

Staff Model for the Delivery of School Health Services


Washington State Department of
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Staff Model For The Delivery Of School Health Services

Introduction

This document is divided into three sections. The first is a general discussion of nursing care in schools and the different levels of staff who may provide health services in terms of their training, education, licensure, certification, and responsibility. The staff model is two parts as described in the summary below.

Summary: *The staff model consists of a nursing assessment to determine levels of care needed for individual students in a school and an overall school district model with staffing level recommendations. The staff model is two parts: (1) "Levels of Nursing Care for Student Diseases and Conditions: Severity Coding," a nursing assessment to determine levels of care needed for individual students in a school, and (2) "School District Model for the Delivery of Health Services," an overall school district model with staffing level recommendations. The staff model is to be used to predict the nursing care and staff needs of individual schools and school districts.*

In the school setting, it is essential to aggressively manage any health problems that are likely to comprise daily learning readiness. For this reason, school health care providers may prioritize concerns and assign health services staff somewhat differently from the traditional medical community.

I. Nursing Care In Schools

The school nurse's primary responsibility is to the students. Each school nurse is responsible for each component of the nursing process with children in school: assessing, planning, implementing, and evaluating the nursing care. This is a continuous process. The registered nurse is responsible for the initiation of the care plan. In order to complete the initial care plans, the registered nurse(s) must be alerted to the needs of the child(ren) who will attend school. Optimally, these needs would be identified and communicated prior to attendance at the school to allow for adequate planning and training of school personnel. Administrators (including special education) in each school must establish a procedure that identifies and communicates the student's actual or potential need(s) for nursing care to the registered nurse. The identification of these needs, at the port of entry, can be communicated through health forms, parents' messages to school administrative personnel, or the health room personnel. Time to assess the needs of chil-

dren and develop the plans must be considered as additional to the time needed to provide the actual care.

Components of a nursing assessment are:

- Patient interview.
- Review of Physical Systems.
- Family history.
- Physical examination.
- Psychological nursing assessment (review of support systems, mental health assessment, etc.).
- Patient's compliance history.
- Understanding of procedures and outcomes.
- Physical environmental assessment.
- Functional assessment.
- Review of current medical diagnoses.
- Developmental assessment.
- Review of medications, interpretation of side effects, identification of effects on patient outcome (pharmacological assessment).
- Identification and interpretation of deviations from physiological norms.
- Interpretation of the impact of patient's medical history and treatment modalities on the patient's current condition.
- Evaluation of effectiveness of current treatment modalities.

From the information obtained in this nursing assessment, the nurse develops nursing diagnoses, a plan of care specific to the student, and provides for the implementation of the plan of care and ongoing evaluation. The plan of nursing care, often referred to as an individual health care plan (IHP), is a component of the interdisciplinary plan of care for a patient. The registered nurse is responsible for the "plan of nursing care" component of the interdisciplinary plan. (Excerpt from Washington State Board of Nursing, *Unlicensed Practice Task Force Recommendation*, March 1991)

L.P.N./R.N. Preparation

Licensed practical nurses (L.P.N.) use specialized knowledge, skill, and judgment to carry out selected aspects of the designated nursing regimen under the direction and supervision of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, osteopathic physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, or registered nurse (RCW 18.79.060). L.P.N.s are fully licensed health professionals and are accountable for their own actions at all times. L.P.N.s may give medications in school settings, including injections, with indirect registered nurse (R.N.) supervision. WAC 246-840-705 describes the functions of a licensed practical nurse. In summary, a licensed practical nurse recognizes and meets basic client needs in routine nursing situations, which are defined as situations that are relatively free

of scientific complexity, involving stable and predictable client conditions. L.P.N.s also function in more complex nursing care situations, and in these cases an L.P.N. would function as an assistant to the registered nurse or physician. Licensed practical nurses can revise the care plan and deliver the care according to the plan.

As stated above, indirect supervision by an R.N. who is not on school premises is within the standards of care, as long as the L.P.N. is providing the care for students in routine, noncomplex situations and as long as the supervisory role of the R.N. has been established. Periodic review of the plan and R.N. availability for questions are recommended components of school health services.

A registered nurse has the knowledge, skills and license to provide nursing care. The registered nurse may have either a bachelor's of science in nursing (BSN), an associate degree in nursing (ADN), or a diploma from a hospital school of nursing. Registered nurses with a BSN possess the knowledge and skills to function independently in a community or school setting and to coordinate family and community service in managing students with significant health problems.

The Certified School Nurse Employed by a School District

The registered nurse with educational staff associate (ESA) certification as a school nurse has the preparation to develop and administer a comprehensive school health program, contribute to the development and teaching of the health education program, and is familiar with school law and the implications for school nursing practice. The certificated school nurse has the knowledge and skills to perform and supervise nursing care of students. The knowledge and skills acquired through the certification process (WAC 180-79A-223[1]) are over and above the knowledge and skills required for licensure as a R.N. and that generally obtained in a BSN program. Persons serving as school nurses in first class districts must hold an ESA certificate (WAC 180-86-011). WAC 180-87-050, Misrepresentation or Falsification in the Course of Professional Practice, addresses professional misconduct by a person (such as a school nurse) acting as a nurse without the valid, appropriate certification.

For an employer (such as a school administrator), WAC 180-87-070(1) defines an act of unprofessional practice as the intentional employment of a person to serve as an employee in a position for which certification is required by rules of the State Board of Education when such person does not possess a valid certificate to hold the position for which such person is employed.

WAC 180-87-070(2) further defines an act of unprofessional practice as "The assignment or delegation in a school setting of any responsibility within the scope of the authorized practice of nursing, physical therapy, or occupational therapy to a person not licensed to practice such profession unless such assignment or dele-

gation is otherwise authorized by law, including the rules of the appropriate licensing board.” Nursing care can only be delegated by the R.N. within the regulations and guidance of the Nursing Care Quality Assurance Commission.

Other certificates are available within certain restrictions if an R.N. has no BSN. See WAC 180-79A-231(1)(c)(iii).

Delegation of Nursing Care

Properly credentialed health care professionals, including R.N.s and L.P.N.s, are able to work in the school settings, but must act within the scope of their respective practice acts. Licensed health care professionals must also comply with any specific laws that apply to the provision of health care in the school setting, laws that may be more or less restrictive than in other settings. For instance, registered nurses may delegate certain limited health care tasks to uncredentialed school employees so long as the registered nurse and the employee comply with delegation, training, and supervision requirements addressed in RCW 28A.210.260 and 28A.210.280. Under these laws, uncredentialed school employees may administer oral medications and perform clean intermittent catheterizations as delegated tasks, tasks that in other settings could not be lawfully performed by uncredentialed individuals. Registered or certified nursing assistants (and health care assistants) are not authorized to practice in the school setting, but they may function in the role of uncredentialed school employees who may receive the delegated tasks of administering oral medications or performing clean intermittent catheterizations. Therefore, nursing assistants (and health care assistants) would be limited to the performance of only those tasks they could complete as uncredentialed school employees under RCW 28A.210.260 and 28A.210.280.

If the nursing assistant or licensed practical nurse completes other tasks, he or she would then need to comply with all of the regulations that govern their practice. Schools are not included in the list of health care facilities as determined by the Washington State Nursing Care Quality Assurance Commission. Therefore, a nursing assistant’s practice would be limited to the tasks he or she could complete as a school employee.

In the process of determining the appropriateness of nurse delegation in schools, the registered nurse uses his/her judgment to determine the competency of the individual accepting the training to complete a delegated task. The person to whom the R.N. delegates care must be trained, willing, and competent to accept the delegation of a nursing task or care. In every instance, the nurse retains responsibility to the student for the quality of nursing care provided by the delegatee. If in the judgment of the registered nurse, the caregiver is not able or willing to complete the task, the caregiver is not considered competent and must not provide the care. Delegation and supervision are both part of the assessment phase in nurse delegation. The registered nurse evaluates the competency of the caregiver on a regular basis and therefore assesses the safety and efficacy of the

caregiver providing the care. References to this are in RCW 18.79.040(1)(c) and RCW 18.79.260(2).

IDEA/Section 504 Staffing Accommodations

For students who have qualified for special education, the requirements of the Individual with Disabilities Education Act (IDEA) and state law for development of the individualized education program (IEP) and for the provision of health and education services in the least restrictive environment must be met.

For students who do not require special education, Section 504 of the Rehabilitation Act of 1973 requires students with a disability to have full access to all activities, services, or benefits provided by public schools. Any school receiving federal funds must accommodate the special health care needs of its students with disabilities in order to provide them with a “free appropriate public education.” Such accommodations should be documented in an appropriately developed Section 504 plan or, if the child also needs special education or related services, in an IEP. These accommodations must be developed with parental input and cannot be implemented without parental consent. The school district has a legal obligation to ensure that these accommodations are provided as described in the Section 504 plan.

Confidentiality of Health Care Information

All unlicensed health care providers, such as health room aides or pupil transportation staff who assist the health care provider in the delivery of health care to students, must be informed of the confidentiality requirements of the federal Family Education Rights and Privacy Act (FERPA) and state requirements under chapter 70.02 RCW, Medical Records—Health Care Information Access and Disclosure. Health care information about a student cannot be disclosed without a signed consent of parent, guardian, or student except in selected situations identified by the licensed health care provider (such as the school nurse). See *Guidelines for Handling Health Care Information in School Records*, State of Washington, Superintendent of Public Instruction, September 1995.

II. Levels of Nursing Care for Student Diseases and conditions: Severity Coding

Students attend school with a broad range of health conditions, from potentially life-threatening acute and chronic conditions to correctable vision problems and everything in between which could impede the student's ability to fully participate in the educational process. Severity coding is a method for planning adequate staffing to meet the varying needs of students.

Severity of condition does not always translate directly into nursing time with the students. Many students with significant chronic conditions **predictably** require daily nursing time. For example, a student with spina bifida who is not yet independent with urinary bladder management requires 40 minutes every day of the nurse's time for catheterizations at the same time every school day. Other students such as those with severe asthma may experience an acute attack and require nursing assessment and care **at any time** during a school day.

Examples of treatments/interventions that may be performed in schools at all levels of severity are (these are only a few examples and not meant to be an exclusive list):

Blood glucose test	Monitor illness
Continuous oxygen administration	Monitor weight
Dressing change	Nebulizer treatments
Gastric tube feeding	Peak flow monitoring
Intermittent oxygen administration	Sterile bladder catheterization
Laboratory tests	Suctioning
Medication management	Toileting
Monitor blood pressure	Tracheostomy care
Monitor disability	Unsterile bladder catheterization

In order to plan, care for, and monitor the students with special health care needs, the school nurse will assign each qualifying student to a level of care based on the following categories: nursing dependent, medically fragile, medically complex, and health concerns. In addition to children being considered for assignment to these levels of severity, there are many other students not requiring care on a daily basis. Therefore, the School District Model for the Delivery of Health Services (pages 12–14) has been recommended for this larger population of students. This model is to be used in conjunction with severity coding which establishes the nursing staff needs of students within a school building.

Level A: Nursing Dependent

Nursing dependent student require 24 hours/day, frequently one-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing, for example, a child on a respirator, and/or continuous nursing assessment and intervention. Without effective use of medical technology and availability of nursing care, the student will experience irreversible damage or death. Before a student enters school, a registered nurse will complete a nursing assessment of the student and determine an appropriate plan of care/individual health care plan.

Staffing requirements: Immediate availability of the nurse (registered nurse or licensed practical nurse as determined by the R.N.) “on the premises and is within audible and visual range of the patient [student] and the patient [student] has been assessed by the registered nurse prior to the delegation of duties to any care giver” (WAC 246-840-010[11][d]).

Statutory Authority

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
- WAC 246-840-705 Functions of licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

Level B: Medically Fragile

Students with complex health care needs in this category face daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse. An individual health care plan or plan of nursing care developed by a registered nurse must be complete, current, and available at all times to personnel in contact with these children. This includes bus drivers for daily transportation and special events, sports coaches, and school personnel assigned to extracurricular activities. Every child in this category requires a full-time nurse in the building. Children in this category may be transported to school. Someone must be trained and available on the bus to provide care during transport to the school. This training must include the primary bus driver, the child, and backup personnel. The registered nurse makes the decision of who will be trained and what level of preparation is required, and uses the nurse delegation principles described on pages 4–5.

Examples may include, but are not limited to:

- Severe seizure disorder, requiring medications that can be administered only by a nurse.
- Severe asthma with potential for status asthmaticus.
- Sterile procedures.
- Tracheostomy with frequent and/or unpredictable suctioning.
- Unstable and/or newly diagnosed diabetic with unscheduled blood sugar monitoring and insulin injections.

Staffing requirements: Every child in the medically fragile category requires a full-time nurse in the building. The nurse “is on the premises, is quickly and easily available and the patient [student] has been assessed by the licensed registered nurse prior to the delegation of the duties to any caregiver.” (WAC 246-840-

010[11][c]).

The child may need to transfer to a school where full-time nursing staff is provided if not available at the local school. If the child needs a high level of nursing service, but is not willing to move or the parents object to the move to the school where the service is provided, the parents, school administrators, and school nurse should meet and discuss options. Options **may** include a waiver signed by the parent in compliance with school district policy for the student to remain in the local school. In these cases, a move toward students attending their neighborhood schools works against the provision of adequate care if there is not a full-time nurse in the neighborhood school. Parents need to be fully aware of the services that are offered by a school. Placement of their children in schools where services are not available to the degree required, could present undue stress on the child, the nursing staff, parents, and school staff. If a waiver has been signed, the professional registered nurse in the school the child is attending must be aware of the child's condition and needs and develop emergency care plans for these children. Reasonable accommodation and provision of education and health services under Section 504 or under IDEA must be considered and addressed in each child's individual health care plan.

Statutory Authority

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
- WAC 246-840-705 Functions of licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

Level C: Medically Complex

The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional registered nurse. Life-threatening events are unpredictable. Treatments, medications, and reporting of current signs and symptoms can be delegated, but delegation requires a trained, willing, and competent staff person and close supervision of that staff person by a registered nurse. The level of supervision required is determined by the R.N. but must be adequate to maintain safety and ensure competence of the direct caregiver. Adaptations of the medically complex student to the educational system must be negotiated and maintained with the student, family, school staff (classroom and administrative), and community health care provider(s).

Examples include, but are not limited to:

ADHD and on medications
Anaphylactic event

Moderate to severe asthma; inhaler
at school and peak flow meter

Cancer
Complex mental or emotional disorders
Immune disorders effects

Oxygen, continuous or intermittent
Preteen or teenage pregnancy
Taking carefully timed medications
Taking medications with major side

Unstable metabolic conditions

Emotional disorders and homicidal and/or suicidal behaviors may be assessed and categorized at this level. These conditions require collaboration with school counselors. The registered nurse's role must be identified and defined and mutually agreed to in these cases. Pregnancy may be classified at this level. Pregnancy issues must be assessed and may require weekly evaluation.

Staffing requirements: Children placed in this category require a professional registered nurse in the building a full day a week who is available on a daily basis when not in the school building. The registered nurse prioritizes issues weekly and provides a face-to-face assessment of these children at least one day a week. If children in this category become more fragile and meet the definition of Level A or Level B care, they may need to transfer to a school that meets the staffing requirements of the higher categories. This is dependent on the registered nurse's judgment and district policy. At Level C, the registered nurse "is not on the premises but has given either written or oral instructions for the care and treatment of the patient [student] and the patient [student] has been assessed by the registered nurse prior to the delegation of duties to any caregiver" (WAC 246-840-010[11][e]). If any alteration of the written care plan is required, it must be done by the registered nurse and must be documented. Licensed practical nurses can revise the care plans and consult with the registered nurse.

Statutory Authority

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
- WAC 246-840-705 Functions of licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

Level D: Health Concerns

The student's physical and/or social-emotional condition is currently uncomplicated and predictable. Occasional monitoring is required. Require monitoring varies from biweekly to annually. Examples include, but are not limited to:

Dental disease
Diabetes self-managed by the student
Dietary restrictions

Headaches, migraines
Sensory impairments
Orthopaedic conditions requiring

Eating disorders
Encopresis

accommodations
Uncomplicated Pregnancy

Staffing requirements: Children placed in this category should have their health needs assessed at least once a school year by the registered nurse at the beginning of the school year or at the time of diagnosis. Reassessment occurs as the condition requires and the nurse's judgment determines.

Statutory Authority

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
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- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

Social/Emotional Factors, Comorbidity

Classification of students by the severity of their condition(s) remains the responsibility of the registered nurse. The registered nurse may factor into his/her decision any of the following or other significant factors that increase health care need:

Chronic illness stressors	Homeless
Drug/alcohol stressors	Poverty/low income
English-as-second language	Reentry
High mobility/turnover	Special education, enrolled

The student's diagnosis may place him or her at Level D, but if the student has more than one diagnosis (comorbidity) or any of the above risk factors, the nurse may place the student in a higher level of severity and increase monitoring, at least initially.

Transportation

A student may need transportation as a related service, as determined under procedures provided under IDEA and chapter 392-172 WAC, because of student characteristics which could require nursing care, or intervention, or require the use of adaptive or assistive equipment. In these situation, the pupil transportation staff should be invited to participate in the nursing assessment and care planning process as a resource person and potential provider of care.

Time allotted for training by the registered nurse and for the pupil transportation personnel needs to be considered in the staffing model. Informing and training transportation staff prior to the first transport is essential to ensure safe transport. The degree of ongoing nursing supervision must also be addressed and provided. Appropriate substitutes for the transportation personnel must be trained as well.

Level C or D students may require some adaptations but not require nursing staff to be on the bus. If a student in Level C or D experiences deterioration in condition or an acute episode requiring increased nursing care, the nurse will reassess the student. If the student is then categorized as Level A or B, the student may be transported to a school with full-time nursing services depending on district policy and/or additional or licensed personnel resources may be added to the bus.

III. School District Model for the Delivery of Health Services

In this section we will discuss the second part of the staff model which describes a district-wide staffing model. "Levels of Nursing Care for Student Diseases and Conditions: Severity Coding" determines health services staffing for students within a school building based on the student's condition and the nursing services the student requires during the school day (pages 6–12). The following "School District Model for the Delivery of Health Services" provides recommendations for district-wide staffing for health services.

- One professional school nurse for every 1,500 regular education students, including those on the health concerns level (Level D).
- A health room paraeducator to student ratio based on the grade level within a building.
- Additional assigned professional registered nurses, L.P.N.s, and unlicensed school staff to whom the care of students on Levels A, B, and C have been delegated based on individual student need as determined by the registered nurse's assessment.

Certificated School Nurses

The certificated school nurse could be expected to have the abilities because of her/his educational preparation (see page 4) for the activities described here. The school nurse with educational staff associate (ESA) certification has responsibility for assessing the health care needs of all 1,500 students, in his/her caseload; assigning students to an appropriate level (A-D); delegating the care to R.N.s L.P.N.s, and unlicensed school staff; and providing appropriate training and supervision of the caregiving staff. The school nurse participates as a member of each student's evaluation group, which includes parent(s), participates in the development of the student's IEP, and ensures the implementation of the health care aspects of the IEP. For students not receiving special education, the nurse develops an IHP. The nurse participates in the development of health education curricula and teaches classes when appropriate. The nurse evaluates and monitors the school environment for health and safety hazards and works with the local health department in the control of communicable disease and the monitoring of student immunization against vaccine-preventable disease. The school nurse recommends or designs accommodations (Section 504 Plan) that permit the student to participate fully in learning and communicates to school staff to ensure understanding and compliance with the student's educational program goals. The school nurse ensures that each student in his/her caseload is well enough to learn each school day and that any student and family health issues that may increase absences or negatively affect the student's ability to learn are identified and addressed.

The school nurse provides case management for students in his/her caseload and interacts with parents, primary health care providers, community and school resources to provide a school environment that is safe, healthy, and conducive to learning.

The school nurse in this role should have current ESA certification in order to meet the basic requirements for managing the health care of 1,500 students within the educational system and culture.

Non-ESA Certificated Nurses/L.P.N.s

As previously discussed on pages 3–5, other registered nurses and licensed practical nurses can work in the school settings without the ESA certificates. Licensed practical nurses work under the supervision of R.N.s, physicians, and other authorized health care providers.

Health Room Assistants

The health room assistant (HRA) is specially trained to staff the health room and provide care to students based on protocols developed and supervised by the registered nurse. The HRA has completed the Office of Superintendent of Public Instruction (OSP) “Orientation-Level Training for Paraeducators Working with Students with Special Health Care Needs” course. The HRA may be a registered or certified health care provider which would require the HRA to act within her/his scope of practice with the exception of clean intermittent catheterization and oral medication administration (see page 5) and comply with the Uniform Disciplinary Act.

The health room assistant is in the building daily at least during the high use times such as 11 a.m.—1 p.m. when most medications are given. The recommended ratio is:

1. Elementary schools—at least 0.1 FTE/100 students.
2. Middle and high schools—at least 0.1 FTE/200 students.

Up to a limit of one HRA per building is recommended. The HRA may be in the school at times the school nurse is not, but there must be provision for at least weekly face-to-face communication with the school nurse on a routine, scheduled basis. The R.N. has responsibility for selection, training, and supervision of the HRA and for the development of health room protocols. The hiring and performance evaluation of the HRA remains with the school administration with weighted comments from the supervising R.N. in health care provision by the HRA. As indicated in the introduction, however, registered/certified nursing assistants and certified health care assistants are not authorized to practice in the school setting; they may function in the role of uncredentialed school employees who may receive the delegated tasks of administering oral medications or performing clean intermittent catheterizations under RCW 28A.210.260 and 28A.210.280. indicated in the introduction, however, registered/certified nursing assistants and certified health care assistants are not authorized to practice in the school setting; they may function in the role of uncredentialed school employees who may receive the delegated tasks of administering oral medications or performing clean intermittent catheterizations under RCW 28A.210.260 and 28A.210.280.

Clerical Staff

For the nursing staff to complete nursing responsibilities, clerical staff are needed as support for filing the individual health plans, data entry, and ensuring that the health forms and immunization records are completed.

Summary

This paper provides a discussion of an approach to the hiring and assignment of staff for the provision of school health services that considers the individual student nursing care needs during the school day, plus the need for school nurse services by all students within a district.



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Numerous calls and inquiries to the Washington State Nursing Care Quality Assurance Commission have been received recently about the management of diabetes in school settings in Washington state. Specifically, concerns have been raised about the use of glucagon, a medication which must be mixed and injected, in cases of severe hypoglycemia (low blood sugar) and seizure.

Several years ago, the Washington State Nursing Care Quality Assurance Commission worked closely with Mary Bridge Children's Hospital, Children's Hospital in Seattle, the Office of the Superintendent of Public Instruction, the School Nurse Organization of Washington, and the Washington State Diabetes Association to develop a comprehensive set of guidelines and extensive teaching materials for all personnel in schools regarding the care of students with diabetes. Part of the guidelines include a set of advisory opinions issued by the Nursing Commission regarding the scope of practice of registered nurses with regard to delegation of certain skills and tasks related to the continuum of care for students.

Registered nurses may delegate various tasks of nursing care to other individuals in a variety of settings. However, registered and practical nurses cannot delegate tasks of nursing care which involve injections, medications, and other potentially complex tasks to anyone unless there is a provision in state law which would allow the person in question to perform the procedure. A major exception to this law involves situations in which family members provide nursing care for each other, such as in hospice care, when family members may be taught by nurses to adjust pain medication and intravenous feedings.

Concerned citizens have called the Commission wondering why the Commission is preventing the use of glucagon in schools. Callers should be aware that **the Nursing Commission does not have the authority to issue a ruling to allow nurses to teach non family members to give shots in any setting.** Such a change would be up to the State Legislature; the Nursing

Commission's advisory opinion regarding glucagon was designed to clarify the existing rule for practicing nurses.

Interested parties are invited to review the document the committee created, *Guidelines for Care of Students with Diabetes*, published in September, 2001 (see below for access information). The document reflects an evidence-based approach to the design of care plans for each student based on developmental status, medical treatment plan, and consultation with parents. Promotion of health and a normal school experience for each child with diabetes were the goals for the committee. The idea is to provide plenty of education and resources for all school personnel who may work with a student with diabetes on a given school day, from the bus driver to the playground assistant. All personnel can then recognize impending problems like low blood sugar that can be easily identified and corrected, and crises can be averted.

Severe hypoglycemic states with seizures have been rarely reported in school settings. The general plan for such emergencies is activation of the EMS system. A student who may be seizing as a result of too much insulin and/or too little food might require a variety of interventions beyond the glucagon injection, and would need to be monitored closely.

The Nursing Commission is pleased to have been part of the development of the guidelines for students with diabetes and hopes that cooperation and collaboration mark future endeavors. Innovative solutions to school staffing can also be found in the guidelines as well. One school district hired a licensed practical nurse as a classroom aide who could assist a student under the supervision of the registered school nurse.

INFORMATION:

Guidelines for Care of Students with Diabetes
Office of Superintendent of Public Instruction
Old Capitol Building
P.O. Box 47200
Olympia, WA 98504-7200
1-888-595-3276

<http://www.k12.wa.us/HealthServices/DiabetesCare.aspx> in pdf format (Adobe Acrobat required)

Washington State Nursing Care Quality Assurance Commission

Questionnaire For Advisory Opinion On Nursing Practice

The Nursing Care Quality Assurance Commission issues advisory opinions in response to questions about the authority of various categories of nurses and nursing assistants to perform particular tasks. If you represent an agency, institution or business, the Commission will need the opinion of your legal counsel regarding this procedure or practice prior to issuing a response. Please complete this form in order to assist the Commission in its consideration of your question.

Date: Nov. 12, 1996

1. **Name of person(s) submitting question:** Virginia Hilton, RN

2. **Position:** Director of Nursing

3. **Address:** 1301 N. Highland Pkwy, Tacoma, WA 98406

4. **Telephone Number:** 206 756-7567

5. **Institution/Employer:** Tacoma Lutheran Home & Retirement Community

6. **Address of Institution:** above

7. **What is the question that you would like the Commission to consider?** Some examples of questions submitted to the Commission in the past are; "May an RN assist the physician in insertion of PEG tubes?" or "May a Nursing Assistant-Certified perform glucometer testing?"

Can Licensed Practical Nurses pronounce death under the same circumstances as registered nurses can as worded in the Law Relating to Nursing Care, 18.79 RCW, May '95 p. 2 of 246-839-83?.

8. **Are you asking as an individual or representing your facility?**

Agency.

9. **Which type(s) of nursing personnel would be performing the procedure and what is the preparation to enable them to do the procedure?**

Licensed practical nurses and registered nurses already do this under our facility policy.

10. Briefly describe the procedure or task. Attach relevant protocol or practice guidelines.

LPN who is in charge assesses and documents the absence of heart beat and respirations in the absence of a registered nurse or physician.

11. Would this procedure be routinely performed or only for special circumstances? Please describe.

In long-term care or skilled nursing facilities only in the absence of a registered nurse on site. Might also occur in home health settings.

12. List the advantages/disadvantages of this practice/procedure.

Ability of agencies to staff without needing 24/day seven day/week RN coverage.

13. What are the opinions or policy of nursing administration at your institution or agency regarding this procedure?

Opinion is that LPNs are probably already doing this.

14. What is the opinion or policy of your agency/institution's Nursing Practice Committee and nursing staff?

Above.

15. Is this particular issue under litigation or is litigation pending?

No

16. How do you or your agency, facility, or institution plan to track the safety and effectiveness of this procedure or practice?

No formalized plans.

Please attach pertinent literature, studies and standards of practice

Field Trips and Medication Administration

There are many issues to address before district staff should assume the responsibility for administering oral medications on field trips. Section 504 may apply to the participation of a student with a disability on a field trip and to the administration of oral medications to such a student during the field trip. If the student has an existing 504 accommodation plan requiring districts to administer oral medications at school, this plan would apply to field trips as well unless there were medical reasons not to take the student with a disability on the field trip. The district must investigate whether or not staff can safely accept responsibility for the student who has the right to the field trip and who may require medication on the field trip. There are instances when the student should not go on the field trip because of the unstable/fragile nature of his/her condition and/or the nature of and/or the distance from the emergency care that might be required. There may be other solutions to permit the student to attend, such as:

1. Request the parent accompany the student and attend to the student's medical needs.
2. Assign an appropriately trained and licensed school staff person to care for the child on the trip.
3. The student carries his/her medication and self-administers with parent, physician, and school nurse permission unless the student's Section 504 plan specifically states the district staff will administer the medication.

Please note that if the student does not self-administer medication at school, the student will require training and support by parents and district staff before assuming this responsibility on a field trip. The parent, physician, and school nurse must believe the student can safely take the medication and sign the permission form to do so.

If none of these are possible, the school provides a comparable learning experience at school or in a safe location.

All of the requirements of the oral medication statute must be met on the field trip, e.g., staff must be trained and supervised by an RN as is required when giving medication at school. Students normally taking medication at home may need to take medication while on the a field trip extending beyond normal school hours. Parents must be notified well in advance of the field trip.

If parents indicate that medication not routinely given at school will need to be given on the field trip, then the authorization to administer medication must be completed and signed by parent and physician prior to the field trip. The medication will have to be supplied by the parent in the original pharmacy bottle.

The medication will be carried on the field trip by the designated staff person(s) in a fanny pack or locked box with access limited to those giving the medication. The medication should be either in (1) the original pharmacy-labeled container or (2) the number of doses required during the field trip are put in a properly labeled, sealed plastic bag. In the latter instance, the school nurse and the designated staff person place the medication in the envelope and record and sign a form with the name of the medication, the strength per dosage unit, the quantity, and the date. The envelope should have the following information: (1) name of student; (2) teacher and grade; (3) medication name; (4) dosage of medication to be given and doses per unit of medication; (5) time medication is to be given; and (6) a space for the designated and trained staff person to sign his/her name, date, and time the medication was given to the student. The information in No. 6 should be put on a medication log sheet instead of the envelope. Upon returning to school from the field trip, the signed envelope or log sheet and any left over medication is returned to the school nurse, who will transfer the information to the regular school medication log for the student.

The school nurse and staff person should sign and date a log sheet that documents the return of the medication and signed administration log and any problems that might have occurred with the medication on the field trip.

**Washington State Nursing Care Quality Assurance Commission
Practice Committee
September 8, 2000**

**Request for advisory opinion from the American Lung Association, Seattle Headquarters,
Asthma Management in School Settings Committee**

Background information: The following questions were generated by a multi-disciplinary committee charged with developing a standard approach to the management of asthma in K-12 schools. The management guidelines are based on national asthma care principles. Individual nursing care plans for students with asthma will be developed according to orders from authorized prescribers, with parental input, based on a philosophy of self-management by the student.

Registered nurses in school settings function under a special provision which allows them to delegate and supervise the administration of oral medications to unlicensed school personnel. The Commission assumes that the registered nurse uses the nursing process to assess the care needed, verify orders, individualize standard guidelines based on the student's needs, and that certain tasks will not be delegated when the registered nurse determines that care is too complex.

May an RN in a school setting delegate to an unlicensed school employee, the following tasks related to the care of children with asthma?

Assist a student using a peak flow meter to determine the need for inhaled medications for asthma:

Yes, if the plan of care includes the use of a peak flow meter to determine whether or not medication is indicated, the unlicensed school employee who has been trained and is supervised by the registered nurse may verify readings on the peak flow meter and assist the student to follow the instructions on the plan of care. The care plan must include information about when a health care provider or the EMS system should be activated.

Mix liquid medications in a nebulizer chamber for administration via oral inhalation:

Yes, if the registered nurse has taught and supervised the assistive personnel to place medication in a nebulizer chamber, and if she has determined this is a safe procedure within an individual plan of care, this activity is part of the process of administration of oral medications.

Assist a student who uses a mask or Aerochamber-style spacer for inhaled medications for asthma—the medication is ordered “by mouth”, but the device also covers the nose:

Yes, if the medication is ordered for oral inhalation, it falls within the category of “po” or “by mouth” whether or not the mask or spacer covers the mouth or the mouth and the nose. Medications ordered to be administered intranasally are not included within this category. (reference: telephone communication with Joe Honda, Pharmacy Board Consultant, 8/24/00)

Initiation of an individualized plan to deal with urgent asthma episodes which may include the use of peak flow meters:

Yes, the assistive personnel may assist the student to identify emergent and urgent situations, including the use by the student of peak flow meters so that the student may determine his or her own status, as long as the registered nurse has included these activities in the plan of care. The registered nurse may not delegate nursing assessment or the nursing process (clinical decision making) to an unlicensed individual.

Orders for inhaled medication which provide a varying dose of medication (i.e. 1-2 puffs):

Yes, if such orders are clarified with the authorized prescriber by the registered nurse, this type of medication may be delegated. The registered nurse should contact the authorized prescriber to determine, for instance, under which circumstances one versus two puffs of an asthma medication should be administered.