievement.

Wisconsin's framework for coordinated school health programs includes the following components:

- healthy and safe school environment
- curriculum and instruction on health and safety issues
- co-curricular student programs related to health
- pupil services, including school nursing services
- health programs for parents and school personnel
- family and community involvement

When delivered together in a coordinated manner with focus on, and measurement of, outcomes, these components have great potential to support student health and reduce barriers to learning. The American Academy of Pediatrics (AAP) states that school health programs involve: "health and physical education, physical and mental health services, nutritional services, health promotion for staff, district policies, the physical and social environment, and linkages with families and community service providers."⁸ The health of the students improves achievement in school and produces productive adults. AAP statements support the idea that school nurses are essential for school health programs.

With the range of school health services varying in every state and school district, the AAP has set a minimum set of school health services that should be offered:

- assessment of health complaints, medication administration, and care for students with special health care needs;
- a system for managing emergencies and urgent situations;
- mandated health screening programs, verification of immunizations, and infectious disease reporting; and
- identification and management of students' chronic health care needs that affect educational achievement.

AAP recognizes the unique role of school nurses in the management of chronic health concerns with students with special health care needs, management of medication administration, and development of policies and procedures to ensure adequate response to emergency situations in the school setting. School nurses provide continuity, compliance, and supervision of health care provided in the school setting.⁸

Wellness Policies

According to the Child Nutrition and Women, Infant and Child Reauthorization Act of 2004, school districts were required to develop a local wellness policy by the beginning of the 2006-

2007 school year. The wellness policies were to be developed in partnership with students, parents, school district personnel, and community leaders to establish the local priority for improvement of health in the school environment. The wellness policies were to focus on four areas including:

- goals for nutrition, physical activity, and other school-based activities designed to promote student wellness in a manner that the local school district determines appropriate;
- nutrition guidelines selected by the school district for all foods available on each school campus in the district during the school day, with the objective of promoting student health and reducing childhood obesity;
- provide an assurance that guidelines for reimbursable school meals shall not be less restrictive than regulations and guidance issued by the U.S. Secretary of Agriculture, as applicable to schools; and
- establish a plan for measuring implementation of the local wellness policy, including designation of one or more persons within the district or at each school, as appropriate, charged with operational responsibility for ensuring that the school meets the local wellness policy.

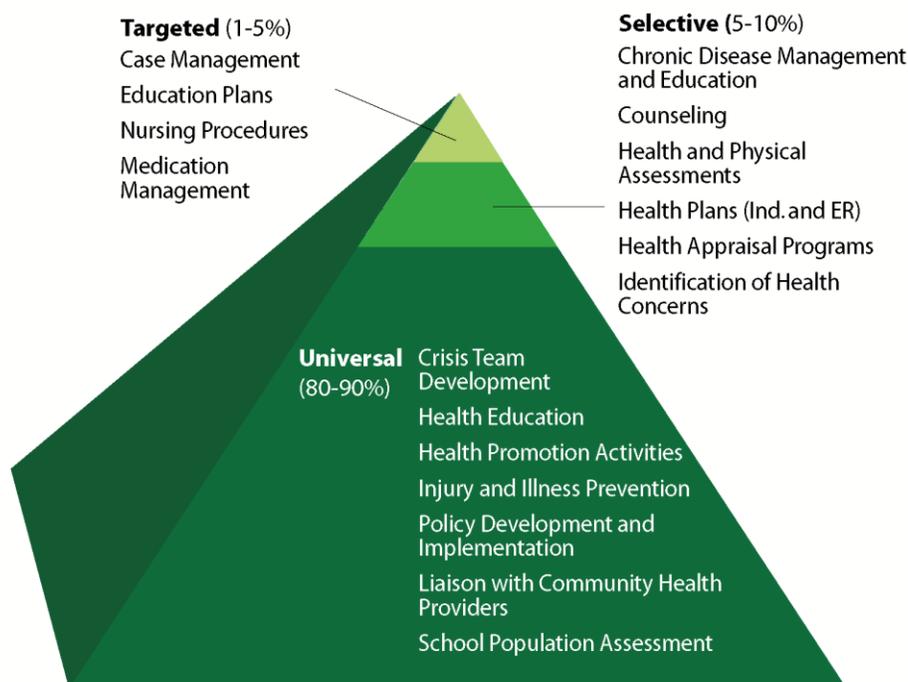
School districts were then asked to implement their wellness policies and continue to strive toward a healthy school environment. As a result of the wellness policies, many schools have established health councils that help monitor health outcomes and facilitate implementation of health initiatives.

Response to Intervention

Response to Intervention (RtI) is a systems approach to education in which students' success is facilitated by early universal screening, instruction, and evidence-based interventions for all students. RtI includes a focus on both academics and student behavior. School nurses can be instrumental in providing strategies to eliminate the health and emotional barriers to student learning. In determining possible health-related interventions, the nurse can confer with other medical and health community professions to increase collaboration and effectiveness of strategies. A school nurse brings a unique perspective to school intervention teams to collaborate with other pupil service professionals to improve student outcomes.¹⁸

A sample of selected nursing interventions are tiered into the universal, select, and targeted interventions that follow.

Nursing 3 Tiered Interventions



Positive Behavioral Interventions and Supports (PBIS) is an application of RtI to student behavior at school. Schools that implement PBIS provide positive, evidence-based behavioral strategies on three different levels in the school. The first level of intervention involves universal positive behavior strategies and teaching the school's clear behavioral expectations for all the students. The secondary level involves selective interventions for small groups of students. Finally, the school can implement intensive individual interventions. School personnel's commitment to and consistent implementation of PBIS strategies¹⁸ are critical to success. For more information, please refer to the [Wisconsin PBIS Network](#).

Conclusion

The evolution of school nursing over the years has progressed to the dynamic marriage between health and education. Nurses need to be grounded in knowledge of the role, ethics, and licensure options of the school nurses. Pivotal in the development of many school health programs, nurses can be instruments of disease prevention and health promotion in the school setting.

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