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INTRODUCTION
Welcome to School Nursing in Oregon. Whether you have been a school nurse before or this specialty is new to you, we are glad you are here. We are excited about the practice of School Nursing in Oregon. School Nursing is defined by the National Association of School Nurses (NASN) as:

School nursing is a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential.

SCHOOL NURSING IN OREGON
The Oregon School Nurses’ Association (OSNA) is our local chapter for support and advocacy. Membership in the National Association of School Nurses (NASN) includes membership in the local OSNA. OSNA puts on a local conference, typically twice per year, and hosts a professional List Serv. NASN also holds a national conference yearly.

Additionally, School Nurses in Oregon are supported by a School Health Specialist at the Oregon Department of Education (ODE) and the State School Nurse Consultant at the Oregon Health Authority (OHA).

SUGGESTED RESOURCES
School Nursing: A Comprehensive Text by Janice Seleman, 2012
National Association of School Nurses: https://www.nasn.org/home
Centers for Disease Control and Prevention: https://www.cdc.gov/healthyyouth/
Oregon Department of Education: http://www.oregon.gov/ode/Pages/default.aspx
SCOPE AND STANDARDS OF PRACTICE

Oregon does not currently have a set scope and standard of school nursing practice. Practice is dictated by various laws and rules including the Nurse Practice Act, Department of Education rules, Public Health rules and more.

The National Association of School Nurses and the American Nurses Association has recently published a 3rd edition of *School Nursing: Scope and Standards of Practice*. This can also be a helpful resource in the practice of nursing in Oregon schools.

THE SCHOOL NURSE’S COMMUNITY CONTEXT

School nurses frequently practice as the only healthcare professional in the educational setting. However, the important role of the school nurse is not always understood by teachers, administrators, parents, elected officials, and the community at large.

School nurses serve students, families, and communities differently than other types of nurses. School nurses help students with chronic conditions, such as asthma, diabetes, and seizures, allowing them to stay in class. They counsel students about physical, mental, emotional, and behavioral issues, and educate students and families on health promotion and disease prevention.

School nurse responsibilities include a broad array of roles: screening for vision and hearing, promoting immunizations, preventing and responding to safety issues such as abuse,
harassment, and bullying, and reducing high-risk behaviors, like smoking, drinking and drug use. Other duties will include the health education of students, parents and staff, in addition to managing emergency service plans and disaster preparedness. School nurses often play a critical role in identifying students who need support in schools.

Social Determinants of Health
School nurses play a critical role in identifying and supporting students who need services. More than one in five Oregon children experience poverty. Research shows that living in deep and persistent poverty can cause severe, lifelong health problems, including poor language development, higher rates of asthma and obesity, and an increased risk of injuries. Research shows that child poverty leads to toxic stress that can alter gene expression and brain function and contributes to chronic cardiovascular, immune, and mental health disorders, as well as behavioral difficulties in and outside of school.

While urban and rural areas continue to have high rates of poverty, the suburbs have experienced the fastest increases in poverty since the 2008 recession. In 2016, Oregon ranked 47th in the country in availability of affordable housing for low-income families and 37th in the country for food insecurity. As the only healthcare provider in an educational setting, school nurses play a critical role in helping low-income students access the resources and skills they need. Some practices for school nurses to consider:

- When possible, ask students about basic needs such as food, housing and heat.
- Know about local resources in your school and community that help children and families.
- Identify and build on protective factors within schools, communities, and families: such as connection to school, humor, support networks, skills, and spiritual and cultural beliefs.
- When possible, advocate for school policies to support all children and mitigate the effects of poverty on child health, including initiatives that increase access to healthcare, healthy food, and safe and affordable housing.

FERPA/HIPAA
As a nurse, you should be familiar with HIPAA, but are you aware that the educational world has its own privacy guidelines called Family Education Rights and Privacy Act (FERPA)? This can be a significant challenge for the School Nurse. We must re-think our delivery of care to consider both FERPA and HIPAA rules at the same time. Here are useful resources as well as scenarios related to how the rules co-exist in the school health setting:


If you have further questions, please seek out answers from experts within your district (SPED director, superintendent), your community (Health Department Director, hospital colleagues) or feel free to reach out to your state resources.

504/IEP

In the education world, there are many federal laws that dictate how schools operate and what programs they offer. Of most importance to School Nursing are the Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation Act of 1973. IDEA are the federal laws that cover Special Education (SPED). Within SPED, the School Nurse is frequently involved in the development of a student’s Individualized Education Plan (IEP). An IEP provides specialized instruction to a student with a documented disability. A School Nurse may have a related service listed on the IEP (tube feeding, catheterization), may create a Health Management Plan (HMP) to include with the IEP, or may be a consultant to the IEP team regarding health-related matters.

In Oregon, the responsibility for the 504 law lies with the school administrator but is frequently assigned to the school counselor. The School Nurse is often requested to be part of the 504 team to provide consultation to school staff on the health needs of an individual student. A 504 provides accommodations to a student with a documented disability when there is a need to ‘level the playing field’ academically. You can find more information here:  https://www2.ed.gov/about/offices/list/ocr/504faq.html

Frequently the School Nurse is not only asked advice on the creation of an IEP or a 504 plan, but they may also be asked to create a Health Management Plan (HMP) to be included as an attachment to the IEP or 504 plan. A HMP provides guidance from the nurse to school staff on how to handle a particular student’s condition, in situations when the School Nurse is not available to provide the interventions. Example HMPs can be asked for via the ODE listserv or found on the OSNA website. A HMP should not be the only component of a 504 but can be a stand-alone document for a student with health needs that doesn’t qualify or refuses a 504.

PROFESSIONAL ORGANIZATIONS AND SUPPORTS IN OREGON

The Oregon State Board of Nursing (OSBN) is an essential resource for nurses in Oregon. Their website is  http://www.oregon.gov/osbn/pages/index.aspx . One of the most crucial guidance documents for nurses is the Oregon Nurse Practice Act, specifically Divisions 45 & 47. These are available on the OSBN website. Of particular concern are the delegation guidelines. Here is a
Teacher’s Standards and Practices Commission (TSPC) – TSPC is the state agency that licenses teachers and school administrators. They also have a certification for a Professional School Nurse that some districts require. Oregon law requires that if your position is called a ‘school nurse’, you must be TSPC certified. If you have questions about this, please talk to your HR director, contact Sasha or Jamie, or TSPC directly.

RECORD KEEPING/RETENTION

In the nursing profession, we become experts in documentation. The importance and necessity is no different in the school setting, but some of the requirements and practices vary. One of the issues when you are hired to oversee the health services program of a district is how to maintain your nursing record and how it fits into the overall education record.

Records retention – Minimum retention: Until student reaches age 21 or graduates, whichever is longer. Check with your district records expert for further details.

SCHOOL SCREENINGS

School Nurses are frequently asked to oversee a district’s health screening program. These frequently include vision, hearing, and scoliosis screening. More recently, some districts are including dental screenings as part of their program. While these are not always performed directly by the nurse, it is important to consider all health screenings as part of a Whole School, Whole Community, Whole Child Model (WSCC) endorsed by the Centers for Disease Control and Prevention (CDC). Check with your local district administration to discuss their historical practices of what screenings they do, on what grades, and who performs them. One example is vision screening that is performed by an outside group such as the Lion’s Club.

During the 2017-2019 biennium, the Oregon Department of Education has been implementing a vision screening reimbursement program. This program is legislated to reimburse school districts up to $3.20 per student screened. The priority population group for this reimbursement program are students in grade 3 and younger. The screenings could be conducted by an ODE approved organization, school nurse, or other school staff. You can find more information about this program:

https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Vision-Screening-Pilot-Project.aspx

You can find other recent rules in regard to vision (OAR 581-021-0031) and dental (OAR 581-021-0017) screening certifications here:

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=144589
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=144547
Other potential screenings in the school setting include: Body Mass Index (BMI), acanthosis nigricans, blood pressure, cardiac, mental health SBIRT

MEDICATION ADMINISTRATION
School Nurses in Oregon seldom provide medication to students. In our current structure, the School Nurse provides training to unlicensed personnel to provide these treatments to students using a standardized protocol approved by ODE and reviewed every year. Oregon law prohibits a school administrator from requiring a staff member to give medications without the proper training. OAR 581-021-0037 related to medication administration in Oregon schools can be found here: https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=234579

Training materials are available on the ODE website: https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Medication-Resources.aspx

IMMUNIZATIONS
The Oregon Health Authority-Public Health Division has a specific office responsible for school immunizations. The goal of Oregon’s immunization law is to make sure students can go to school in a safe and healthy environment free of vaccine-preventable diseases. The law requires that every student must have at least 1 dose of each required vaccination before attending school. A report showing the immunization status of each student is due to the local health authority each January. Exclusion Day is always the third Wednesday of February, and any student that is missing documentation of immunization or exemption at that time is not allowed to attend school until compliance is attained. Please review this website for further information:
http://www.oregon.gov/oha/ph/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/school.aspx

This should be a year-long process. Don’t wait until January to start contacting families in need of shots. Once Exclusion Day is done each year, begin informing families of any vaccines that will be needed the next year.

Oregon also has a state-wide database for accessing immunization records, Alert IIS. You can access this information https://www.alertiis.org/ORPRD/portAllInfoManager.do. To sign up for ALERT IIS, school staff can view the training video and printout the registration forms on this website. This allows schools to have access to the registry to look up students within your district. In some districts, the School Nurse only provides oversight and assistance while secretaries do the immunization reporting. Electronic tracking systems are frequently used in districts to assess immunization status. A list of approved systems is available here on the state website:
Approved systems are also able to complete the follow up reports that are due to the local health authority no later than 12 days after exclusion day.

**BLOOD BORNE PATHOGENS/OR-OSHA**

You may not consider the school setting a place where blood-borne pathogens (BBP) are a concern, but you would be mistaken. Teachers and other staff frequently need to immediately address an open cut, a bloody nose, or give an injection to a young diabetic. Information regarding the Oregon Occupational Safety & Health Division (OR-OSHA) is available here: [http://osha.oregon.gov/edu/Pages/index.aspx](http://osha.oregon.gov/edu/Pages/index.aspx)

**COMMUNICABLE DISEASE**


A great strategy for the new school nurse is to make contact with public health nurses at your local health department. There are frequently opportunities for collaboration during disease outbreaks or pandemics and it’s better to have those connections already established.

**PREVENTION AND EDUCATION**

One of the goals of school nursing is to promote community health and prevent disease. School nursing is grounded in community/public health, which focuses on prevention. School nurses provides health education that promotes physical and mental health and informs healthcare decisions, prevents disease, and increases school attendance.

School nurses are frequently called into classrooms to deliver health-related content to students. Although nurses can accept this invitation to participate as a guest speaker, school nurses are **not responsible** for classroom instruction or for meeting academic objectives or education standards. If a school nurse does accept the invitation to speak in a classroom, the classroom teacher must remain in the room.

Often, the expertise of a school nurse is called upon to teach sexuality education topics. It’s important to note that there are a series of very comprehensive sexuality and healthy relationships education standards that must be covered in every grade, starting in kindergarten. If a classroom teacher requests that you teach a topic related to sexuality, please refer them to ODE’s sexuality education laws, policies, and standards. However, you are not required to be familiar with these resources—it is the responsibility of educators and school district to meet these mandates.
PROTECTING THE RIGHTS OF TRANSGENDER STUDENTS

One’s gender identity is an innate, largely inflexible characteristic of each individual’s personality that is generally established at an early age. It is recommended that school districts accept a student’s assertion of his/her/their own gender identity. School districts should work closely with the student and the student’s parents in devising an appropriate plan regarding the confidentiality of the student’s transgender status.

School personnel should be mindful of the confidentiality and privacy rights of students when communicating with others and mindful not to reveal, imply, or refer to a student’s gender identity or expression. Transgender students often choose to change the name assigned to them at birth to a name that is associated with their gender identity. The school district should decide with the student and their parents the best plan to reflect the individual student’s needs when initiating name and pronoun use. Starting in 2018, Oregonian students will be allowed a non-binary gender option on their school forms.

School nurses need accurate and reliable information to ensure that the student receives appropriate care to enable them to coordinate care with other health care providers. A school nurse should use the transgender student’s preferred name and identified gender except when necessary to ensure the health and safety of the student.

Understanding the common terminology associated with gender identity is important to providing a safe and supportive school environment for students. A selection of key terminology:

1. **Assigned sex**– sex recorded at birth, usually on the basis of external genitalia.
2. **Cisgender**- A term used to describe people who, for the most part, identify with the sex they were assigned at birth.
3. **Gender binary** – the assumption that there are only two genders (male and female), rather than multiple genders or gender fluidity.
4. **Gender expression** - how people express their gender based on mannerisms, dress, etc. A person's gender expression/presentation may not always match their gender identity.
5. **Gender identity** - a person’s internal sense of being male, female or some other gender, regardless of whether the individual’s appearance, expression or behavior differs from that traditionally associated with the individual's sex assigned at birth.
6. **Gender role** - the socially determined sets of behaviors assigned to people based on their biological sex.
7. **Gender sensitive** - materials and instruction strategies that is sensitive to individual’s similarities and differences regarding gender role, gender identity and/or sexual orientation.
8. **Transgender** – an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth. The state of being transgendered may or may not have any bearing on sexual preferences.

9. **Intersex** – A general term used for a variety of conditions in which a person is born with reproductive or sexual anatomy that does not seem to fit the typical definition of male or female.

You can find the complete transgender guidance document on the ODE website, [https://www.oregon.gov/ode/students-and-family/equity/civilrights/Pages/AboutTitleIX.aspx](https://www.oregon.gov/ode/students-and-family/equity/civilrights/Pages/AboutTitleIX.aspx)

**OREGON EQUALITY ACT**

**Provision of Free Appropriate Public Education**

Under Oregon law school districts are required to provide a free appropriate public education to all students who are resident within the district.¹ Students “may not be subjected to discrimination in any public elementary, secondary or community college education program or service, school or interschool activity or in any higher education program or service, school or interschool activity where the program, service, school or activity is financed in whole or in part by moneys appropriated by the Legislative Assembly.”²

Discrimination includes “any act that unreasonably differentiates treatment, intended or unintended, or any act that is fair in form but discriminatory in operation, either of which is based on race, color, religion, sex, sexual orientation, national origin, marital status, age or disability.”³ “Sexual orientation means an individual’s actual or perceived heterosexuality, homosexuality, bisexuality or gender identity, regardless of whether the individual’s gender identity, appearance, expression or behavior differs from that traditionally associated with the individual’s sex at birth.”⁴

**CHILD ABUSE PREVENTION**

In July of 2015, the Oregon Legislature passed SB 856 which requires schools to provide child sexual abuse prevention trainings for administrators, teachers and other school personnel, including school nurses. This training should provide staff with an understanding of the effects that child sexual abuse has on children and trauma-informed skills to respond appropriately to disclosures.

¹ ORS 339.115.
² ORS 659.850(2).
³ ORS 659.850.
⁴ ORS 174.100.
It is important that school nurses imbed child abuse prevention and response skills into their work, including:

- Encourage students to ask questions about their health, safety, and rights
- Ask for and respect when students express consent, comfort, or discomfort in providing care
- Use medically accurate terms about all body parts, including private parts
- Understand how trauma affects student health, development, and behavior

If a student discloses abuse to you, use trauma-informed practices, including:

- Assure them that they are safe now
- Use reflective and empathetic listening skills
- Avoid making promises you cannot keep
- Do NOT ask for details, blame them, or ask why they did not tell earlier

For more resources, visit:

- https://traumainformedoregon.org/

Mental Health

One out of four children living in the United States experiences a mental disorder in any given year (CDC, 2013), but about 80% of them do not get the appropriate treatment that they need. This affects their ability to function at home, in school, and in the community.

School nurses report spending 33% of their time addressing student mental health issues (GAO, 2007; Stephan et al., 2007). A key strategy for the school nurse to use to support positive health outcomes for adolescents is to connect, engage, and sustain engagement with parents.

The Centers for Disease Control and Prevention (CDC) recommends that school nurses and other support staff should make and keep positive connections with parents and provide a variety of activities and opportunities to engage parents. Some strategies could include:

- Ask parents about how they would like to be involved in the school’s health activities, services, and programs.
- Work with school administrators to put policies and procedures in place to maximize parent engagement in school health activities.
- Offer or collaborate with community organizations to provide parent education classes on depression, suicide prevention, and student resiliency.
- Provide parents with information on the same mental health topics they are exploring with students.
• Provide and promote school-sponsored mental health resources at local libraries and community centers and other locations where local families spend time.
• Work with teachers to develop family-based education strategies that involve parents in discussions about health topics with their children.
• Use a variety of methods to communicate with parents from phone calls and school events to newsletters, report cards, websites, and emails.

Adapted from mentalhealthscreening.org

SEXUAL HEALTH
While it is the role of parents and families to be the primary source of education about sexual health, educators and school staff also play an essential role in supporting young people to have the knowledge and skills necessary to be physically, socially, and emotionally well. School Nurses are a valuable resource to parents and educators in this area, through prevention, education, resources, and care. School Nurses can advocate for and support evidence-based sexual health education programs that promote healthy sexual development for all students.

Many research studies have shown that when sexuality education is taught early and consistently, it contributes to young people waiting longer to have sex, having sex less often, having fewer partners, taking fewer risks, and using condoms and contraception more often. Abstinence-only education does not work. Studies have also shown that abstinence-only education is ineffective for all above outcomes.

Oregon’s Human Sexuality Education Law (2009); the Healthy Teen Relationship Act (2013); and, the Child Sexual Abuse Prevention Law (2015) collectively contribute to the Oregon Department of Education’s Comprehensive Sexuality Education policy framework. Approved by the State Board of Education in 2016, the Health Education Standards provide consistency in what is taught to students across Oregon to ensure equity in achievement and health. The new Standards expand on the required knowledge and skills related to comprehensive sexuality education. For more information on sexuality education and the health education standards, visit:

https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Sexuality-Education-Resources.aspx

USEFUL LINKS FOR VARIOUS DISEASES
It is important that the school nurse calmly and accurately provides consultation to District leadership when questions arise around health issues. In the internet age, it is essential to know where and how to search out reliable, evidence-based information to inform our practice.

• Food allergies: https://www.foodallergy.org/
  o The Anaphylaxis Training Manual and Presentation can be found here:


• **Diabetes:**
  o The Glucagon Training Manual can be found here:

• Information on head lice can be found here:  
  https://www.cdc.gov/parasites/lice/head/schools.html and on the ODE website:  
  https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Student-Health-Conditions.aspx

• **Adrenal Insufficiency:**
  o The Adrenal Crisis Training Manual and Presentation can be found here:

OREGON LAW
ORS – Oregon Revised Statutes – laws

OAR – Oregon Administrative Rules – how to implement the laws, can be edited without passing a new law as long as the rules still follow the letter of the law

Example ORS/OARs related to School Nursing:

• **Child Abuse Reporting, Sexual Education**
  o 581-022-2050: Human Sexuality Education
    https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=145221
  o 581-022-2205: Policies on reporting of Child Abuse
    https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=145261

SCHOOL NURSING – CURRENT ISSUES
Medically Fragile Count/School Nurse Ratio Bill
https://olis.leg.state.or.us/liz/2009R1/Downloads/MeasureDocument/HB2693/Enrolled


Senate Bill 698: Task Force on School Nursing/State School Nurse Consultant at OHA
https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/SB698/Enrolled

Oregon Health Authority Task Force on School Nursing
http://www.oregon.gov/OHA/PH/HealthyPeopleFamilies/Youth/HealthSchool/Pages/Task-Force-on-School-Nursing.aspx

BUDGETS
Depending on the structure of School Nursing in your district, you may be asked to create a budget for your program or at the very least provide input into what is needed. Don’t be intimidated. Your district office staff should be able to provide guidance during this process. You may also need to work on establishing relationships with School Nurse supply companies and local partners when purchasing needs come up that relate to the service you and your support staff provide.