



SCHOOL NURSE-- AN EXCEPTIONAL AND WORTHY CHALLENGE

GOALS

1. Identify the many roles and practices of the school nurse in a school system.
2. State the requirements, basic education, and accreditation of a school nurse.
3. State the groups that can help provide and support safe school healthcare behaviors.
4. State the unfortunate, unsafe, and litigious healthcare behaviors that could dangerously affect the health of school children.
5. Identify the possible outcomes of the school nurse's absence within the school system.
6. State the most common and recognizable learning disabilities as a collaborative effort by teachers and school nurses in the school classroom.
7. Identify the most crucial grades where future health problems (physical and mental) can sometimes be observed.
8. State ways to mutually observe, address, and evaluate health concerns by teachers and school nurses.
9. Provide options for incremental development of a school nurse program.
10. State the advantages and challenges of a school nurse program.

KEYWORDS FOR APPLICATION

1. School Nurse Role
2. Nursing Process – Assessment, Plan, Implementation, Evaluation
3. School Nursing Program
4. State Board Exam
5. National Council Licensure Examination (NCLEX)
6. Bachelor of Science Degree in Nursing (BSN)
7. National Board of Certification of School Nurses (NBCSN)
8. Altruistic and Legal Practice
9. School Nurse Deprivation
10. Learning Disabilities
11. Collaborative Roles
12. Temporary School Nurse Programs
13. Children
14. Superintendent
15. Principal
16. Board of Education
17. Community
18. Parent
19. Racial Disparity
20. Incremental Introduction
21. “Boiling Frog” Effect

WHO ARE SCHOOL NURSES---AND WHAT DO THEY DO?

As an area of specialty healthcare practice, a school nurse is necessary for every school. They provide physical care, emotional support, recognition of impending or actual illness, organized emergency plans, and availability of emergency equipment with directions for use. Their job assignment includes *the nursing process*, known and practiced by all nurses.

The nursing process is:

- Assessing the need for individual and collective health care
- Developing individual and coordinated health care plans
- Implementing individual and coordinated health care plans
- Evaluating the existing health care plans for optimum positive change

THE NATIONAL SCHOOL NURSE INFORMATION

The title of a school nurse is also known as a Specialist Community Public Health Nurse (SCPHN). This role in nursing works with school-aged children and young people and their families to improve health and wellbeing actions that reduce inequalities and vulnerabilities. The National Association of School Nurses (NASN) has more than 1700 members and 50 affiliates.

The American Academy of Pediatrics and the National Association of School Nurses (NASN) recommend having at least one registered nurse (RN) in every school. Additionally, NASN recommends a ratio of at least one nurse for every 750 students in the general population and a ratio of 1:225 for student populations requiring daily professional nursing.

There are reported to be no current federal laws regulating school nurse staffing, and government data and peer-reviewed studies show schools are not meeting the recommended requirements. Only 40% of schools in the United States have full-time registered nurses on staff, 35% of schools hire a nurse part-time, and 25% do not employ a nurse.

Research shows that school nurses are often monetarily supported with local education dollars, with some supported by the state government and the department of health funding.

Comparing school nurses with hospital nurses, the pay for school nurses is less than for hospital nurses, and hospital nurses also often receive overtime pay.

On-the-job stress occurs with school nursing, evidenced by job dissatisfaction, anxiety, and burnout. The frustration for nurses who go between schools is related to not being readily available when a specific student needs help.

It is reported that the Free Care Act expands the Medicaid Individual Education Plan (IEP) billing in school nursing services. This possibly presents another billing opportunity for school nursing services.

Why should we ALL be concerned about the significance of the school nurse role? Because children are our hope for a brighter and more successful future for all humankind. One in four school children has a chronic illness such as asthma or diabetes. There is no community-shared role more important than a professional nurse (except an educator) in the successful nurturing and the promotion of a child's health to the point of successful learning!

SOME BENEFITS OF FULL-TIME SCHOOL NURSE ROLES

1. Collaborative efforts with the teacher to help identify learning disabilities/disorders/difficulties that need healthcare addressing
2. Identification of physically ill children to prevent the spread of disease
3. Collaborative efforts with the teacher for identifying students who need special education
4. Helping students manage chronic diseases/conditions by teaching self-care skills
5. Performing required preliminary tests before administering medication
6. Setting up a legal accounting system for the acquisition, distribution, and administration of drugs
7. Administering blood tests, oral medications, and injections as prescribed
8. Collaborating with the school superintendent, principal, and teachers to develop a health education curriculum
9. Acting as a point of contact for parents and the community for health-related concerns
10. Helping teachers write syllabi for appropriate healthcare course content
11. Teaching students individually with special education needs
12. Teaching a classroom of students about the maintenance of personal health
13. Collaborating with lunch program staff to establish special diets
14. Developing nutritional care plans for specific health issues
15. Observing for untoward nutritional intake that would hinder health
16. Establishing a sick room for sick children
17. Establishing a written protocol and response to emergencies—i.e., bleeding, vomiting, seizures, overdoses, poisonings, and untoward environmental inhalations or problematic ingestions
18. Consulting with parents and physicians (upon parental approval) regarding prescriptions, signs, and symptoms of illness, or any healthcare concerns
19. Developing specific plans of care and healthful activity
20. Developing and sharing with faculty health care policies to promote and maintain student health
21. Observing and reporting to appropriate persons possible side-effects of medication or activity
22. Participating in student/teacher/nurse conferences with parents or significant others
23. Assessing injuries and providing immediate first aid
24. Observing for medication side-effects
25. Increasing and maintaining immunization records
26. Providing care for chronic health conditions
27. Educating students and parents regarding health issues
28. Providing healthcare training for staff
29. Finding and providing helpful resources for students in crisis
30. Possessing and sharing problem-solving skills

31. Helping to develop a safe dress and activities policy for extreme cold weather recess, dress, and activities
32. Helping to develop a safe weather and chill-factor criteria to determine outside or inside activities
33. Improving the accuracy and retention of medical records
34. Decreasing absences, thus, possibly increasing funding
35. Improving health outcomes as a result of careful monitoring of health issues

School nurses can also be paraprofessional educators. This role is also known as a para, para-pro, paraeducator, instructional assistant, educational assistant, teacher's aide, or classroom assistant. It is a teaching-related position within a school generally responsible for specialized or concentrated assistance for students in elementary and secondary schools. (en.wikipedia.org/wiki/Paraprofessional_educator)

THE UNIQUE AND EXTENSIVE SCHOOL NURSE EDUCATION

School nurses must have completed an approved academic nursing program and passed the National Council Licensure Exam (NCLEX) of computerized test questions. In addition, certification by the National Board for Certification of School Nurses (NBCSN) is often required. A minimum of 1000 hours of clinical experience or three years of full-time academic background is required of a nurse to be eligible to have a School Nurse National Board Certification. After achieving the required clinical or academic experience, a candidate can take the School Nurse National Board Certification Exam. This experience helps nurses build the necessary skills to perform independently in a school setting.

An Associate Degree Nurse (ADN) may become a school nurse; however, a Bachelor of Science in Nursing (BSN) is preferred due to a school nurse's general education, extensive professional requirements, and expected abilities. Licensed Practical Nurses (LPN) have been known to fill the role of a school nurse; however, their education is very limited to the education needed to perform the school nurse role.

A Bachelor of Science in Nursing (BSN) degree is designed to provide school nurses with a curriculum covering healthcare topics related to a lifespan. A BSN (a professional nurse) learns and receives real-life clinical training with a wide span of critical thinking, application of psychological concepts, and application skills. The computer technology for updating and researching information is just one of the many supportive aspects of professional nursing education.

School nurses are often the missing human resource link for the interdisciplinary (teacher and parent) conference to establish a Plan of Education unique to the talents, health issues, intellectual abilities, and behavioral problems that challenge students. Nurses participate in all this because they accept and understand every child's uniqueness—especially their health issues impacting learning.

The number of registered nurses in the U.S. is projected to grow by seven percent through 2029—faster than the average growth rate for all other professions.

THE OVERALL EXPECTED ALTRUISTIC AND LEGAL PRACTICE OF SCHOOL NURSES BY SUPPORT GROUPS

- *A community cares enough about school-age children to require/demand, at the very least, an appropriate form of a school nurse program!*
- *A school board and parents of children understand and therefore require/demand a school nurse to help with health care assessment, planning, implementation, and evaluation of school-age children!*
- *Secretaries (or other nonprofessional school nurse staff) encourage and support a school nurse's responsibility of assessing, planning, implementing, and evaluating all healthcare activities and care for school-aged children.*
- *The school/district superintendent and school principals understand the implications of recognizing and prioritizing the school nurse role. They find (or insist on finding) the funds for a school nurse. There is an understanding that health assessment, planning, implementation, and evaluation of the overall health of school children by a school nurse is paramount to a child's ability to learn school content! There is an obvious attempt to continually improve the school nurse role (even in incremental phases) through finding ANY monetary resources without excuses. Even though the initial effort of establishing a school nurse program might not be perfect, there is to be an obvious and documented attempt to understand and perform in a manner that continually improves school nurse healthcare within the schools.*

FYI: *Administration of any oral, topical, subcutaneous, or intramuscular medication is (in most cases) unlawful and is to be performed only by a health care professional (registered nurse) or parent/parent-approved substitute excluding school staff.*

Health care information or advice provided to school children or parents is part of the professional nursing role. Healthcare information supplied to a school-age child/parent by other non-school nurse staff members (not a school nurse) invites possible personal indictment for the potential to share inaccurate health care information or perform health activities. Non-school nurse health activities and health care advice invite omission or commission errors.

Associated testing or activity related to the prescribed amount or method of medication administration is the role of a school nurse due to the nurse's education and nursing license. Any errors—even though not intended---can cause severe to life-threatening adverse effects. Children are especially vulnerable to even minor errors!

A warning: An indictment awaits an unprofessional school staff person (not a registered nurse)—and—school district superintendents and school principals who encourage, require, or allow student health assessments, establish healthcare plans, implement healthcare plans (including assessment, medication, and treatment administration), or evaluate outcomes of a healthcare plan.

All schools must have sufficient insurance to cover ANY adverse/unlawful/or even well-intended healthcare behavior happening with ANYBODY!

OUTCOME OF SCHOOL NURSE DEPRIVATION

School nurse deprivation to provide health care to school children is the most overlooked and possibly the missing link to providing the basic understanding of assisting students in succeeding academically. A nonprofessional might overlook a child's adverse health, including their behavior, as just "something they will grow out of (or) it is just their age." While this may be true to some extent, many untoward health situations can be identified, controlled, treated, and successfully resolved by a school nurse if identified early—hopefully within the first or second grade.

RECOGNIZABLE LEARNING DISABILITIES IN THE CLASSROOM

The following are learning disabilities/disorders/difficulties wherein often the first signs are noted in the elementary classroom. The school nurse helps identify these health problems in children. Identifying health problems requires the school nurse to have classroom time to observe students and a collaborative working relationship with teachers.

Learning Disabilities Witnessed in the Classroom:

1. Dyslexia—The most known disability comprises reading and comprehension disabilities. There is difficulty breaking down sounds with related issues of spelling and comprehension.
2. Attention-Deficit/Hyperactivity Disorder (ADHD) --- The common disorder that affects over 6 million children at some point. It involves a common learning impediment, difficulty paying attention, difficulty staying on task, and pervasive developmental disorders. The child is easily distracted and often perceived as having intellectual disabilities. Traditional learning can possibly be improved with medications and behavioral therapy.
3. Dyscalculia—A major difficulty with basic math concepts. There often is an inability to order numbers and problem problem-solving. It also can include trouble with time, measurement concepts, and estimations.
4. Dysgraphia—Difficulty writing/printing. Holding a pen/pencil is difficult, and the posture is tense to perform writing/printing. Organizing thoughts, making omissions, and readability is a struggle. Frustration occurs as part of the intense effort to perform without acceptable writing/printing outcomes.

5. Processing Deficits—Trouble making sense of sensory data—especially auditory or visual. Therefore, remembering and distinguishing information needed to succeed is difficult.

6. Cognitive Deficits (Intellectual Disabilities) Difficulty in learning and functioning. Recognition usually begins in early childhood. (FYI: Five percent of the general population has cognitive deficits.) Causes for the deficiency can be prenatal (before birth), perinatal (around the time of birth), or postnatal (acquired cause), which are manifested by physiological, degenerative disorders, or environmental influences.

Suppose there is a collective concern by a teacher, paraprofessional educator, or school nurse about the presence of a learning disability. In that case, it is recommended that the child be assessed by a medical or psychiatric professional. The collective information leading to a confirmation of a learning disability provides the necessary information for more direct and hopefully successful interventions to improve optimum learning.

COLLABORATIVE TEACHER AND SCHOOL NURSE ROLES

You cannot teach effectively a sick child (affected by physical or mental health challenges). The process of teaching by a classroom teacher of a group of children, by itself, requires a teacher to concentrate on the intellectual content being taught. As a classroom teacher, paying full attention to children's physical and mental abilities while teaching a specific topic and guiding all students' behavior relative to the content being taught is more than a challenge—and is often impossible! Therefore, consider the collaborative roles of a school classroom teacher and school nurse to watch for untoward behaviors and degrees of cognitive learning capacities of students. Because of the nurse's existing or acquired learning of different behaviors that interfere with learning, the school nurse can observe individual and peer behaviors that need additional support in special education classes.

ALTERNATIVE AND TEMPORARY SCHOOL NURSE PROGRAM IMPLEMENTATION

Every community has its way of meeting school health needs. Some communities use the public health service for indirect guidance and performance, and others choose to provide school nurses under the auspices of the public school districts. No matter the choice, the goal is to provide a school nurse for every school—one way or the other. Traveling registered nurses roaming between the district schools have had moderate success--- at least there is an obvious effort to provide school nurse services! Money might be a problem. If an ideal school nurse program cannot be afforded, make an effort to accommodate the perceived *necessary components* of the school nurse role while minimizing the potential for the possibility of an indictment for the unqualified health care personnel involved.

ANALOGY OF THE BOILING FROG FOR INCREMENTAL MOVEMENT TOWARD SCHOOL NURSE SUCCESS

The *Boiling Frog Effect* says that putting a frog in boiling water to cook the frog until done will cause the frog to jump out immediately. However, by putting a frog in water and slowly bringing it to a boil, the frog will remain in the water and stay until done/cooked.

The Application of the Analogy: In other words, gradually warming up to the idea of a school nurse by slow, incremental administrative moves will possibly help the acceptance of the school nurse concept and hopefully promote the eventual establishment of a full school nurse program. At least gradual movement toward the idea of a school nurse program will encourage others to consider and accept the need for a school nurse more positively. Hopefully, a school/school district with no current school nurse program can have, eventually, a successful and all-encompassing school nurse program. Incrementally, it will be on its way to becoming what is ideal for the sake of school children. If a beginning school nurse program exists, consider incremental movement to attaining or continuing support of a “perfect” school nurse program.

THE ULTIMATE TRUTH:

Children depend on the community’s intelligence, caring, parents’ logic, school board, teachers, superintendent, principals, and school nurses. It requires all those who love and care for school children to support and protect the health of all school children. The identified support groups and their participation in supporting school nurses help to assure better health for all humankind—now and in the future.

As school nurses, we intend to meet children’s education and healthcare needs--- and we do so without racial disparity!

BOOK SUGGESTIONS: (Available through Amazon)

- SPECIAL EDUCATION AND SCHOOL NURSES—FROM ASSESSMENT TO INDIVIDUALIZED EDUCATION PROGRAMS UNDER U.S. LAW (IEPS)
- FACTS FOR THE SCHOOL NURSE—WHAT YOU NEED TO KNOW (3RD EDITION)
- INDIVIDUALIZED HEALTHCARE PLANS FOR THE SCHOOL NURSE
- SCHOOL NURSE RESOURCE MANUAL
- MANUAL OF SCHOOL HEALTH

RECOMMENDED READING:

The Advancing Science of Nursing Practice—by this author

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