

# TASK FORCE ON SCHOOL NURSING

MARCH 8<sup>TH</sup>, 2016

1:00-4:00

- ▶ 1. NAME AND ORGANIZATION
- ▶ 2. WHAT IS YOUR ORGANIZATION'S INTEREST IN SCHOOL NURSING
- ▶ 3. WHAT IS YOUR PERSONAL INTEREST IN SERVING ON THIS TASK FORCE
- ▶ 4. PLEASE SHARE A SCHOOL HEALTH EXPERIENCE – PERSONAL OR OTHER

# WELCOME AND INTRODUCTIONS



- ▶ Conflict of Interest Form
- ▶ Common Language Form
- ▶ Elect Chair
- ▶ Elect Vice-Chair
- ▶ Standing meeting times and locations
- ▶ Meeting formats/norms

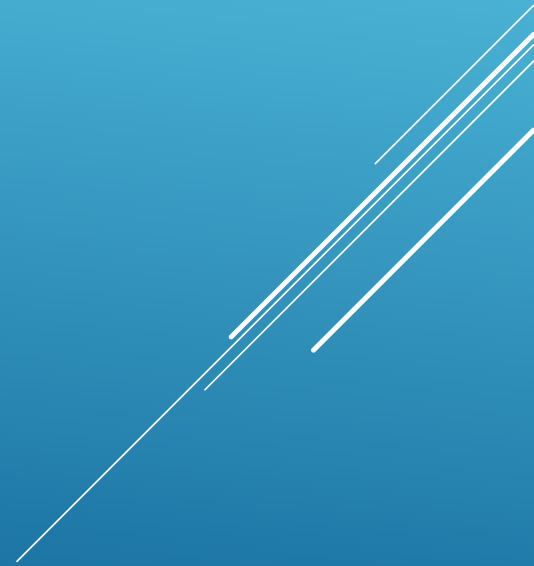
## HOUSEKEEPING

- ▶ CHARTER
- ▶ WORK PLAN

# TASK FORCE DOCUMENTS

- ▶ Brainstorming
- ▶ Future agenda topics desired

## TASK FORCE NEEDS



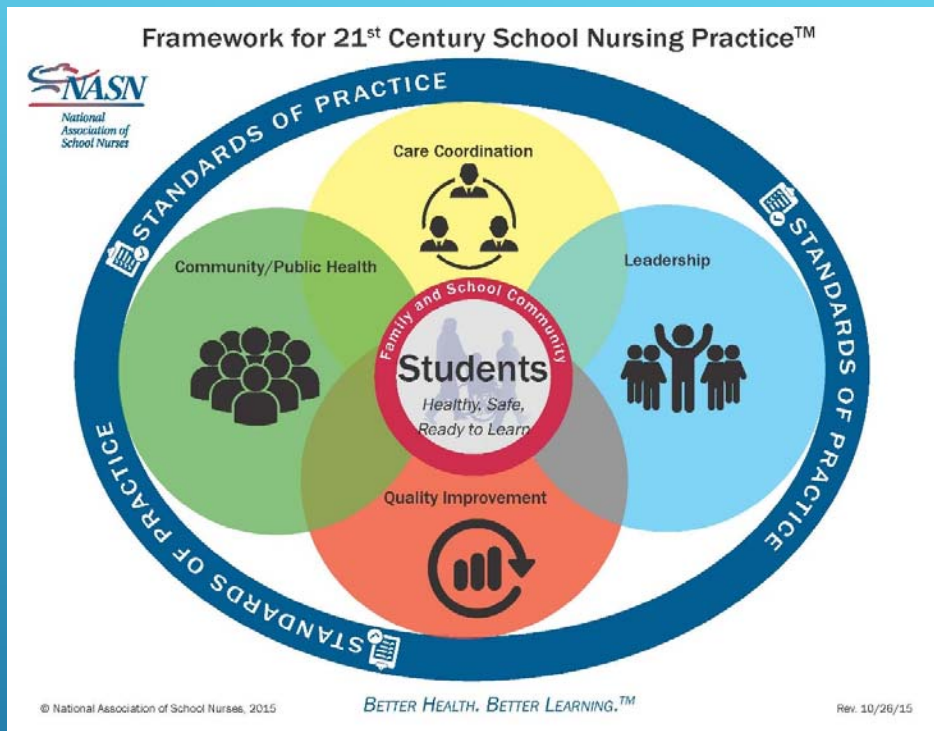
- ▶ Nicky Zimmerman RN, MSN – OSNA President



# SCHOOL NURSING 101, A SNAPSHOT

WHAT IS SCHOOL NURSING ANYWAY?





# SCHOOL NURSING FRAMEWORK



## Framework for 21<sup>st</sup> Century School Nursing Practice™

NASN's *Framework for 21st Century School Nursing Practice* (the *Framework*) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the *Framework* is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of *Care Coordination*, *Leadership*, *Quality Improvement*, and *Community/Public Health*. These principles are surrounded by the fifth principle, *Standards of Practice*, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.

 <b>Standards of Practice</b>	 <b>Care Coordination</b>	 <b>Leadership</b>	 <b>Quality Improvement</b>	 <b>Community/Public Health</b>
<ul style="list-style-type: none"> <li>• Clinical Competence</li> <li>• Clinical Guidelines</li> <li>• Code of Ethics</li> <li>• Critical Thinking</li> <li>• Evidence-based Practice</li> <li>• NASN Position Statements</li> <li>• Nurse Practice Acts</li> <li>• Scope and Standards of Practice</li> </ul>	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Chronic Disease Management</li> <li>• Collaborative Communication</li> <li>• Direct Care</li> <li>• Education</li> <li>• Interdisciplinary Teams</li> <li>• Motivational Interviewing/Counseling</li> <li>• Nursing Delegation</li> <li>• Student Care Plans</li> <li>• Student Self-empowerment</li> <li>• Transition Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Change Agents</li> <li>• Education Reform</li> <li>• Funding and Reimbursement</li> <li>• Healthcare Reform</li> <li>• Lifelong Learner</li> <li>• Models of Practice</li> <li>• Technology</li> <li>• Policy Development and Implementation</li> <li>• Professionalism</li> <li>• Systems-level Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous Quality Improvement</li> <li>• Documentation/Data Collection</li> <li>• Evaluation</li> <li>• Meaningful Health/Academic Outcomes</li> <li>• Performance Appraisal</li> <li>• Research</li> <li>• Uniform Data Set</li> </ul>	<ul style="list-style-type: none"> <li>• Access to Care</li> <li>• Cultural Competency</li> <li>• Disease Prevention</li> <li>• Environmental Health</li> <li>• Health Education</li> <li>• Health Equity</li> <li>• Healthy People 2020</li> <li>• Health Promotion</li> <li>• Outreach</li> <li>• Population-based Care</li> <li>• Risk Reduction</li> <li>• Screenings/Referral/Follow-up</li> <li>• Social Determinants of Health</li> <li>• Surveillance</li> </ul>

ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health*. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wscc-a-collaborative-approach.pdf>

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BETTER HEALTH. BETTER LEARNING.™

Rev. 10/26/15

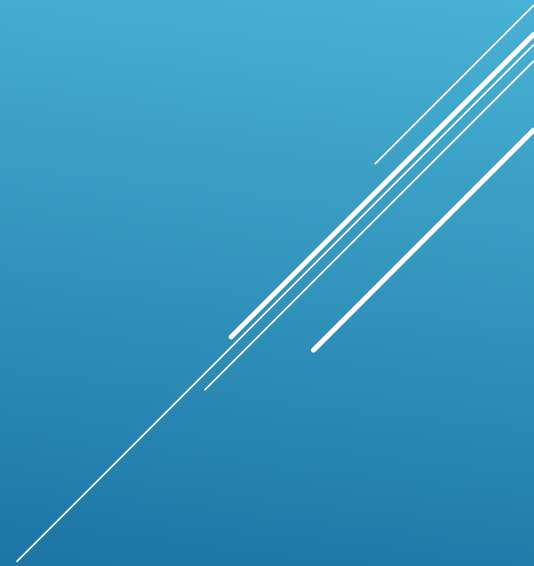
# SCHOOL NURSING FRAMEWORK



OUR MOTIVATION



WHO WE DO IT FOR

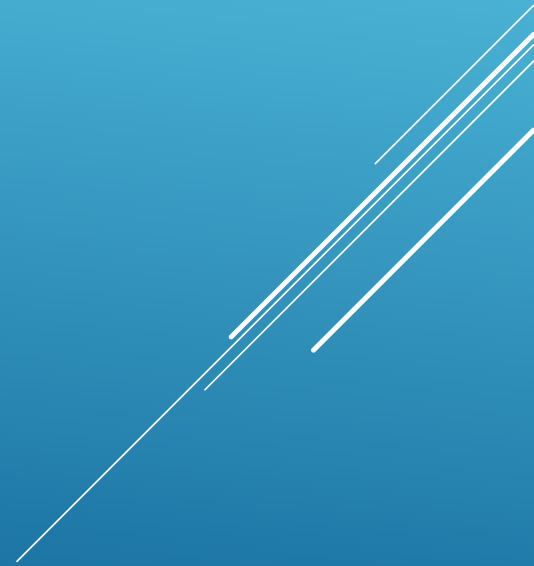




HOW WE'RE ORGANIZED VARIES  
ACROSS THE STATE



WHAT THE SCHOOL NURSE YEAR  
LOOKS LIKE



- ▶ Trainings galore!
  - ▶ Diabetes, seizures, allergies and more.....

JUMP STARTING THE SCHOOL YEAR



- ▶ Prevention and health promotion

# THE COLDS AND FLUS OF WINTER

- ▶ Exclusion day in February

# THE IMMUNIZATION SCRAMBLE



- ▶ Hearing
- ▶ Vision
- ▶ Dental

SCREENING SEASON

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the blue background.

- ▶ Takers of our time

- ▶ Mental health issues
- ▶ Abuse reporting
- ▶ Food poisoning outbreaks
- ▶ On and on...

YEAR ROUND



NOT ALL TIME STEALERS ARE BAD





### Home and Community Factors That Impact Health and Learning Per 100 U.S. Students



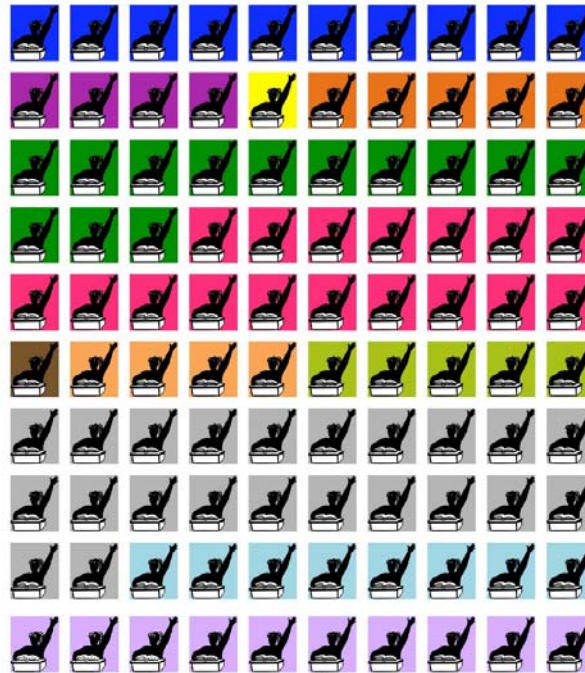
KEY:



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National Association of School Nurses

# WHAT THE STATISTICS SHOW...



- COLOR KEY**  
See reverse for more information
- |              |                     |                           |                            |
|--------------|---------------------|---------------------------|----------------------------|
| Asthma       | Hearing Loss        | Autism Spectrum Disorders | Mental/Emotional Disorders |
| Food Allergy | Vision Deficiencies | Teen Pregnancy            | Threatened by Weapon       |
| Seizure      | Obesity             | Tobacco use               | Access to Health Care      |

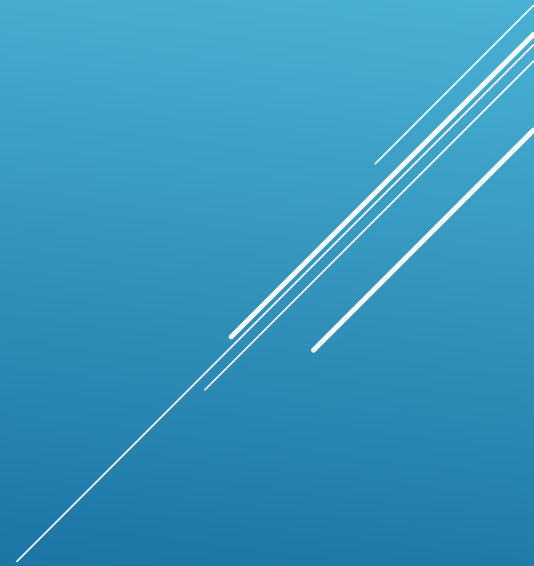
WHAT THE STATISTICS SHOW...

- ▶ HB 2772 – 2007
- ▶ HB 2693 – 2009
- ▶ others

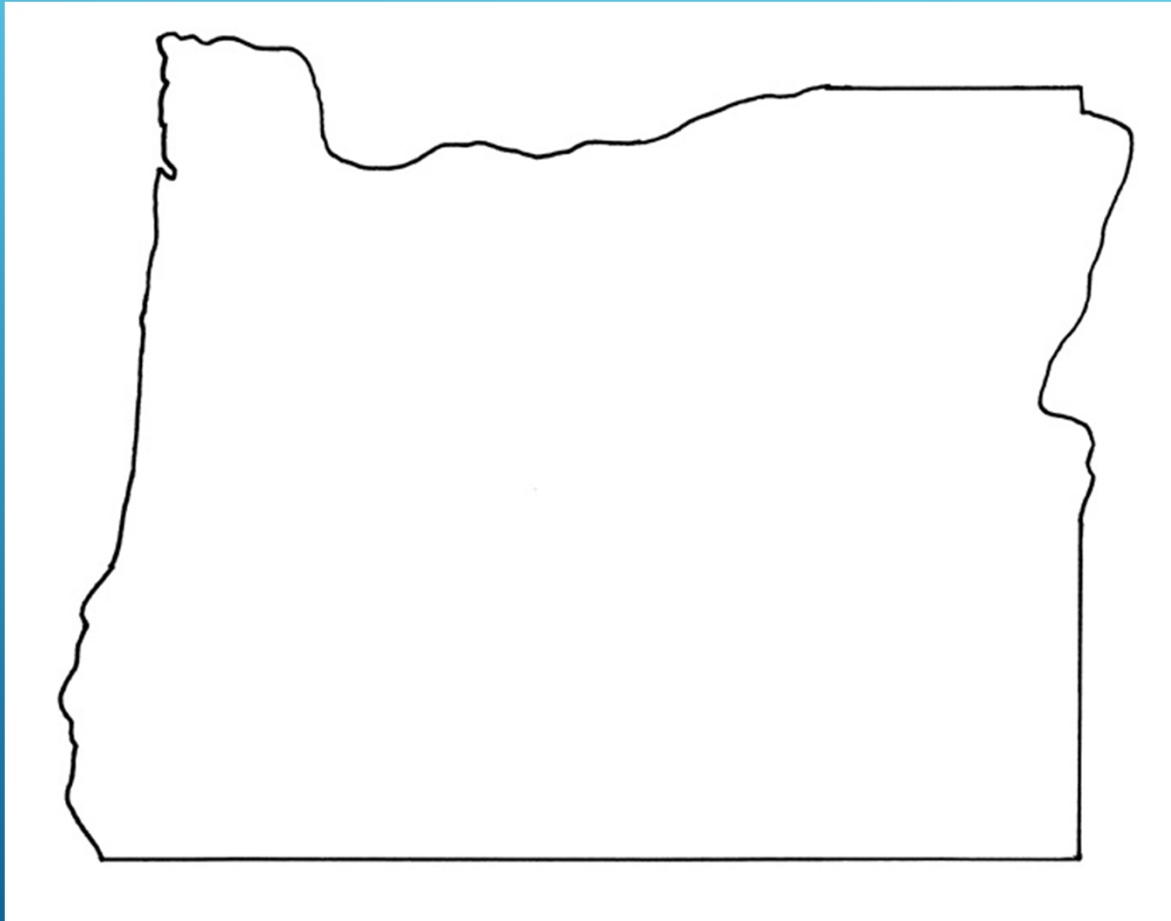
## LEGISLATIVE HISTORY

▶ Maybe some answers....

QUESTIONS

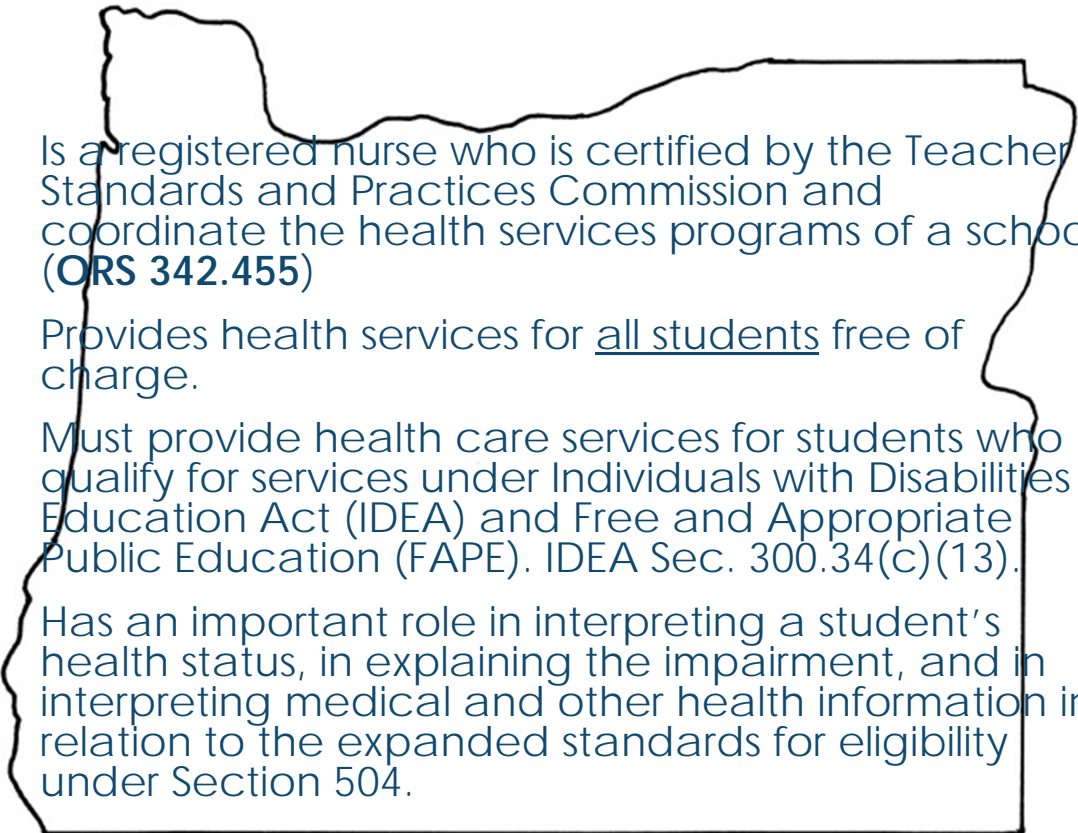






Oregon Department of Education

# School Nurses



Is a registered nurse who is certified by the Teacher Standards and Practices Commission and coordinate the health services programs of a school.  
**(ORS 342.455)**

Provides health services for all students free of charge.

Must provide health care services for students who qualify for services under Individuals with Disabilities Education Act (IDEA) and Free and Appropriate Public Education (FAPE). IDEA Sec. 300.34(c)(13).

Has an important role in interpreting a student's health status, in explaining the impairment, and in interpreting medical and other health information in relation to the expanded standards for eligibility under Section 504.

## SCHOOL NURSES (CON'T)

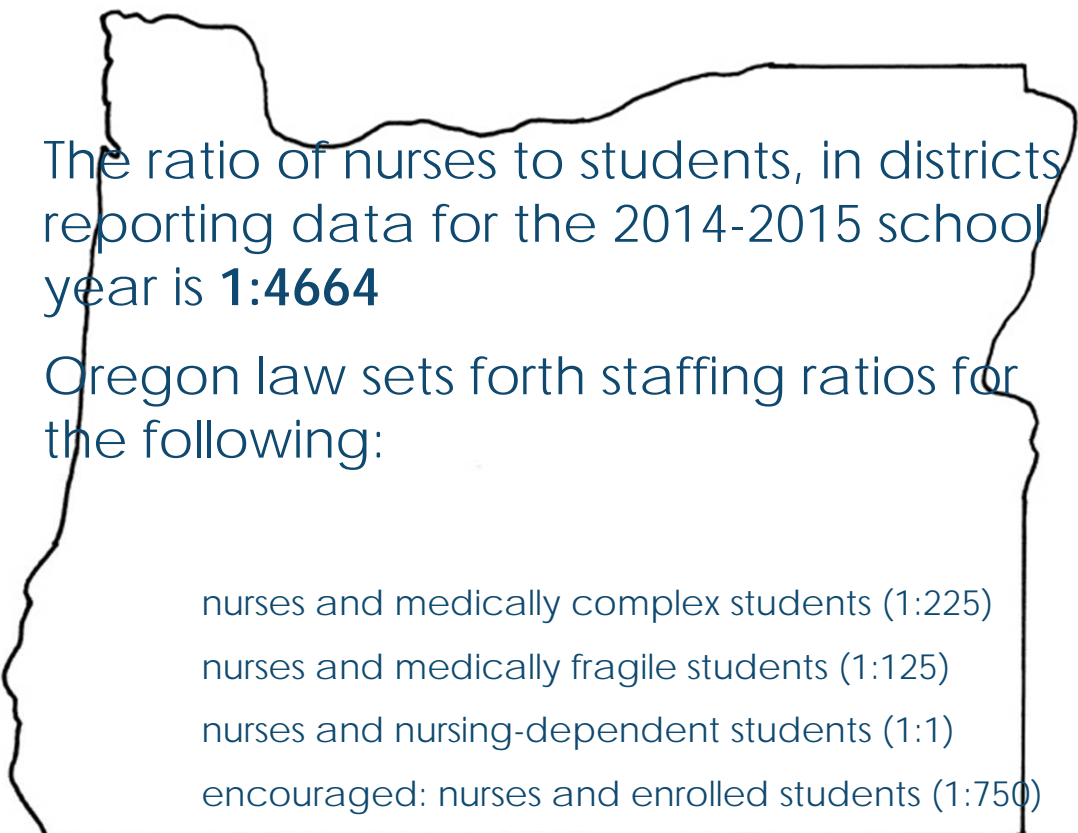
- ▶ Individualized health care plans (IHP) are a nursing responsibility that are based on standards of care that are regulated by State Nurse Practice Acts and cannot be delegated to unlicensed individuals (National Council of State Boards of Nursing [NCSBN], 2005)
- ▶ Health evaluation and services for IEP and 504 for students with disabilities who are medically fragile, or medically complex.
- ▶ Respond to crisis intervention during medical emergency.
- ▶ As school employees nurses work under the Family Educational Rights and Privacy Act (FERPA).

# SCHOOL NURSING SERVICES (SEE HANDOUT)

## SCHOOL NURSE

- Governed by state and federal education rule and statute;
- Serve all students.
- Provide case management for chronic and acute student health conditions.
- Coordinate mandated screening.
- Train and delegate specific nursing tasks to other school personnel, drafts student health plans, and assist with IEP and 504 plans.
- Provide mental health crisis intervention.
- Works under student's primary doctor.
- Medicaid is first payer.
- Works under FERPA.

# SCHOOL NURSE REPORT 2014-2015



The ratio of nurses to students, in districts reporting data for the 2014-2015 school year is **1:4664**

Oregon law sets forth staffing ratios for the following:

nurses and medically complex students (1:225)

nurses and medically fragile students (1:125)

nurses and nursing-dependent students (1:1)

encouraged: nurses and enrolled students (1:750)

# STATE OF NURSING IN OREGON



Oregon ranks 51 out of 51 states for nurse:student ratio

Observed nurse:student ratio in Oregon range from **1:1500 to 1:9800**. (Some districts report no school nurses.)

There has been a significant increase in the number of students presenting with complex and/or chronic medical issues.

At the same time there has been a decrease in funding for school health services that has resulted in a decrease in the number of school nurses

# OREGON SCHOOL NURSES REPORT INCREASE NEED

Students presenting with:

Obesity

Insulin dependent diabetes

Asthma

Food allergies

Vision deficiencies

Mental health / Emotional health problems

Stress related illnesses

Limited or no access to Health Care

Sexual health/Teen pregnancy concerns

# SCHOOL NURSE DELEGATION

Nurse delegation to non-medical school staff has become the new norm in Oregon

In districts with high nurse:student ratios, nurses are unable to care for students or be present for medical crisis

Nurses and school officials report delegation of daily medical procedures such as:

- Insulin dosing and injection

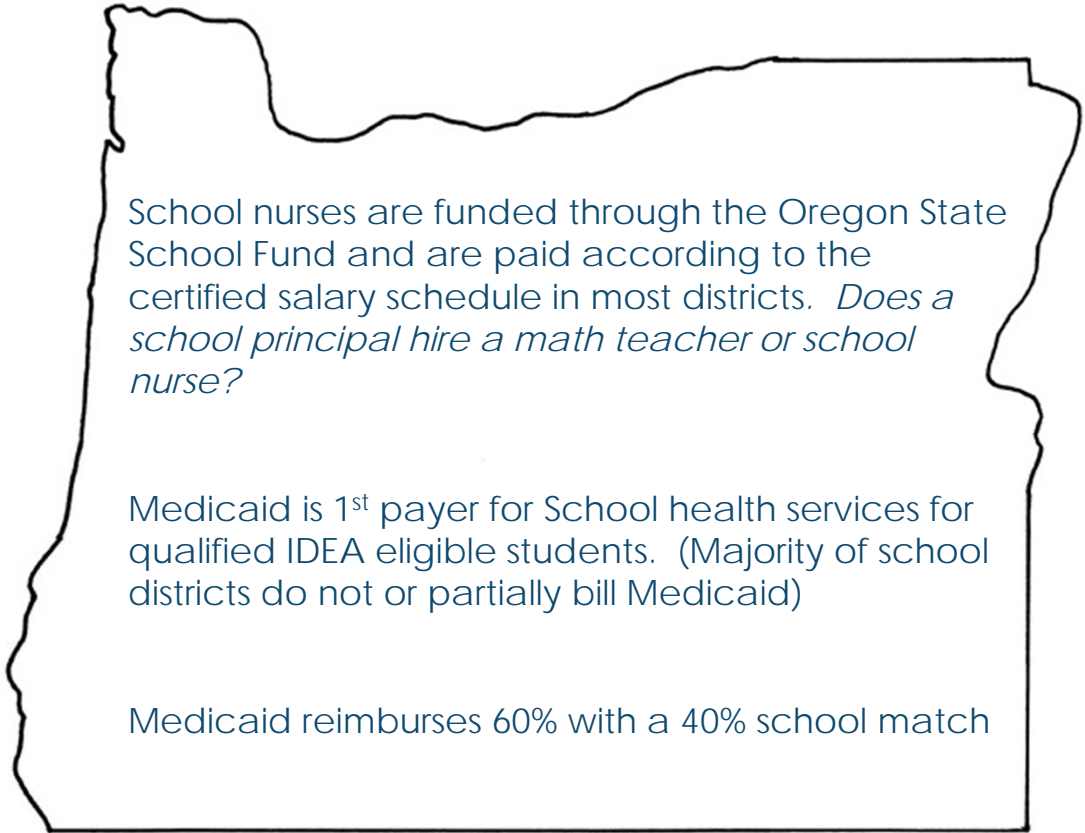
- Anti-seizure medication administered rectally during episode

- Urinary catheterization

- Crisis response medical emergency



# School Nurse Funding in Oregon

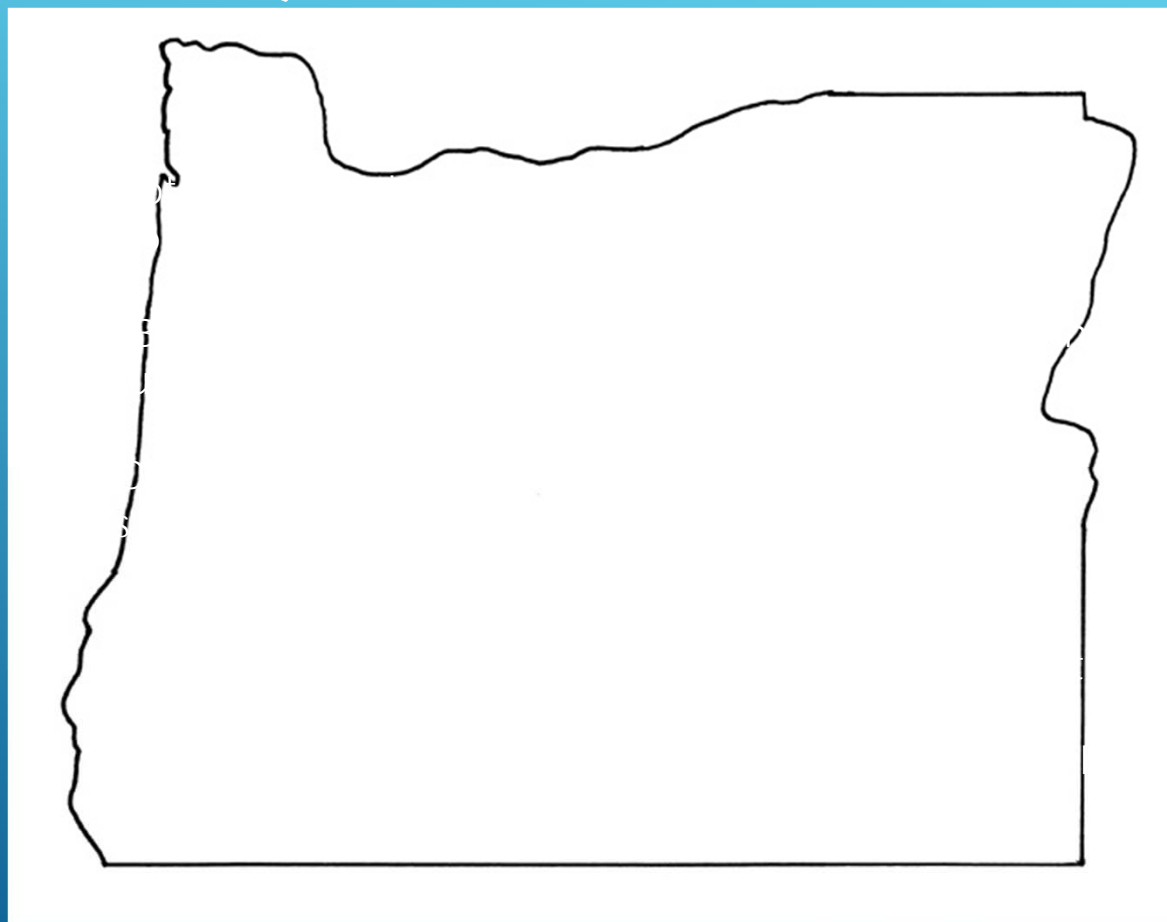


School nurses are funded through the Oregon State School Fund and are paid according to the certified salary schedule in most districts. *Does a school principal hire a math teacher or school nurse?*

Medicaid is 1<sup>st</sup> payer for School health services for qualified IDEA eligible students. (Majority of school districts do not or partially bill Medicaid)

Medicaid reimburses 60% with a 40% school match

# NEXT STEPS AND SOLUTIONS (PRESENTED TO LEGISLATURE 2015)



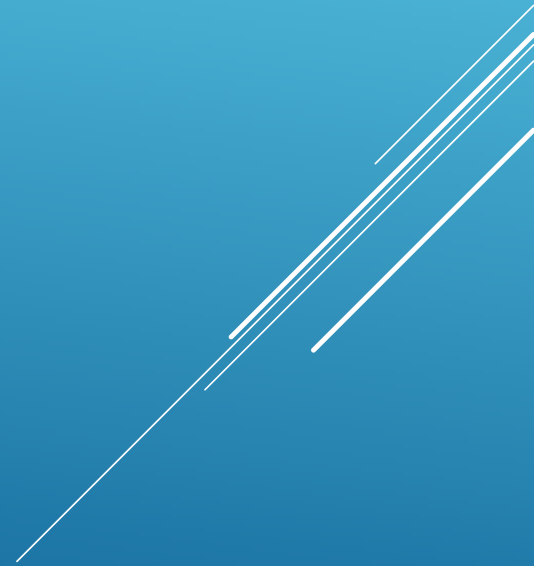
Oregon Department of Education

# QUESTIONS?

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PUBLIC COMMENT PERIOD



- ▶ Send Jamie any comments on Charter/Work Plan for editing
- ▶ Conflict of Interest form

HOMEWORK

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