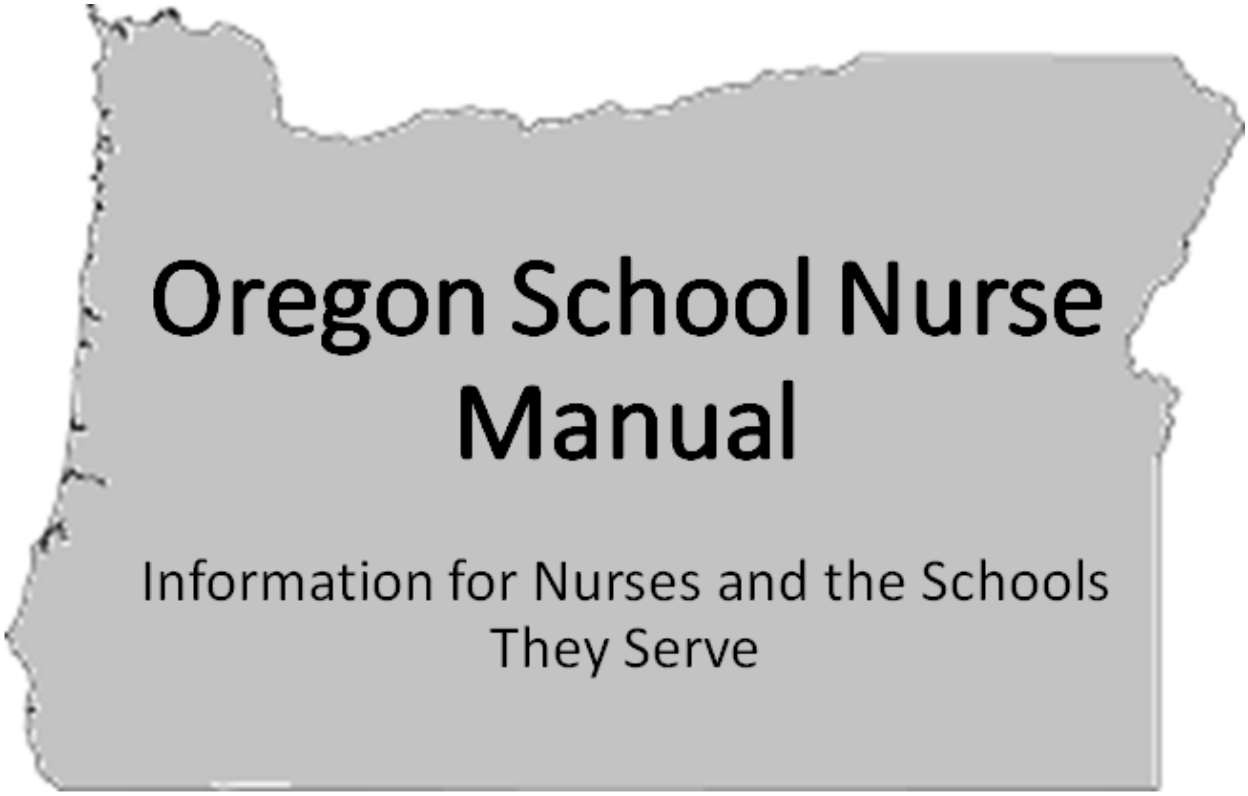

Oregon School Nurse Manual

Information for Nurses and the Schools They Serve

Version 2.0.0 Released September 2020

OREGON DEPARTMENT OF EDUCATION

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Oregon Health Authority

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ODE School Nurse Advisory Group 2019-2020 school year

Phoenix Blickle BSN, RN	Multnomah ESD / Gresham-Barlow School District
Denise Cardinali BSN, RN	North Santiam School District
Alena Davis BSN, RN	Intermountain ESD / Pendleton, Morrow, & Ione Districts
Heather Godsey BSN, RN	Multnomah Education Service District
Jan Olson DNP, RN, NCSN	Molalla River & Colton School Districts
Jodi Peterson MSN, RN	Salem-Keizer Public Schools
Brenda VanDomelen RN	Scappoose School District
Laura VanDyke MSN, RN	Beaverton School District

OHA State School Nurse Consultant Corinna Brower MPH, BSN, RN-BC
ODE Sexuality Education and School Health Specialist Sasha Grenier MPH, CHES
ODE School Medicaid Specialist Ely Sanders MPA
Jamie L. Smith MPH, BSN, RN, NCSN

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Please contact the ODE School Health Specialist or OHA State School Nurse Consultant with questions or concerns regarding content of this manual.

Sasha Grenier, MPH, CHES
Sexuality Education and School Health Specialist
OREGON DEPARTMENT OF EDUCATION
Sasha.Grenier@ode.state.or.us

Corinna Brower MPH, RN-BC
State School Nurse Consultant
OREGON HEALTH AUTHORITY
corinna.e.brower@dhsoha.state.or.us

Oregon School Nurse Manual

Information for Nurses and the Schools They Serve

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PART 1: INTRODUCTION

The specialty practice of school nursing in Oregon

1 A. Introduction

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Part 1 FOCUS ON FRAMEWORK

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Part 1 Focus on Framework

NASN's 21st Century Framework for School Nursing Practice

The National Association of School Nurses (NASN) provides a Framework for 21st Century School Nursing Practice. The Framework describes key principles and components of school nursing practice. See Appendix A, NASN Framework.

In each chapter of this text, one of these principles or components is highlighted, along with considerations for applying NASN's Framework in Oregon schools.

1 A. INTRODUCTION

School nursing is a specialized practice of public health nursing that serves to both protect and promote student health, facilitates normal development, and promotes both academic access and success (American Nurses Association [ANA] & National Association of School Nurses [NASN], 2011). School nurses, grounded in ethical and evidence-based practice, are the leaders that 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 potentials (ANA & NASN, 2011). School nursing in Oregon is guided by professional organizations and local and federal legislation that frames a unique practice of school nursing. This manual serves to provide a brief overview of the fundamental elements of school nursing practice in Oregon and associated resources.

The initial section of this manual serves to provide a brief overview of school nursing in Oregon, professional organization and information pertaining to school nurse leadership and school nurses resources specific to the state.

1 B. SCHOOL NURSING IN OREGON

School nurses are the clinical leaders in the education setting with a robustly defined role to holistically support students and staff. The National Association of School Nurses provides a framework and description of this role in the Framework for 21st Century School Nursing Practice. See Appendix A.

The school nurse in Oregon:

- Serves as a case manager to medically complex and fragile students
- Serves as a liaison between the medical community and the academic setting
- Serves as an advocate for student academic access in regards to health status
- Provides expert clinical consultation to best accommodate students with health-related barriers to education
- Provides delegation and supervision to unlicensed assistive personnel (UAP) for continuity of care and emergency response to students.
- Provides population-based health care.
- Provides expert consultation to health-related policies within the school setting.

The work undertaken by a school nurse does depend on context. National professional organizations recommend a nurse in every school, and school nurse staffing based on the acuity of students they serve (AAP 2019, NASN 2017).

Oregon legislation in 2009 [HB 2693; ORS 336.201] established mandated ratios based on acuity, with lower ratios for medically complex, medically fragile, and nursing dependent students, and recommended a ratio of at least one nurse for every 750 students even at lower acuities (OHA, 2019). At the time legislation was written, the ratios in Oregon law aligned with recommendations from the National Association of School Nurses, Healthy People 2020, American Academy of Pediatrics, and the Robert Wood Johnson Foundation.

As of October 2019, 18 of Oregon's 197 public school districts had ratios of at least one nurse per 1,500 students; of those, four districts met Oregon's 2020 recommendation of one nurse for every 750 students (ODE, 2019). The 2019 state-wide nurse-to-student ratio was approximately 1:2350, with one-third of districts reporting no access to registered nurse services (ODE, 2019).

Working with high caseloads and multiple schools, Oregon's school nurses may function differently than in states that endorse one nurse per building. While challenges remain, the state of school nursing in Oregon has seen some positive shifts in recent years.
School nurse services have increased steadily for the past 5 years. Districts reported 122 full-time equivalent (FTE) RNs in 2015, and a state-wide ratio of 1:4664. (ODE, 2015) Districts reported 295 FTE of RNs in 2019, and a statewide ratio of 1:2,323. Also in 2019, 13 districts gained RN services where previously they had none. (ODE, 2019). This is still one of the highest average ratios in the nation but represents a significant improvement over previous years.
In 2017, the Oregon Department of Education began a pilot program with 9 districts supporting Medicaid billing, with the understanding that "increased Medicaid reimbursement will allow districts to increase school nursing and other health services to students." (ODE, 2017) As was its intended effect, these programs have increased funding available for school nursing in participating districts.

Surveys conducted in the spring and summer of 2020 by the Oregon School Nurses Association indicated that nurses in schools across the state were actively engaged in decision-making

processes related to pandemic response, with qualitative feedback indicating nursing services were increasingly valued during that time. (School Nurse Surveys, 2020)

RESOURCES: school nursing in Oregon

- Framework for 21st Century School Nursing Practice: https://www.nasn.org/nasn/nasn-resources/professional-topics/framework
- Oregon Health Authority: Task Force on School Nursing: https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/Youth/HealthSchool/Pages/Task-Force-on-School-Nursing.aspx

1 C. PROFESSIONAL STANDARDS FOR SCHOOL NURSING

In 1983, a task force of nurse leaders released the first set of national standards for school nurse practice. These standards outlined the values and priorities of the profession. In 1998, the American Nurses Association (ANA) *Standards of Clinical Nursing Practice* was used to develop national standards of practice for school nursing. In 2017 the ANA, in collaboration with the National Association of School Nurses (NASN), revised and produced *School Nursing: Scope and Standards of Practice, 3rd Edition*. The text can help school nurses articulate their role, identify opportunities to improve their practice, and develop tools for evaluation aligned with national professional expectations.

Standards for nurses in Oregon schools follow the national *School Nursing: Scope and Standards of Practice 3rd Ed.* (ANA & NASN, 2017). For nurses in any Oregon practice setting, scope and standards of practice are legally defined by Oregon's Nurse Practice Act. Professional standards for school nursing further define practice within the school setting. School nursing scope and standards, including Oregon-specific considerations, are discussed in each section of this manual.

1 D. LICENSING, CREDENTIALING AND CERTIFICATION

The Oregon State Board of Nursing (OSBN) is the licensing and credentialing entity for nurses in Oregon. The primary legal guidance for school nurse practice is the Oregon Nurse Practice Act, specifically Divisions 45 & 47. This dictates the legal standards for nursing practice in Oregon.

Oregon law ORS 336.201 states the "A registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student." This statute permits a registered nurse to provide nursing services in the school setting, without additional certification. However, the definition of "school nurse" in Oregon law ( ) requires that an RN must acquire state certification as a Professional School Nurse in order to hold the title of "school nurse" (see TSPC).

Teachers Standards and Practices Commission (TSPC) is the state agency that licenses teachers and school administrators. This agency also provides the Professional School Nurse certification. Oregon law requires that if your position is called a 'school nurse', you must be TSPC certified. The process for TSPC certification includes additional hours of study specific to the school practice setting. Some TSPC requirements are waived if an RN holds national certification (see NBCSN).

Districts may apply for special exemption to hire a registered nurse, who is not TSPC certified, to perform school nursing duties. Such exemptions must be re-submitted yearly. Districts may require nurses to obtain TSPC certification within 1-2 years of hire.

National Board for the Certification of School Nurses (NBCSN) provides additional credentialing processes and standards to advance the quality of health services and school nurse practice. NBCSN partners closely with the National Association of School Nurses. Becoming a National Certified School Nurse (NCSN) is a demonstration of competency and knowledge in the professional expertise of school nursing.

State and national certifications, while not required in all settings, enhance the ability of school nurses to practice according to the standards of their profession.

Associated Links:

- OSBN: https://www.oregon.gov/OSBN/pages/index.aspx
- TSPC: https://www.oregon.gov/tspc/pages/index.aspx
- NBCSN: https://www.nbcsn.org/

1 E. PROFESSIONAL ORGANIZATIONS

The Oregon School Nurses' Association (OSNA) is the local affiliate of the National Association of School Nurses (NASN). These professional organizations provide professional support and advocacy for professional school nurses as the expert voice for optimal student health and for professional development of school nurses (OSNA, 2019). Membership in NASN includes membership in OSNA. OSNA provides local resources and conferences in addition to provision of List Serv and an online discussion forum exclusively for nurses practicing in Oregon schools. The NASN also hosts a List Serv, discussion forum and annual conferences.
In addition to specialized professional organizations, the nurse as a generalist has the American Nurses Association (ANA) and the state affiliate Oregon Nurses Association (ONA) for practice resources which also provide joint membership.

PROFESSIONAL ASSOCIATION LINKS

- OSNA: http://oregonschoolnurses.org/home
- NASN: https://www.nasn.org/home
- ONA: https://www.oregonrn.org/
- ANA: https://www.nursingworld.org/

PROFESSIONAL CONFERENCES

Professional conferences provided access to practice specific information and an opportunity to network with other school nurses and school health stakeholders. Conference calendars for OSNA and NASN can be found on their respective web pages.

- OSNA conference calendar: http://www.oregonschoolnurses.org/oregonschoolnurses/events1/calendar
- NASN annual conference: https://www.nasn.org/nasn/programs/conferences/annual-conference

1 F. CONTINUING EDUCATION

ACCREDITED NURSING COURSES

Continuing Education Units (CEUs), called Continuing Nurse Education (CNE) units by the Oregon Nurses' Association, are credits specific to nursing practice. Examples of accrediting bodies for nursing CEUs include the American Nurses Credentialing Center (ANCC) and the Oregon Nurses Association's Continuing Education for Nurses (OCEAN). CEUs and CNEs are offered at professional conferences each year, and are available on a variety of sites.
CEUs or CNEs are required to maintain state and national certification in school nursing. While Oregon's Nurse Practice Act does not specify CEU or CNE requirements, all licensed nurses are expected to demonstrate competency in their area of practice. Continuing education is a hallmark of competent nursing practice to advance nursing knowledge and skill sets (The College of Healthcare Professionals, 2019)
See above, **PROFESSIONAL CONFERENCES** offering CNE for school nurses. CNEs can be obtained from multiple online sites.

- NASN e-learning
- OSNA online workshops

SCHOOL HEALTH PUBLICATIONS

The ANA and NASN publish guidance texts and manuals specific to nurses practicing in the school setting. These texts include:

- Selekman J, Shannon R, & Yonhaitis C. (2019) *School Nursing: A Comprehensive Text 3rd Ed.* F.A. Davis. Philadelphia, PA
- American Nurses Association & National Association of School Nurses (2017). *Scope and Standards of Practice 3rd Edition*. American Nurses Association, Silver Spring, MD
- Resha C, Taliaferro V, & Gilbasch E. (2017) Legal Resources for School Health Services.

The National Association of State Boards Education provide a health policy database to serve as a resource to best practice school health policy. Important associated contributing resources include:

- National Association of State Boards of Education: State School Health Policy Database: http://www.nasbe.org/healthy_schools/hs/bytopics.php?catExpand=acdnbtm_catD

- Robert Wood Johnson Foundation-Healthy Communities: https://www.rwjf.org/en/our-focus-areas/focus-areas/healthy-communities.html
- Whole School, Whole Community, Whole Child (WSCC) Model. See Appendix B.

In addition to guidance documents and national health school health publications, professional nursing journals support evidence-based practice. Membership to professional organizations, including both ANA and NASN, provides the school nurse free journal subscriptions.

- *Journal of School Health:* The Official Journal of the American School Health Association
- *Journal of School Nursing*: The Official Journal of the National Association of School Nurses
- *NASN School Nurse*; official publication of the National Association of School Nurses
- *American Journal of Nursing*: The Official Journal of the American Nurses Association

SPECIFIC PUBLICATIONS

There are some existing publications for school nursing that are helpful for context, background and practice of school nursing in Oregon. The specific publications include:

- Oregon School Education Association (OSEA) (2017) *Unhealthy Schools: The Alarming Decline of School Nurses in Oregon.* Retrieved from https://www.osea.org/wp-content/uploads/2016/09/unhealthy_schools_report-2.pdf
- American Academy of Pediatrics (2008) *Role of the School Nurse in Providing School Health Services.* Position Statement. *Pediatrics, 121*, 5. Retrieved from https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/HEALTHSCHOOL/Documents/TFSN/SchoolNurse_ProvidingHS.pdf
- Oregon Department of Education (2018) *Guidance of School Nursing Practice in Oregon.* Retrieved from https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/nursestaffing.pdf

Section References:

American School Nursing & National Association of School Nurses (2011): *Scope and Standards of Practice* Silver Springs, MD: nursesbooks.org, the publishing program of ANA.

Oregon Health Authority (2019) Task Force on School Nursing. Retrieved from https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/Youth/HealthSchool/Pages/Task-Force-on-School-Nursing.aspx

Oregon School Nurses Association (2019) *Mission and Vision Statements*. Retrieved from http://oregonschoolnurses.org/aboutus/mission

The College of Health Care Professionals (2019) Continuing Education. Retrieved from https://www.chcp.edu/blog/10-good-reasons-continue-your-education

Part 1 Focus on Standards

Introducing Scope and Standards for the Oregon School Nurse

Nursing **scope** outlines role and actions the nurse may undertake.

Nursing **standards** describe competent performance of the nurse's role.

Nursing scope and standards are defined by state law, and further defined within the professional practice setting. In each chapter of this manual, a box highlights scope and standards considerations in Oregon schools. This includes implications of Oregon's Nurse Practice Act and other regulations, as well as cultural and geographic considerations.

Oregon school nursing scope and standards follow the national text *School Nursing: Scope and Standards of Practice 3rd Edition.* In that text, standards 1 through 6 are **standards of practice**. These include licensed nursing tasks such as assessment and care coordination. Standards 7 through 18 are **standards of professional performance**. These include key aspects of the nurse's professional role such as communication and leadership. (ANA & NASN, 2017).

In each chapter of this text, two or more of these standards are highlighted, along with considerations for upholding those standards in Oregon schools.

PART 2: OREGON LAWS

Legal Foundations for School Nursing in Oregon

2 A. Regulation of School Nurse Practice

2 B. Legal and Professional Scope and Standards

2 C. Oregon Law

Oregon laws related to school nursing services; Implications of the Nurse Practice Act in the school setting

2 D. Federal Law

Federal privacy laws: FERPA versus HIPAA

2 E. Oregon Equality Act

Provision of free and appropriate public education

Part 2 FOCUS ON FRAMEWORK

Standards of Practice

Part 2 FOCUS ON STANDARDS

Ethics and Professional Practice Evaluation

Part 2: Updated August 2020

Part 2 Focus on Framework

STANDARDS OF PRACTICE

Standards of practice surround all elements of the nurse's role. See Appendix A, NASN Framework.

Nurses in Oregon schools may face challenges meeting standards of practice, unrelated to individual skill of knowledge. For example, many practice at high ratios, and many work under supervisors who are not nurses. Others in the school setting may not understand the nurse's role or responsibilities.

Each nurse is responsible for practicing both legally and ethically. Upholding standards of practice requires individual effort, collaboration with school staff and administrators, and statewide efforts to support effective school health service.

2 A. REGULATION OF SCHOOL NURSE PRACTICE

Nursing practice in Oregon schools is subject to a number of rules and regulations, from federal law to district policy. [Figure 1]

Navigating the rules and regulations related to nursing in the school setting can be challenging. Even when other nurses practice within the same district, most school nurses work in relative professional isolation, serving as independent practitioners required to self-assess. School nurses often have questions regarding skills and tasks requested in schools and how they fit into their scope of practice.

2 B. LEGAL AND PROFESSIONAL SCOPE AND STANDARDS

The school community is best served by a well-informed professional school nurse who is working to the full extent of their licensure.

The Oregon State Board of Nursing (OSBN) defines the legal scope of practice of a nurse in Oregon. Nurse practice in the school setting is also regulated by laws and rules from other authorities, including the Oregon Department of Education; local districts; Oregon Health Authority; and federal laws including FERPA, IDEA, and ADA. School nurse practice is further

guided by professional standards and certification requirements outlined by state and national organizations, including NASN, OSNA, and Oregon TSPC.

Figure 1: Sources of regulatory guidance for Oregon school nursing practice

Scope of practice describes components of practice a nurse may undertake. Specific activities or tasks depend on the context in which the nurse works. To help determine whether a specific skill or activity is within the scope of practice of a school nurse, consider the following questions:

- Is the activity prohibited by the Nursing Practice Act, or by any other law, rule, or policy?
- Would another reasonably prudent nurse perform this activity in this setting?
- Does nursing literature and/or documented evidence support the activity as part of nursing practice?
- Is the activity in line with the nurse's job description? Does the district or school have policies in place allowing the activity?
- Can the nurse demonstrate competency in performing the activity, such as through related education?
- Is the nurse prepared to accept responsibility for managing outcomes and consequences of actions?

To answer the first of these questions, the school nurse must have an understanding of certain Oregon laws.

RESOURCES, legal and professional scope and standards

- Oregon State Board of Nursing provides guidance in FAQs and Interpretive Statements related to the state Nurse Practice Act. An example is found on this page: https://www.oregon.gov/osbn/Pages/FAQs_RN.aspx

2 C. OREGON LAW

Oregon state laws include Statutes and Rules. Oregon Revised Statutes (ORS) become law through the Oregon legislative process. Oregon Administrative Rules (OAR) dictate how to implement the laws. Unlike an ORS, an OAR can be edited by the appropriate authoritative body without going through a full legislative process. OARs may clarify or add specific requirements but may not contradict the related ORS. An example is the statute ORS 339.869, and the related rule OAR 581-021-0037. The ORS specifies that the State Board of Education shall adopt rules for administration of medication to students, and the OAR specifies the specifying the type of training required before school staff may give students medications. Both ORS and OAR are state law.

OREGON LAWS RELATED TO SCHOOL NURSING SERVICES

The ORS and OARs listed below describe requirements for school districts to provide certain services; requirements specific to school nurses; or both.

ORS 342.455 **Definition of school nurse** defines a 'school nurse' as a registered nurse certified by the Teacher Standards and Practice Commission (TSPC) as qualified to conduct and coordinate the health services programs of a school.

Education law

ORS 336.201 **Nursing services provided by district,** mandates that districts provide nursing services at specific ratios based on medical acuity of students. Recommends a ratio of at least 1 full-time RN for every 750 students in the general population.

OAR 581-022-2220, **Health Services**, directs districts to maintain a prevention-oriented health services program for all students.

- Permits **districts to hire RNs, or LPNs under the direction of RNs, to practice nursing in the school setting**. Nurses employed by the district shall not be designated by the title "school nurse" unless certified by TSPC.
- **Lists school nurse-to-student ratios** based on medical need, as mandated in ORS 336.201

OAR 581-015-2000, **Special Education**, requires districts to provide 'school health services and school nurse services' as part of the 'related services' in order 'to assist a child with a disability to benefit from special education'.

OAR 581-021-0200, **Standard Education for Oregon Students**, lists 'providing health services' as a requirement of support services necessary to provide a standard education for Oregon students. Includes sections on medication administration and vision and dental screenings.

OAR 581-021-0037, **Medication Administration** Describes how medications may be provided in schools; includes training by licensed provider (RN)

OAR 581-022-2050, **Human Sexuality Education**. Describes required components of human sexuality education, required in all grades. This is recognized as a component of child abuse prevention.
[*This law does not state the nurse role. Oregon school nurses can support health education*.]
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=145221

OAR 581-022-2205, **Policies on reporting of Child Abuse**
[*This law does not state the nurse role. As school employees, Oregon school nurses are Mandatory Reporters*.]
https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=145261

Public Health Law
333-019-0010 **Disease Related School, Child Care, and Worksite Restrictions: Imposition of Restrictions** describes the school's responsibility to exclude persons with communicable diseases, and to work with local public health authorities to identify and manage communicable disease risks among students and staff.
[*This law does not state the nurse role. Oregon school nurses are key personnel supporting Division 19 requirements*.]

433.237 **Immunization of School Children** describes the school's responsibility to ensure compliance with required childhood immunizations. See also Chapter 433, sections 235 to 284.
[*This law does not state the nurse role. Oregon school nurses can be integral support for school immunization requirements*.]

Nurse Practice Act
ORS 678.021 to 023, **License required to practice nursing; use of the title "nurse"**; defines license required to practice nursing. This law is part of Oregon's Nurse Practice Act.

OAR 851-45-0000 to 0060, **Standards and Scope of Practice for Licensed Practical Nurse and Registered Nurse**, defines legal scope and standards for an RN. This law is part of Oregon's Nurse Practice Act.

OAR 851-047-0000 to 0040 **Standards for Community Based Care Registered Nurse Delegation Process** describes required actions for nurses practicing outside of healthcare facilities, related to teaching non-injectable medication administration; delegating special care tasks; and teaching for anticipated emergencies. This law is part of Oregon's Nurse Practice Act.

IMPLICATIONS OF NURSE PRACTICE ACT IN THE SCHOOL SETTING

- Differences in scope of practice between a Registered Nurse (RN) and a Licensed Practical Nurse (LPN) are defined by Division 45 of the Nurse Practice Act.

        - nursing tasks in the school setting, related to scope of practice, are described in the OHA/ODE guidance document "School Nurse Staffing Guidance," available here: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/nursestaffing.pdf
- The nursing process is described in Division 45 of the Nurse Practice Act. School staff without a nursing license who performs tasks such as nursing assessments and interventions, or instruction of nursing practice, could be "practicing nursing without a license."
    - Tasks in the school setting that fall within RN scope of practice are described on page 5 of ODE's 2019 Annual School Nurse Report, available here: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/2019schnursereport.pdf
    - An individual nurses' ability to perform tasks within their scope of practice does depend on context: not all licensed tasks may be performed by every nurse, especially where the nurse is expected to oversee large numbers of students.
- Restrictions regarding delegation of care are described in Division 47 of the Nurse Practice Act.
    - If a nurse is required to oversee care for large numbers of students, the nurse may not be able to meet the legal expectations of the nursing license, regarding overseeing delegated care.
    - For guidance regarding specific steps of nursing delegation in the school setting see **Appendix F: Steps of Delegation**, available here: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/stepsofdelegation.pdf

2 D. FEDERAL LAW

In addition to state laws, federal regulations impact school health service provision. One of these is FERPA, discussed below. Other examples include the Americans with Disabilities Act (ADA) and the Individuals with Disabilities in Education Improvement Act (IDEIA). See **Part 4, Chronic Conditions**: Students with Special Healthcare Needs for more about federal laws that impact school health services.

FEDERAL PRIVACY LAWS: FERPA versus HIPAA

Nurses should be aware that educational records are regulated by the Family Education Rights and Privacy Act (FERPA). This differs from records held by a healthcare facility, which are regulated by the Health Insurance Privacy and Accountability Act (HIPAA).

Most school nurses operate under FERPA, not HIPAA. HIPAA guidelines state that any entity covered by FERPA is exempt from HIPAA regulations. A school nurse who maintains records for a student within the FERPA-regulated school system, is thereby subject to FERPA privacy regulations.

Care should always be provided according to licensed professional standards, respecting privacy and confidentiality. However, specifics of how records can be shared are different under FERPA than under HIPAA.

Per FERPA:

- A student's educational record - including health files maintained as part of that record - may be shared with school staff who have a "legitimate educational interest" in that information, such as ensuring the student's safety during the school day.
- A parent or legal guardian can request all educational records until a student is over the age of 18. This includes health records maintained as part of the student education file.
- Information in the educational record, including that obtained by the school nurse, should not be shared outside the educational setting without parent/guardian permission.
    - The primary exception to this is that FERPA permits schools to share personally identifiable information with the appropriate public health authority in order to protect public health during a public health emergency.
    - Even during a public health emergency, a student's personally identifiable information may NOT be shared with the school community or the public at large, except with parent/guardian permission.

Communicating with other health care providers

In keeping with FERPA and Nurse Practice Act laws, a school nurse may request information from a health care provider in order to provide safe care for a student, provided that the information request itself does not release information beyond what is already known to that provider. It is then up to the healthcare provider to determine if their release of information to the nurse would violate HIPAA, or other privacy policies.

Unlike the school nurse providing care within the school system, a nurse in a School-Based Health Center (SBHC) usually works under HIPAA regulations. An SBHC is a healthcare facility whose records are NOT maintained as a component of a student's educational record. Exchange of information between a school nurse and School-Based Health Center usually requires dual HIPAA/FERPA release of information consents.

When in doubt about releasing information, the nurse should consult with local experts within the district (SPED director, superintendent), the community (Local Public Health Authority) or at the state level (ODE School Health Specialist, OHA State School Nurse Consultant).

RESOURCES, FERPA and HIPAA

- Additional information about HIPAA, FERPA, and school health records can be found on ODE's Student Health Privacy pages. These pages include decision-making tools such as a FERPA Flowchart and a Release of Information template. The resources below discuss information sharing between SBHCs and school nurses, and how the HIPAA and FERPA rules co-exist in the school health setting.

- *School Based Health Centers, School Nurses, and the Applicability of HIPAA and FERPA,* ODE/DOJ memo, 2008 http://www.oregon.gov/ode/students-and-family/healthsafety/Documents/hippaferpaadvice.pdf
- *Frequently Asked Questions Regarding Sharing of Information by School Based Health Centers and School Nurses,* ODE FAQ 2008 http://www.oregon.gov/ode/students-and-family/healthsafety/Documents/hipaaferpafaq.pdf
- *Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to Student Health Records*, DOE/DHS 2008 https://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hippa-guidance.pdf

2 E. OREGON EQUALITY ACT

Federal and state laws require equitable access to public education. School nurse services can improve access to education. School nurse services should be provided equitably.

PROVISION OF FREE AND APPROPRIATE PUBLIC EDUCATION

Under Federal law, as well as Oregon state law, school districts are required to provide a free appropriate public education (FAPE) 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."

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." "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."

See **Part 6: WHOLE PERSON HEALTH** for more about sexual health laws and Minor's Rights in Oregon.

Part 2 Focus on Standards

ETHICS and PROFESSIONAL PRACTICE EVALUATION

The *School Nursing Scope and Standards of Practice, 3rd Ed* provides multiple competencies related to each standard. For example, under Ethics (Standard 7) the school nurse "advocates for the rights, health, and safety of the student and school community." Under Professional Practice Evaluation (Standard 15), the school nurse "provides evidence for practice decisions and actions as part of formal and informal evaluation process." *(ANA&NASN, 2017)*

Oregon's laws uphold ethical school nurse practice, from Nurse Practice Act standards to laws such as Minor's Rights law. Oregon Department of Education guidance centers equity and trauma-informed practices in Oregon schools, further reinforcing ethical practice by the school nurse.

Evaluation of a nurse's practice should consider the context in which the nurse works, including caseload and resources, as well as state regulations and professional standards. Per Oregon's Nurse Practice Act, evaluation of nursing practice must be conducted by a licensed nurse or through an accredited nursing education program. A non-nurse may evaluate the nurse's professional conduct, but not the nursing process or clinical skills. This impacts evaluations for many school nurses, considering that over 70% of Oregon school nurses are supervised by a non-nurse. (School Nurse Surveys, 2020).

Part 3: WORKING IN SCHOOLS

Oregon School Health Program Management

3 A. Coordinated School Health
Whole School, Whole Community, Whole Child model

3 B. Roles, Tasks, and Opportunities
Suggested actions; expectations and limitations

3 C. Health Education and Staff Training
Care provision and general health education; teaching others to provide care

3 D. Record Keeping and Information Sharing
Individual student records; school-wide records and aggregate reports

3 E. Budgets

Part 3 FOCUS ON FRAMEWORK

Quality Improvement

Part 3 FOCUS ON STANDARDS

Communication, Collaboration, and Program Management

Part 3 Focus on Framework

QUALITY IMPROVEMENT

Nursing quality improvement can focus on individual practice or systems change. See Appendix A, NASN Framework.

In large and small ways, school nurses engage in this process daily. They collect and document data. They act as change agents to address unmet needs. In recent years, Oregon school nurses have helped districts stock emergency medications; have helped write grants to increase available school health services; and have participated in legislative process to change laws in support of student health. Continuous quality improvement in school nurse practice uses data to monitor outcomes, employs improvement methods to implement changes, and continuously improves and re-evaluates quality and safety of care.

3 A. COORDINATED SCHOOL HEALTH

Communicating and collaborating with others in the school community is a critical component of the school nurse role.

While the school nurse may be one of the only health providers in the school setting, they are not the sole person responsible for school health. Effective school nurse practice will depend partly on the nurse's knowledge, skill, and experience. School and district factors also impact the nurse's practice. These factors include student acuity and nurse-to-student ratios, systems of communication, and presence or absence of collaborative interdisciplinary relationships within the school setting. From individual conditions to community needs, the importance of health support extends well beyond the nurse's office.

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD MODEL

Many school staff members are involved in decisions that impact student health and wellness. Examples especially important to high-risk students include decisions about nurse staffing that impact available support, and decisions about foods served that impact students with severe allergies or special diets. High risk students and whole communities are impacted by the school's communicable disease prevention choices, including immunization compliance.

School decisions farther from the nursing sphere are also important to students' health. Consider for example bell schedules that determine the time available for physical activity and nutrition; sexuality education decisions that deliver or withhold information about the human body and healthy relationships; and staff wellness options that impact how consistently adults model certain behaviors. When decision-making is done in an intentional way, school policies and procedures become part of coordinated school health efforts.

The Centers for Disease Control (CDC) supports coordinated school health (CSH) efforts. In 2014, CDC updated a CSH model from the early 1980s to create the current Whole School, Whole Community, Whole Child (WSCC) model. The updated WSCC model outlines 10 components of school wellness. WSCC components emphasize involving staff, family, and community. Components of school wellness include everything from direct care and health education to physical and social environment. The model image shows that community context surrounds the school components; school components are represented in a blue circle; these school components surround a child who is "healthy, safe, supported, challenged, and engaged." [Figure 2]

Figure 2. Centers for Disease Control: Whole School, Whole Community, Whole Child model.

Since 2018, Oregon has participated as one of 17 states implementing WSCC-model interventions through the CDC's 1801 grant. Grant funding supports specific efforts in six target districts, as well as providing state-wide resources through the Oregon Healthy Schools program. Discussing the WSCC model, the CDC states, "Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. Every school has a unique set of needs. To better serve their students, school leaders and staff can incorporate the WSCC model components as they see fit."

The CDC provides resources to support each of 10 components, accessible online. WSCC resources include School Health Index assessment and planning tools, and activities for classrooms or committees working to improve wellness. Whether through organized committees or via less formal methods with shared understanding of roles, school nursing services are more effective when they are part of coordinated school health efforts.

RESOURCES, Whole School, Whole Community, Whole Child model

- See Appendix B for more information about the WSCC model or visit https://www.cdc.gov/healthyyouth/wscc/model.htm.
- Oregon Healthy Schools information and resources https://www.oregon.gov/ode/students-and-family/childnutrition/SNP/Pages/OregonSchoolWellness.aspx

3 B. ROLES, TASKS, AND OPPORTUNITIES

School nurses serve students, families, and communities differently than other types of nurses.

Specific tasks required in a school nurse's practice depend on context. The school nurse role frequently includes identifying needs which are not recognized by non-nurses. These include the need for specific student support, and the need for systems changes. Whatever the context, a school nurse can improve the health, well-being, and access to education for students they serve.

A key element of effective school nurse practice is identifying and supporting students who need services. 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 extend beyond individualized care. Their scope includes a broad array of roles: overseeing health screenings, promoting immunization, 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 include the health education of students, parents and staff, managing emergencies, and disaster preparedness.

When the nurse's role is understood and supported within the school community, the nurse can practice more effectively. When they are able to practice effectively, school nurses have opportunities to impact not just immediate needs, but lifelong health and academic outcomes.

SUGGESTED ACTIONS

Nurses in Oregon schools suggest the following actions to establish and enhance school nursing practice.

Establishing practice: Getting started in a new role

1) Review your job description. Identify your expected role within the school or district.
2) Meet with your supervisor. Review expectations.
3) Identify a lead nurse or other experienced nurse, if available. Review expectations with that nurse. Consider connecting with state resources: school nurse leaders from OSNA; ODE School Health Specialist; OHA State School Nurse Consultant.
4) Meet with principal(s) and office staff. Identify opportunities to ensure effective communication. If possible, participate in staff meetings or health-related committees on a regular basis.
5) Review the physical location in which you will provide services. Note available supplies and equipment. Consider well care, first aid, and care of students with symptoms of illness.
6) Locate student health records. Review health records maintenance process, staff access to health records, and confidentiality. Consider how you will:

a) obtain information about students' chronic health conditions, life-threatening medical conditions, disabilities, or other health needs
b) learn about student needs or changes in conditions during a school day
c) document student health needs and services provided
d) communicate with school staff who need to know about student health conditions

7) Determine services expected of you beyond individual student care, such as staff trainings, immunization review, assistance with vision screenings, and first aid.
   a) Does the district schedule staff health training days? Are you supposed to do this?
   b) Anticipated that you may be asked to provide trainings on medication administration and/or medications for anticipated emergencies (epi and glucagon), possibly others such as OSHA bloodborne pathogen training. See STAFF TRAINING, below.
   c) Is there a system to track which staff are trained on CPR or special procedures, such as an at-a-glance list for field trips?
   d) Are you expected to communicate with parents about immunizations? (Often this is done in collaboration with the secretary or school admin.)
   e) Are you expected to oversee or administer vision screening? (Often this is done by community volunteers such as Lions.)
8) Review the system in which you will provide services.
   a) Are there other health staff on site?
   b) How will you share and receive messages? (Is your email included on school-wide communications?)
   c) Are there group efforts you could be part of such as interdisciplinary team meetings; School Health Advisory Council; safety committee?
9) Create a tentative school nurse schedule. Communicate this with appropriate staff.
   a) If serving multiple sites, consider number of assigned schools, number of students, acuity of students, student procedures ordered in each school, and meeting schedules for individualized needs (IEP or 504 meetings; delegation trainings), as well as anticipated screenings, trainings, and other school-wide services.

Enhancing practice: Ongoing / Yearly Actions

10) Review student health information, care plans, and delegations. Update as needed.
11) Anticipate that you will be asked to provide information about the level of student need by the end of the school year. See **Record Keeping; State reports**, below.
   a) How do you document and communicate plan-of-care, such as Individual Health Plans and Emergency Action Plans?
   b) How do you train and review staff performing delegated procedures?
   c) How do you document care provision? Who has access to care notes?
   d) How do you determine student acuity levels? Consider professional practice resources such as the OSNA online workshop "Social Determinants and Student Acuity Strategies."
12) Build connections and interpret your role for school staff. Communicate your needs, and the needs of students you serve. Attend staff meetings or otherwise reach out to introduce

yourself. Describe your role and anticipated schedule. Explain your expectations for student referral and other communications.

13) Meet with individual staff who provide support to students with chronic health conditions. This may include an office secretary or health aide, classroom educational assistants, classroom teachers, and LPNs who provide delegated care. Also communicate with ancillary personnel such as nutrition, transportation, and custodial staff, to address potential health issues in a coordinated way.
14) Review the school or district health policies and procedures. Examples may include the district's Exposure Control Plan, Communicable Disease Management Plan, Concussion Management Plan, Lice Policy, Child Abuse Prevention and Sexual Health Education Plan, Suicide Prevention Policy, and others.
    a) Collaborate to modify policies as needed. Remember that scope of practice for a registered nurse in the state of Oregon includes developing health policy. School procedures could be determined by the nurse, although district-wide policies require approval from the school board.
15) Establish contacts in the community who can inform and support your efforts, such as local public health authority, social services, mental health services, and School Based Health Center staff.
16) Seek professional development opportunities and support for your practice.
    a) Contact your OHA State School Nurse Consultant, ODE School Health Specialist, and professional nurse leaders from OSNA or NASN
    b) Attend a School Nurse Orientation within the first year of hire if possible.
17) Participate in state and national efforts to enhance school nurse practice. Be aware of legal issues that impact school nurses and school health. Consider participating in workgroups such as the OSNA Legislative Committee.
18) Participate in data collection that demonstrates service provision and areas of need, such as Medically Fragile reports, NASN's initiatives, and statewide school nurse surveys.

EXPECTATIONS AND LIMITATIONS

Many local issues, including staffing levels, local resources, and individual school administration choices, impact the work a school nurse may perform.

There is wide variation in how school nursing services are provided in districts across the state.

- Based on 2018-19 data, Oregon has the full-time equivalent of 295 RNs and 45 LPNs providing services in schools. With about 40% of school RNs in Oregon reporting they work less than full-time this represents an estimated 350 to 400 individual RNs.
- Most RNs (over 50%) report serving 1,500-3,500 students, with the most common caseload reported as about 2,500 students. The statewide average is less than one full-time 1 RN for every 2,300 students enrolled in public schools.
- About 10% of Oregon school nurses report serving a single school. Most RNs (over 50%) report serving 3-5 schools. More than 25% serve 6 or more school sites.
- RNs who report working at a single school are more likely to work half-time or less. The same is true of RNs with caseloads of 750 or fewer students.

- Based on current public school enrollment, Oregon schools would need to employ current RNs for more hours, and/or add about 1,000 full-time RNs, to meet recommended school nurse ratios of 1 RN for every 750 students. (School Nurse Surveys, 2020 and ODE School Nurse Annual Report 2019).

Given typical caseloads and number of school sites, the reality is that most medication administration, performance of nursing procedures, and the delivery of first aid care in Oregon schools is being provided by unlicensed assistive personnel (UAP). The term UAP includes anyone in the school setting who is not regulated by the State of Oregon as a healthcare provider: school secretaries, educational assistants, teachers, bus drivers, and others. The UAP also includes people working in schools who hold certification as a certified nursing assistant (CNA) or licensure as an emergency medical technician (EMT) or licensed practical nurses (LPNs). These persons are considered UAPs because state statutes and rules governing CNA, EMT, and LPN work doesn't include independent practice in the school setting.

Over 90% of school nurses in Oregon engage in delegation to UAPs to meet student needs, with an average of 9 UAPs trained per each RN to perform delegated nursing care. This does not include general non-injectable medication administration, which is considered teaching rather than delegation. These are delegated nursing care tasks such as diabetic management, tube feeding, catheterization, trach care, and other specialized procedures. (School Nurse Surveys, 2017)

Oregon's Nurse Practice Act (NPA) Division 45 and 47 of the NPA support an RN's authority to teach the UAP how to administer non-injectable medications to a student, and to delegate the performance of a nursing procedure to a UAP when delegation process steps are followed. The RN maintains sole accountability for the decision to delegate, or the decision to decline to delegate. Decisions apply Division 45 and 47 scope of practice standards and individual nursing judgment to evaluate whether a specific procedure is appropriate for delegation for the specific student, setting, and UAP. The NPA allows the RN to consider for delegation for any nursing procedure except injections via intramuscular (IM) or intravenous (IV) routes. The NPA forbids the nurse to delegate the nursing process in its entirety. For example, assessment and nursing diagnosis remain the responsibility of the RN.

3 C. HEALTH EDUCATION AND STAFF TRAINING

School nurses in Oregon often provide health education and training to school staff, for both individual student conditions and for population-based care.

Division 45 of Oregon's Nurse Practice Act (NPA) states it is within the scope of practice for a registered nurse to provide health education. The school nurse should be aware that Oregon's NPA differentiates between teaching as part of client consultation or general health education - covered in Division 45 - and teaching unlicensed assistive personnel (UAP) to provide nursing care - covered in Division 47. See **Training Staff to Provide Care** in Part 4: CHRONIC CONDITIONS

CARE PROVISION AND GENERAL HEALTH EDUCATION

As part of care provision for school populations, a school nurse may teach health topics for which they can demonstrate competency. For example, the nurse may provide health consultation and education related to student conditions. The nurse may provide community health education on topics such as hand washing and immunization. A nurse may visit classrooms to share health information. However, a nurse providing lessons to fulfill required health curriculum - such as teaching a health class - must either be a certified educator, or must teach with oversight from a certified teacher, to meet requirements from the Oregon Department of Education.

It is common for Oregon teachers to request the school nurse help them teach sexuality education topics. Oregon's education regulations outline comprehensive sexuality and healthy relationships education standards that must be covered in every grade, starting in kindergarten. The teacher and nurse should refer to ODE's sexuality education laws, policies, and standards. However, the school nurse is not required to be familiar with these resources—it is the responsibility of educators and school districts to meet these mandates. See **Part 6: WHOLE-PERSON HEALTH** for more about comprehensive sexuality education and nurse role.

TEACHING OTHERS TO PROVIDE CARE

As part of teaching UAPs to provide care, Division 47 of the NPA distinguishes three types of teaching the registered nurse may perform. The school nurse may teach UAPs to provide care by:

- teaching non-injectable **medication administration**;
- **delegating** special procedures of nursing care (such as tube feeding or catheterization); and
- **Teaching for anticipated emergencies** (such as providing Severe Allergic Reaction / Epinephrine training).

The nurse must observe specific requirements related to each of these three types of teaching. See **Part 4: CHRONIC CONDITIONS** for additional information.

Anticipating needs

In any situation where the nurse is not present, processes must be in place to meet student health needs.

Ideally, the school nurse will provide staff trainings at scheduled times throughout the year, as well as regular review of delegated care. The nurse may be called upon to provide additional trainings - sometimes with very short notice - if plans change or needs are not anticipated.

The school, district, and school nurse should work together to decrease need for last-minute training and increase student safety, including:

- a process to identify which staff members are trained on medication administration and emergency procedures, and when they are due for renewal

- a process - in compliance with FERPA privacy laws - to identify which students require delegated care, to whom the nurse has delegated care, and when care delegations need to be reviewed
- a process to anticipate special events or off-campus trips; school nurse role should be clarified in preparing for field trips or other events, particularly considering overnight trips

The district should also have a process in place to address nurse absence, ensuring continued provision of nursing services that cannot be delegated to unlicensed staff.

Deciding to delegate

Delegation of special care tasks should not be a last-minute decision. The nurse and school staff should understand that, unlike delegation in other contexts, nursing delegation is not simply a matter of re-assigning tasks. Nursing care delegation is a process outlined by law in the Nurse Practice Act, by which the nurse transfers licensed skills and knowledge to an unlicensed person. See **Appendix E: Delegation of Nursing Procedures in the School Setting,** and **Appendix F: Steps of Delegation.**

A school administrator may suggest delegation to certain staff. However, the decision whether to delegate care for a specific student, and whether a specific staff member is competent to take on a care delegation, is legally at the discretion of the registered nurse.

For additional resources to educate school staff and support students with certain health conditions, see **Part 4: Chronic Conditions** and **Part 5: General Population**.

3 D. RECORD KEEPING AND INFORMATION SHARING

Documentation is an important component of nursing practice in any setting. The necessity is no different in the school setting, but some of the requirements and practices vary.

Practices in the school setting require understanding how privacy laws differentiate between types of record sharing. The nurse should understand district policy and privacy law when sharing student health information with:

- public health authorities
- health care providers outside the FERPA-regulated school system (this includes an SBHC regulated under HIPAA)
- school staff within the FERPA-regulated school system (this includes the nurse, counselors, social workers, and other licensed school staff)
- parents/guardians

See **Part 2: Oregon Laws** for more information about federal privacy laws FERPA and HIPAA.

INDIVIDUAL STUDENT RECORDS

Professional standards of practice require systematic and meaningful documentation of nursing actions, for both communication and data collection. Oregon's Nurse Practice Act (NPA) requires that the nurse document assessments and care provision. School district policies will determine where and how that documentation is kept. Records must be maintained in a way

that supports coordinated health care services, while protecting the student's personal health information.

Federal regulations and the NPA require confidentiality in care provision and record-keeping. With very rare exceptions, student health records are part of the education record, covered under FERPA privacy laws. To maintain confidentiality, the health record may be kept separate from the main educational record. Even so, contents of the student's education record, including the health record, may be accessed by those with "legitimate educational interest" and by the student's legal guardian.

The storage and management of all health records and forms should be addressed in the Local Education Agency policies and procedures.

Consider these questions.

- Does the district have policies and practices in place specific to the documentation of health information?
- Electronic records - Does the district have an electronic record system that can be used for nursing? Are there specific tabs, forms, etc. that support needed areas of documentation?
- Paper records - where are they kept, what type of forms does the district have in place for nursing or does the nurse need to create their own?
- Records sharing -- Does the district have a written protocol for sharing student health information? What is the method of sharing health management plans with staff - paper or electronic? Do methods adequately protect health information?
- Records transfer -- is there a district plan for transfer of records when students changes districts? Does district retain Medications Administration records or other individual health records?
- Records retention – see ODE Student Permanent Records

SCHOOL-WIDE RECORDS AND AGGREGATE REPORTS

Oregon school nurses may be asked to provide health information to the local public health authority, or to state authorities including the Oregon Department of Education. It is important to anticipate the need to share information and therefore collect the necessary data.

Reporting to Public Health

Oregon laws permit schools to release health information to the local public health authority (LPHA) during a communicable disease outbreak or public health emergency. For example, during a local flu outbreak, the LPHA may request records on the number of students absent from school with flu-like symptoms. During the COVID-19 pandemic, state-wide guidance required schools to provide cohort lists to the LPHA for the purpose of contact tracing. School health information may be requested in aggregate (such as numbers of ill students, frequency of symptoms). FERPA privacy laws include a clause by which, during a public health emergency, personally identifiable information (PII) may be released to the health authority.

Note that PII is not permitted to be released to the general public or the school community, without parental permission

> **Nurse role in county reporting**: The nurse should participate in data collection and documentation appropriate to their role. The nurse may also inform the school process, helping determine how information about local outbreaks is shared back to the school community. See **FEDERAL PRIVACY LAWS: FERPA versus HIPAA** in Part 2 and **LOCAL PUBLIC HEALTH AND SCHOOLS** in Part 5.

State reports
The Oregon Department of Education (ODE) requires districts to annually report the number of students who meet the definition of higher-acuity, specifically medically complex, medically fragile, and nursing dependent. These reports do not request PPI. Districts with low numbers, data is suppressed to further protect students from being identified.

- Oregon law (ORS 336.201) defines three levels of severity related to required nursing services:
    - 1. Medically Complex: students who may have an unstable health condition and who may require daily professional nursing services.
    - 2. Medically Fragile: students who may have a life-threatening health condition and who may require immediate professional nursing services.
    - 3. Nursing-Dependent: students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.

> **Nurse role in state reports**: The school nurse should be consulted and should contribute to the ODE medically fragile data collection, as those reports specifically refer to nursing service needs. A nursing assessment is required to determine the level of nursing service needed by an individual student. For additional information about Medically Fragile Data Collection, see ODE guidance and OSNA resources, or contact the ODE School Health Specialist.

RESOURCES, county and state reporting
- Local public health authority – reporting communicable disease contact information
- 2020 ODE guidance for student acuity reporting

3 E. BUDGETS

The school nurse may provide input or create a full budget for their school health services. District office staff frequently assist or provide input for school health budgets. The majority of nurses practicing in Oregon schools are supervised by non-nurses. The school nurse may need to interpret their role for other school staff, in order to advocate for necessary budget items. Even for those nurses who hold administrative roles, communicating needs with others in the school system is an integral part of the budgeting process. The school nurse may also help

establish relationships with school nursing supply companies and local partners to address purchasing needs related to the service nurses and health support staff provide.

FUNDING IN OREGON SCHOOLS

Oregon education funding was impacted significantly by the passage of Measure 5 in 1990. That measure reduced local funding for schools, without establishing alternate funding sources. Chronic underfunding of schools in the successive decades has contributed to the state-wide shortage of school nurses and other essential school staff.

Some additional funding for school health services is available through Medicaid billing. Nursing services outlined within Individual Education Programs (IEPs) may be eligible, as would other IEP services such as physical or speech therapy. A school which bills Medicaid for eligible services recoups monies that can then be put back in non-billable services.

Passage of the Student Success Act in 2018 provided hope for increased funding. The Student Success Act provides funding directly to schools primarily through the Student Investment Accounts (SIA), which schools apply to receive after reviewing priorities in their communities. Each district submits a proposal to ODE for non-competitive grant money. If the district chooses to do so, SIA funds could become a component of school nurse budgets. The SIA is intended to address mental and behavioral health and equity. Permissible use ranges from adding personnel to infrastructure changes. See **Appendix C: School Nurses and Student Success Act Funds.**

CONSIDERATIONS FOR SCHOOL NURSE BUDGETS

Some school nurses, particularly lead nurses and nurse supervisors, may be tasked with budgeting all health services. Some school nurses may only oversee the budget for health room supplies. Others may have little input into the budget, beyond submitting requests for specific items. Below are some of the considerations that go into planning the school health budget.

- Nursing Personnel
    - RNs, Substitutes for school nurses; LPNs, Health Aides; Paraprofessionals; Health screeners; CPR instructors
    - Benefits - health, life, dental, pension plans
    - Liability insurance - if covered by school or district
- Health office supplies
    - fixtures: cots, chairs, desks, filing cabinets, lighting
    - durable equipment: thermometers, blood pressure cuffs, stethoscopes, scales, lice viewing lights; less commonly, screening tools such as audiometers and light boxes
    - single use items: gloves, face masks, isolation gowns, other PPE, bandages, alcohol wipes, hand sanitizer, tooth envelopes or boxes, menstrual supplies
    - medication supplies: stock medications as permitted by district orders including Epinephrine; securable cabinets or carts to organize and store student medications
- Nursing professional resources

    - coursework or materials: reference books, continuing education courses, conferences
    - memberships to professional organizations
    - associated costs for professional development: substitute nurse staff, travel, lodging, paid time to complete coursework
- Communication and documentation
    - Cell phone - district provided vs service reimbursement
    - Computers, software, updates to charting systems
    - Copying, printing, mailing, postage
- Transportation
    - mileage reimbursement

RESOURCES, Budgets

- ODE School Medicaid information https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/medicaid.aspx
- ODE Student Success Act https://www.oregon.gov/ode/studentsuccess/Pages/default.aspx

Part 3 Focus on Standards

COMMUNICATION, COLLABORATION, and PROGRAM MANAGEMENT

The *School Nursing Scope and Standards of Practice, 3rd Ed* provides multiple competencies related to each standard. For example, under Communication (Standard 9) the school nurse "questions care process and decisions when they do not appear to be in the best interest of the student and family." Under Collaboration (Standard 10), the school nurse "Articulates clearly the school nurse's role and responsibility within the team." Under Program Management (Standard 18), the school nurse "Advocates for the needs of individual students and school community." *(ANA&NASN, 2017)*

The scope of practice for registered nurses in the state of Oregon includes not only "provision of client care," but also such actions as "clinical direction and clinical supervision of others in the provision of care" and "development and implementation of health care policy." See Division 45 (OAR 851-045-0060). Multiple Oregon laws describe school requirements to provide health services and refer to the registered nurse role. See Part 2: Oregon laws.

These laws provide legal foundation for the nurse's role as a manager of a school health program. In districts where nurses are supervised by non-nurses, as is the case for most nurses in Oregon schools, it becomes particularly important for the school nurse to articulate their role and professional needs related to the services they provide. The school nurse must identify both individual and collaborative strategies to serve students effectively.

PART 4: CHRONIC CONDITIONS

Oregon Students with Special Healthcare Needs

4 A. Chronic Condition Management

504s and IEPs

4 B. Writing Health Plans

Key components of written health plans

4 C. Training Staff to Provide Care

Teaching medication administration; Delegation of care; Teaching for anticipated emergency; Planning ahead: field trips and special events

4 D. Useful links for various diseases

Chronic conditions; Medications; Adrenal insufficiency; Asthma; Diabetes; Food allergies; Seizures

Part 4 FOCUS ON FRAMEWORK

Care Coordination

Part 4 STANDARDS

Nursing practice, Assessment through Evaluation

Part 4: Updated August 2020

Part 4 Focus on Framework

CARE COORDINATION

Care coordination encompasses many different aspects of school nurse work: providing direct care, training staff, record keeping, working with other healthcare providers and interdisciplinary teams. To provide care, a school nurse communicates with not only the student, but also with guardians, prescribing physicians, teachers, secretaries, school counselors, therapists, social workers, and others. See Appendix A, NASN Framework.

Providing safe care requires knowledge, skill, and support. About 40% of nurses in Oregon schools work with larger teams of 6 or more nurses in the same district. Meanwhile, about 20-25% are employed as the only nurse in their district (School Nurse Surveys 2020). Oregon school nurses can be vital support for one another in their efforts to ensure health, safety, and access to education for the students they serve.

4 A. CHRONIC CONDITION MANAGEMENT

The Oregon school nurse provides many services to support students with special health care needs.

Federal and state laws require schools to support students in a variety of ways. Laws particularly relevant to school nursing are the Individuals with Disabilities in Education Improvement Act (IDEIA) of 2004; Section 504 of the Rehabilitation Act of 1973, as amended through the Americans with Disabilities Act (ADA) of 1990 and Americans with Disabilities Amendment in 2008. The ADA prohibits discrimination; more specifically, Title II of the ADA requires free appropriate public education (FAPE). Section 504 and the IDEIA both relate to Special Education (SPED), and outline requirements for the student service plans called **504s and IEPs**.

The requirement for FAPE and prohibition against discrimination applies to all students whether or not they qualify for services under Section 504 or the IDEA. In accordance with these laws, schools must ensure students have accommodations related to their condition, up to and including specialized education plans.

504s and IEPs

The school nurse is frequently involved in the development of a student's Individualized Education Plan (IEP) or 504 plan. The school nurse has a valuable role, but responsibility for both types of plans lies with the school administrator and education team. Both types of plan require a team to convene - they cannot be created or modified by a single person. The school nurse may recommend the creation of an IEP or a 504 plan. The request may also come from the student's family, or other school staff. Wherever the suggestions originates, it is up to the student and family whether they want to pursue an IEP or 504 plan.

An IEP provides specialized instruction to a student with a documented disability. A school nurse may provide 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.

A 504 plan has some similarities to an IEP. While an IEP provides specialized instruction and may or may not include a health management plan, a 504 does not provide specialized instruction. Its focus is to provide accommodations to a student with a documented disability when there is a need to 'level the playing field' academically.

For example, an IEP may change certain educational content or instruction methods, and may also include specific health or safety accommodations. A 504 does not change the overall educational program, but might allow a student extra time - or ensure students could keep medical supplies in the classroom - in order to access the same education as their peers.

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 part of the 504 team to provide consultation to school staff on the health needs of an individual student. They may also create a Health Management Plan (HMP)* to be included as an attachment to the IEP or 504 plan.

The HMP should not be the only component of a 504. Rather, the 504 plan should refer to the HMP. Making changes to a 504 plan requires the 504 team to be assembled. The HMP may include details such as medication doses and timing of treatments. Keeping the HMP separate from the full 504 plan allows the nurse to adjust details without reconvening the entire team. A HMP can also be a stand-alone document for a student with health needs that doesn't qualify for - or declines - a 504.

RESOURCES, 504 plans and IDEIA

- Information about 504 plans https://www2.ed.gov/about/offices/list/ocr/504faq.html

- NASN “IDEIA and Section 504 Teams - The School Nurse as an Essential Team Member” https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-ideia

4 B. WRITING HEALTH PLANS

A written plan is especially important when care is provided by unlicensed assistive personnel (UAP). A health management plan (HMP) provides guidance from the nurse to school staff on how to handle a student’s condition.

Oregon school districts do not all use the same terms - or the same forms - for nursing plans. The HMP may also be referred to as an Individual Health Plan (IHP), Individual Health Care Plan (IHCP), or Nursing Care Plan (NCP). These terms are commonly used for plans in which nursing care is delegated. When care is delegated, the purpose of a written plan is to outline staff responsibilities and steps of procedures.

When the health plan includes care provided by LPNs or UAP working under the direction of the school nurse, additional documentation is required to show that UAP was willing, able, and demonstrated competency performing the delegated care. Steps of the delegation process are outlined in Division 47 of Oregon’s Nurse Practice Act (NPA). See TRAINING STAFF TO PROVIDE CARE, below.

Another type of plan is an Emergency Action Plan (EAP), also called an Emergency Care Plan (ECP). An EAP is needed when a student has an unstable condition for which the nurse cannot legally delegate care. In Oregon schools, EAPs are commonly prepared for students with asthma or severe allergies. The EAP may be the only plan on file for a student, or may be accompanied by a HMP that outlines other (non-emergent) care needs.

KEY COMPONENTS OF WRITTEN HEALTH PLANS

Health management plans (HMPs) are important parts of school nurse documentation and communication. They serve as evidence the nurse assessed needs and planned for care. They provide written guidance for other staff supporting the student. As noted above, HMPs may be called by other names. HMPs look different depending on diagnosis and level of student need. They will also differ according to school charting systems or district templates (if such templates exist). All written plans should include the key components required to fulfill their purpose.

The following items are key components of HMPs:

(a) **Student identification**: may include name, birthdate, school ID number

(b) **Primary medical diagnosis or health issue**

(c) **Nursing assessment**: may include history or severity of primary diagnosis; comorbidities; student ability to participate in care; related social needs such as languages spoken by parents/guardians or barriers to access care.

(d) **Nursing diagnosis**: the student’s response to their condition; how the health issue impacts student well-being and access to education; school-specific risks or readiness for improved care.

- Note that (b), (c), and (d) may be combined in some documentation.

(e) **Nursing plan of care**: actions to be taken during the school day or at school-sponsored functions to address the health issues and nursing diagnoses.

- Include if applicable, procedures to ensure safety and provide services 1) when the student is in transit to or from school or school-sponsored activities, 2) during before-school or after-school activities on school property, and 3) during school-sponsored field trips and any other school-sponsored activity.
- If applicable, documentation of staff trained in delegated care tasks; training dates, staff verification of willingness; dates of delegation review. See **Appendix F, Steps of Delegation**.

(f) **Nursing evaluation**: related goals or expected outcomes for the student; plan for review or re-assessment

(g) If applicable, **Emergency Action Plan** (EAP) for handling emergency situations that may occur as a result of a student's medical diagnosis at school or at school-sponsored functions. May also be called **Emergency Care Plan** (ECP).

- For some conditions, students may have no daily or routine nursing needs. An EAP may be the only written plan on file for these students.

RESOURCES, writing health plans

- Example HMPs can be found on the Oregon School Nurses' Association (OSNA) website under Resources: Templates. See also https://www.oregonschoolnurses.org
- NASN Position Statement, Use of Individualized Healthcare Plans to Support School Health Services https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-ihps
- IHP creator tools are available for purchase. For example, an IHP creator tool accompanies the manual *Individualized Health Care Plans for the School Nurse* by Sunrise River Press. It provides templates for ECP's, IHCP's and Emergency Evac Plans.

4 C. TRAINING STAFF TO PROVIDE CARE

Oregon's Nurse Practice Act (NPA) makes a distinction between general health teaching-covered in Division 45 - and teaching others to provide nursing care. Division 47 of NPA distinguishes three types of teaching for care provision. The school nurse may teach unlicensed assistive personnel (UAP) to provide care by:

- Teaching non-injectable **medication administration**;
- **Delegating** special procedures of nursing care (such as tube feeding or catheterization); and
- **Teaching for anticipated emergencies** (such as providing Severe Allergic Reaction / Epinephrine training).

TEACHING MEDICATION ADMINISTRATION

Many school nurses in Oregon serve multiple school sites, or are employed less than full time; most are not on site to administer medication to students. It is therefore common in many districts for the school nurse to provide training to unlicensed assistive personnel (UAP) to provide medication to students. Oregon law prohibits a school administrator from requiring a staff member to give medications without the proper training. See Part 2: Oregon Law (OAR 581-021-0037).

Per Division 47 of the Nurse Practice Act (NPA), a registered nurse may teach "administration of non-injectable medications." Division 47 also permits the RN to teach subcutaneous insulin injection. However, some district policies require the RN to provide all insulin injections. Where district policy is silent, nurses may choose whether or not to teach insulin injections. The NPA forbids the nurse to delegate the nursing process in its entirety. The decision whether or not to teach insulin injection therefore requires consideration of the student's stability, and the likelihood that nursing tasks may be required simultaneously -- assessment, care planning, evaluation of outcomes -- which the nurse cannot legally delegate.

The Oregon Department of Education requires that student medications be administered by those who have completed the approved ODE Medication Administration Training, which must be administered by a registered nurse or other specified healthcare provider. The ODE Medication Training, including slides and manual, can be found on ODE's Medication Resources page. Material for training insulin injection (when permitted) is also on that page.

RESOURCES, Teaching Medication Administration

- ODE Medication Training Resources https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Medication-Resources.aspx

DELEGATION OF CARE

For students with special health care needs, the nurse may consider "delegation of special tasks of client/nursing care" to Unlicensed Assistive Personnel (UAP) in accordance with Division 47 of the Nurse Practice Act (NPA). The nurse may never delegate the nursing process in its entirety. Nursing assessment and care planning require a registered nurse.

Prior to considering a care delegation, the nurse must first assess the condition and situation, and verify that the student's condition is stable and predictable. The nurse must determine whether the UAP is able and willing to provide the needed care. The nurse must provide instruction and observe the UAP demonstrate competent performance of the procedure.

Once the nurse has determined a care delegation is appropriate and can be performed safely, the nurse must continue to monitor the situation. Delegation reviews are required at a minimum as described by Division 47. When possible, experienced school nurses will ensure two or more staff are trained as delegated care providers. This practice anticipates staff absences, field trips, or other events. To maintain competency, UAPs providing delegated care may alternate with one another daily or weekly.

For additional information about delegation process, see the guidance document Steps of Delegation, and refer to Division 47.

RESOURCES, Delegation

- ODE Steps of Delegation https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/stepsofdelegation.pdf
- OAR 851-047-0030 Delegation of Special Tasks of Client/Nursing Care https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=216403

TEACHING FOR ANTICIPATED EMERGENCY

The Nurse Practice Act (NPA) stipulates that the nurse may not delegate care for an unstable condition. However, the nurse may teach "the performance of tasks for an anticipated emergency" in accordance with Division 47. As part of Teaching for Anticipated Emergency (TAE), the NPA permits the nurse to teach certain intramuscular injections according to specific Oregon Statutes: injectable epinephrine for symptoms of severe allergic reaction (ORS 433.800 to 433.830; ORS 339.869), injectable glucagon for symptoms of severe hypoglycemia (ORS 433.800 to 433.830), medication to treat an adrenal crisis (ORS 433.800 to 433.830). In addition, the RN-level health promotion and teaching standards within Division 45 of the NPA allow for the teaching of other emergency procedures.

Training materials for TAEs regulated by the above statutes can be found on the Oregon Health Authority (OHA) page for Training on Lifesaving Treatment Protocols. OHA's Allergic Reaction/Epinephrine training is commonly taught by Oregon school RN, as is the OHA training on Hypoglycemia/Emergency Glucagon. OHA's Lifesaving Treatment Protocols page also includes Opioid Overdose and Stop the Bleed trainings, which are less commonly taught by school RNs. Prior to teaching any subject area, it is the RN's responsibility to determine whether their knowledge and experience are sufficient to demonstrate competency. The RN should carefully read the instructions listed for each training.

For example, within the Severe Allergic Response / epinephrine training, the training includes a certificate of completion which makes the bearer eligible to obtain epinephrine from a pharmacy; thus, that training certificate requires the oversight and signature of a licensed independent practitioner. Some school RNs have trained staff for opioid overdose and naloxone (Narcan) administration; this training includes CPR instruction. The RN must consider their own competency prior to undertaking any training.

A school nurse using the approved OHA trainings should follow the manual and slides provided. Unlike the ODE medication training, which was created exclusively for the school setting, the OHA Lifesaving Treatments trainings are used in non-school settings, such as training EMTs. The school nurse may need to add or clarify information about responding to emergencies in the school setting.

RESOURCES, Teaching for Anticipated Emergencies

- OAR 851-047-0040. Nurse Practice Act: Teaching the Performance of Tasks for an Anticipated Emergency

- OHA Training on Lifesaving Treatment Protocols (Adrenal Crisis and Allergic Reaction) https://www.oregon.gov/OHA/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Pages/epi-protocol-training.aspx
- OHA Resources for People with Diabetes: Healthcare Providers and Educators (Emergency Glucagon and Epinephrine) https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DIABETES/Pages/resources.aspx#providers
- ODE Training addendum: Medication Administration. To administer any medication to students, school staff must complete the approved ODE Medication Administration training. However, if they have completed a TAE, they may instead complete the Medication Administration Addendum to the Training for Anticipated Emergencies. https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/medicationaddendumtae.pdf

PLANNING AHEAD: FIELD TRIPS AND SPECIAL EVENTS

When the school nurse is not present, school staff must be prepared to meet student health needs, from medication administration to anticipated emergencies and delegated special procedures.

Federal requirements for free and appropriate public education (FAPE) and reasonable accommodations extend to a variety of educational activities, including off-campus events such as field trips and Outdoor School. The briefest summation of this requirement is that the school cannot resolve health service issues by leaving students behind. Parents may be willing and able to attend some events, but that cannot be a requirement for the student to attend.

It is the school's responsibility to ensure student's needs are reasonably accommodated. The school nurse may provide care, or may train staff to provide care, such that students may safely participate in off-campus events. For Oregon public schools, districts must also have staff members trained in first aid and CPR - at least one per 60 students - wherever education is conducted. Communication between nurse and school staff is critical to ensure students are supported whether on or off campus. See Part 3 **ANTICIPATING NEEDS**.

4 D. 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 school nurse practice.

Chronic conditions – general references

- NASN's school nurse manual: Selekman, J., Shannon, RA, & Yonkaitis, CF (2019). *School Nursing: A Comprehensive Text (3rd ed.)*. Philadelphia, PA: FA Davis.
- AAP's school health manual: *Managing Chronic Health Conditions in Schools* (AAP)
- Chronic Conditions in Schools (CDC): https://www.cdc.gov/healthyschools/chronicconditions.htm

Medications – general links

- FDA Medication Guides
- FDA controlled medication classification: Drug Schedules; List of Controlled substances
- FDA Off-label prescribing and AHRQ - What you need to know about off-label drugs

Adrenal Insufficiency

- If the RN is teaching others to provide care, Oregon law requires specific training protocols for teaching administration of IM medication for adrenal crisis.
- Oregon's Adrenal Crisis Training Manual and Presentation can be found here:
  Manual:
  http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Documents/Training%20Material/Adrenal%20Crisis%20Training%20Protocol.pdf
  Presentation:
  http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Documents/Training%20Material/Adrenal%20Crisis%20Training%20PowerPoint.ppt

Asthma

- Oregon law ORS 339.866 Self-Administration of Medication by Students does "*Require that an Oregon licensed health care professional, acting within the scope of the person's license, formulate a written treatment plan for managing the student's asthma or severe allergy and for the use of medication by the student during school hours*."
  - This is commonly interpreted as a plan from the medical provider. The school nurse may collaborate with providers and other care team members to develop individualized care plans.
- Oregon Asthma Plans https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/asthma.pdf

Diabetes

- If the RN is teaching others to provide care, Oregon law requires the school nurse to use specific training protocols for administration of IM glucagon.
- Oregon's Glucagon Training Manual can be found here:
  http://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DIABETES/Documents/Glucagon_Training_Protocol_Manual.pdf
- OSNA position statement, nurse role in diabetes management and charting templates
  https://higherlogicdownload.s3.amazonaws.com/NASN/784ade29-1f66-48a8-8c2d-3f9bc57af6bf/UploadedImages/Oregon%20Microsite/PS_Diabetes.pdf

Food allergies or Severe Allergic Reaction

- If the RN is teaching others to provide care, Oregon law requires the school nurse to use specific training protocols for Severe Allergic Reaction and epinephrine administration.
- Oregon's Treatment of Severe Allergic Reaction training manual and presentation ("the epi training")

Manual:
http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Documents/Training%20Material/Epinephrine-Training-Protocol.pdf
Presentation:
http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Documents/Training%20Material/Epinephrine%20Training%20Instructor%20Power%20Point%20Revised%2007-2016.pptm

- Oregon law ORS 339.866 Self-Administration of Medication by Students does "*Require that an Oregon licensed health care professional, acting within the scope of the person's license, formulate a written treatment plan for managing the student's asthma or severe allergy and for the use of medication by the student during school hours*."
    - This is commonly interpreted as a plan from the medical provider. The school nurse may collaborate with providers and other care team members to develop individualized care plans.
- https://www.foodallergy.org/

Seizure

- Epilepsy Foundation of America: Vagus Nerve Stimulator information. Refer to manufacturer guidelines and training materials e.g. for nasal Versed, rectal Diastat, and vagus nerve stimulation (VNS) devices.
- Medical marijuana and CBD oil may be prescribed for seizure or other health conditions. With extremely rare exceptions, these are not permitted on school grounds.
    - Oregon's medical marijuana law (ORS 475B.381) prohibits the use of marijuana-containing products in public places, specifically including schools.
    - The only FDA-approved medication derived from cannabis is the seizure medication Epidiolex. As an FDA-approved medication, Epidiolex is NOT medical marijuana, and IS permitted in Oregon schools.

- OMMP – Oregon Medical Marijuana Program

Part 4 Focus on Standards

STANDARDS OF NURSING PRACTICE

The *School Nursing Scope and Standards of Practice, 3rd Ed* provides six standards of nursing practice. These are as follows: 1) Assessment; 2) Diagnosis; 3) Outcomes Identification; 4) Planning; 5) Implementation; 5a.) Coordination of Care; 5b) Health Teaching and Health Promotion; 6) Evaluation. *(ANA&NASN, 2017)*

Oregon's Nurse Practice Act uses similar wording, particularly in Division 47 regarding nursing delegation. The steps of the nursing process – Standards 1 through 6 (ANA & NASN, 2017) – are consistent across nursing care settings. However, specific actions may be different in schools than in other nursing practice settings.

To apply nurse practice standards in schools, consider that a primary function of school nursing is to reduce health-related barriers to education. For example, school nursing assessment focuses on not only health status, but also how health impacts the student's access to education. Beyond physical assessment, this requires gathering information from parents, office staff, teachers, medical providers, and more. Similarly, addressing needs for students requires the nurse to collaborate with school staff and develop school-specific care plans. See Appendix F: Steps of Delegation for a concrete example of how school nurses can apply these standards in alignment with Oregon's Nurse Practice Act.

Part 5: GENERAL POPULATION
Health Promotion, Disease Prevention, and Acute Care in Oregon Schools

5 A. Health Promotion and Disease Prevention
Preventative services, health education and interventions

5 B. Communicable Disease in the School and Community
School nurse role in communicable disease mitigation; Local public health and Oregon schools; Screening for symptoms; Isolation, Blood-borne pathogens / OR-OSHA; Head lice

5 C. Immunizations

5 D. School Health Screenings
Vision and dental screenings

5 E. Acute Care
Illness and urgent conditions; injury

Part 5 FOCUS ON FRAMEWORK
Community / Public Health

Part 5 FOCUS ON STANDARDS
Education, Evidence-based practice, and Quality of practice

Part 5: Updated August 2020

Part 5 Focus on Framework

COMMUNITY / PUBLIC HEALTH

School health efforts that benefit the full community are a component of public health. Common public health efforts in the school setting include staff trainings about general health issues, as well as immunization and vision screening programs. The school nurse may advocate for these and other school-wide interventions to improve health or safety. See Appendix A, NASN Framework.

For example, by noting illness, accidents, or other complaints in the health room, the nurse may recognize the need for increased disease prevention, updated playground safety rules, or increased focus on culture of kindness/anti-bullying. Similarly, addressing individual student conditions such as food allergies may prompt healthier classroom celebration policies focused on games or other non-food options. The school nurse as a public health advocate improves health and wellness for all students.

5 A. HEALTH PROMOTION AND DISEASE PREVENTION

School nursing is grounded in public health. Although students with special healthcare needs may require the bulk of a school nurses' time, the nurse can use their knowledge and skills to improve health outcomes for all.

PREVENTATIVE SERVICES, health education and interventions

School nurses provide health education that promotes physical and mental health. Health education informs healthcare decisions, and helps prevent disease, thereby increasing school attendance. See **HEALTH EDUCATION AND STAFF TRAINING** in Part 3.

Health education is important, but without opportunity to apply knowledge, education alone will not improve health. Health education is just one of 10 components of coordinated school health described in the CDC's Whole School, Whole Community, Whole Child model. It is important for the nurse and school support team to address barriers students face, beyond lack of knowledge.

School nurses implement interventions that protect the health of school communities. These include communicable disease measures, health screenings, and other actions that benefit all students.

RESOURCES, Preventative services

- USA.GOV The Community Guide https://www.thecommunityguide.org/ The Guide to Community Preventive Services (The Community Guide) is a collection of evidence-based findings of the Community Preventive Services Task Force (CPSTF). It is a resource to help you select interventions to improve health and prevent disease in your state, community, community organization, business, healthcare organization, or school.
- School Health Index – CDC resource linked to the Whole School, Whole Community, Whole Child model. School self-assessment of available resources and priority actions.

5 B. COMMUNICABLE DISEASE IN SCHOOL AND COMMUNITY

Disease prevention is important in school settings. In 2020, the coronavirus pandemic altered the scope of communicable disease control in Oregon schools. Widespread disease required changes to the way education is delivered across the state. More than ever, Oregon school nurses became critical resources for local communities and in state conversations, ensuring communicable disease guidance is translated into appropriate school processes.

SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

School nurses are important resources to address communicable disease in the school setting.

School nurses can implement measures to reduce spread of communicable disease, from simple colds to measles outbreaks, norovirus, season flu and more. Their role in this process has become even more pronounced since the onset of the coronavirus pandemic. Oregon school nurses are involved in leadership positions supporting district planning, and in state guidance development to translate public health recommendations to the school setting.

Consider these school nurse roles, outlined in *School Nursing: A Comprehensive Text 3rd Ed*.

Infection control measures as applied to school nursing includes implementing guidelines for the following:

- Proper hand hygiene and cough/sneeze etiquette
- Bloodborne pathogens in the school setting
- Attendance/exclusion of sick children
- Immunization surveillance

Key roles of the school nurse during Pandemics

- Educating students, staff, and families about behaviors that help to avoid exposure of pathogens
- Preventing transmission of infectious disease at school: hand washing, respiratory etiquette, staying home when ill
- Communicating and collaborating with the local health department

- Providing appropriate nursing care and health counseling
- Protecting the confidentiality of persons with infectious disease who attend school

(Modified from Shannon, RA & Guilday, P. (2019). Emergency and Disaster Preparedness and response for schools in J. Selekman (ed.). *School nursing: A comprehensive text* (3rd ed.), pp.313 and 473. Philadelphia, PA: F.A. Davis Company.)

RESOURCES, Nurse Role

- NASN, The Valuable Role of School Nurses During COVID-19 https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/School-Nurse-Activities-during-COVID-19.pdf
- NASN Guidance for PPE use https://higherlogicdownload.s3.amazonaws.com/NASN/3870c72d-fff9-4ed7-833f-215de278d256/UploadedImages/PDFs/Guidance-for-Healthcare-Personnel-on-PPE-Use-in-Schools.pdf
- OSNA online workshop and materials "School Nurse Role in Communicable Disease Mitigation" https://www.oregonschoolnurses.org/oregonschoolnurses/events/workshops/school-nurse-role-in-communicable-disease-mitigation

LOCAL PUBLIC HEALTH AND OREGON SCHOOLS

Schools have long been required to collaborate with local public health authorities (LPHAs), especially when there is an outbreak of disease in a community. Schools also collaborate with LPHAs regarding immunization compliance (see IMMUNIZATION, below). This collaboration is well-established in some Oregon districts. During the coronavirus pandemic, communication between schools and LPHAs increased in many counties.

Oregon public health law Division 19 (333.019.0010) *Diseases Related to School, Child Care, and Worksite Restrictions: Imposition of Restrictions*, holds schools responsible for ensuring staff and students with specific communicable diseases are excluded from the school setting.

The list of school restrictable diseases according to Division 19 is as follows:
"Restrictable diseases applied to schools, children's facilities, and health care facilities, includes but is not limited to chickenpox, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, and infectious tuberculosis and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the child poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting)." In March 2020, a temporary Rule added COVID-19 to this list. That disease is expected to become a permanent addition after the next legislative cycle.

Schools may exclude students or staff for other contagious diseases. Most other diseases do not need to be reported to the health department, except in cases of local outbreak.

The LPHA may request information about clusters of disease - for example, may request the school to report absences above the norm, or if more than 5% of the school population has symptoms of flu. The school may contact the LPHA to verify reported diagnosis of restrictable diseases. The LPHA is responsible for notifying the school of confirmed positive cases of school-restrictable disease. These responsibilities are outlined in Division 19 of Oregon public health law.

While it is not the responsibility of the individual nurse to ensure these restrictions are upheld, the school nurse can play a critical role in the process. An established relationship between the school nurse and the LPHA facilitates communication and collaboration during disease outbreaks or pandemics. The school nurse's understanding of health issues, coupled with their understanding of the school setting, can make them an ideal point person in communication between the school and LPHA. Ideally, the school nurse will make contact with public health nurses at the LPHA early on.

In addition to communicating with LPHAs, schools must also communicate to members of the school community regarding communicable diseases. The school nurse has knowledge about health issues and about maintaining privacy; this background is important when communicating information to the school community. Ideally, school leadership will include the nurse in developing communication about health issues among students or staff.

In response to an outbreak, the following communications are permitted per FERPA and public health law:

- Without consent, the school MAY report identifiable information to the LPHA during a public health emergency, such as pandemic or local disease outbreak.
- Without consent, the school may NOT share identifiable information with the public, other families, etc.
- Without consent, and AFTER confirming positive result with LPHA, schools MAY share de-identified info, for example "A person who tested positive for [name of specific restrictable disease] was on school grounds on this date."

For more, see **FEDERAL PRIVACY LAWS: FERPA versus HIPAA** in Part 2.

SCREENING FOR SYMPTOMS

Screening is not the same as a licensed nursing assessment. A screening protocol requires a concrete list of measurable findings, such as questions with yes-no responses or specific measurements such as temperature or blood pressure. Screenings can be conducted by trained, unlicensed staff.

Ethical practice requires that screening for symptoms must be conducted in a way that protects privacy and protects those screened from stigma or discrimination. Passive screening, such as a teacher sending a child to the health room because they appear ill, is a common practice. Active screening for specific symptoms of communicable disease became common in Oregon schools during the coronavirus pandemic. Per 2020 guidance, any school staff member expected to conduct active screening should participate in implicit bias training.

RESOURCES: symptom screening

- ODE/OHA Communicable Disease Guidance http://www.oregon.gov/ode/students-and-family/healthsafety/Documents/commdisease.pdf Includes sample letter to school community "When should I keep my child home"
- CDC symptoms of coronavirus https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html
- Allergy and Asthma Foundation, symptoms of common respiratory illnesses https://www.aafa.org/covid-19-new-coronavirus.aspx

ISOLATION

Whether screening for illness through active or passive processes, the school needs to have plans in place to isolate individuals with symptoms of illness. Oregon's Ready Schools, Safe Learners guidance described enhanced isolation procedures necessary during the coronavirus pandemic. Even outside of pandemic, Oregon's Division 22 Health Services law requires schools to have space to isolate the sick away from the rest of the student body. Ill students should not remain in the same space as students who are generally well, or students with special health care needs.

Students with symptoms of illness should be supervised and monitored until they can be taken home or transferred to emergency care. Clear communication is important regarding an area for higher-risk symptoms of illness. Care should be taken to protect ill students against stigma, shame, or fear related to their illness. Even the term "isolation" can be a source of anxiety. Thoughtful planning can ensure the isolation space is designated as a room for special care or extra protection, rather than labeling those areas – or the students in them – as "hazardous" or "dirty."

RESOURCES, Isolation

- 2020-2021 school year, Ready Schools, Safe Learners guidance; see Section 1i: Isolation https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Ready%20Schools%20Safe%20Learners%202020-21%20Guidance.pdf

BLOOD-BORNE PATHOGENS / OR-OSHA

Blood-borne pathogens (BBP) are a communicable disease concern in the school setting. Nurses, teachers and other staff frequently need to address an open cut, a bloody nose, or give an injection to a student. The school nurse may note areas of need and advocate for supplies or staff trainings. In some cases the school nurse provides specific trainings in compliance with Oregon Occupational Safety and Health (OR-OSHA) regulations.

RESOURCES, OR-OSHA

- Information regarding the Oregon Occupational Safety and Health (OR-OSHA) is available here: http://osha.oregon.gov/edu/Pages/index.aspx

HEAD LICE

Head lice is a quintessential childhood nuisance. The school nurse can play an important role helping to reduce the spread. The nurse can also play an important role protecting students from stigma, while communicating clearly about effective treatment.

RESOURCES, head lice

- CDC information about head lice: https://www.cdc.gov/parasites/lice/head/schools.html https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Student-Health-Conditions.
- ODE information about head lice: https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Student-Health-Conditions.aspx

5 C. IMMUNIZATIONS

Routine immunizations are an important component of communicable disease mitigation. They are vital to school and community health. Reducing the spread of vaccine-preventable diseases protects vulnerable individuals, and reduces the burden on the health care system. Routine immunizations remain critical during a health emergency such as the coronavirus pandemic. As a trusted health professional, the school nurse can play an important role communicating with families about immunizations.

The Oregon Health Authority (OHA) Public Health Division has an office specifically responsible for school immunizations. The goal of the Oregon Immunization Program (OIP) is to make sure students can go to school in a safe and healthy environment free of vaccine-preventable diseases. Oregon law requires that every student must have at least 1 dose of each required vaccination before attending school. The OIP will frequently provide resources for school vaccination events, an option school nurses can champion.

Each Oregon school must submit a report showing the immunization status of each student, due to the local health authority each January. Oregon's student Exclusion Day is always the third Wednesday of February. Any student that is missing documentation of immunization or exemption at that time is not allowed to attend school until compliance is attained.

Verifying immunization compliance is a year-long process. In some districts, the school nurse provides oversight and assistance while secretaries collect immunization records. The nurse and school staff should collaborate to ensure the process runs smoothly. The school should not wait until January to start contacting families in need of shots. Once Exclusion Day is done each year, the school should begin informing families of any vaccines that will be needed the next year.

Oregon has a state-wide database for accessing immunization records, Alert IIS. School staff can sign up for ALERT IIS on the website below. This allows access to the registry to look up

students within the district. Electronic tracking systems are frequently used in districts to assess immunization status. OHA's approved student information 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.

RESOURCES, Immunization

- OHA School Immunization information: http://www.oregon.gov/oha/ph/PreventionWellness/VaccinesImmunization/GettingImmunized/Pages/school.aspx
- Alert IIS sign up information. School staff can view the training video and printout the registration forms on this website. https://www.alertiis.org/ORPRD/portalInfoManager.do
- OHA list of approved systems http://www.oregon.gov/oha/ph/preventionwellness/vaccinesimmunization/GettingImmunized/documents/schappvcomps.pdf

5 D. SCHOOL HEALTH SCREENINGS

The school nurse may support, oversee, or conduct health screenings to support general population health.

(Note: School health screening differs from screening for symptoms of illness. See **SYMPTOM SCREENING**, above.)

In Oregon, common school health screenings include vision, hearing, and dental screenings. Other potential screenings include scoliosis checks, Body Mass Index (BMI), acanthosis nigricans, blood pressure, other cardiac screening, mental health screenings, substance use questions, and others. The nurse should be familiar with the district administration's plan and expectations, including what screenings are conducted, for which grades, and who performs them.

The intention of school health screenings is to detect conditions which, untreated, could become barriers to education. The nurse can support health screenings in many ways: conducting a screening, communicating with families, advocating for the use of evidence-based processes, collecting and sharing data. Health screenings are most impactful when they are accompanied by a referral and follow-up process. They are an important part of health services in the Whole School, Whole Community, Whole Child (WSCC) model.

Oregon school nurses frequently oversee their district's health screening program. The nurse or other school health staff may use screening processes to assess for specific conditions, such as physical therapists screening for gross motor concerns. However, school health screening differs from licensed nursing assessment. A screening protocol requires a concrete list of measurable findings, such as questions with yes-no responses; or specific measurements, such as temperature or blood pressure. Many types of screenings can be conducted by unlicensed

personnel. One example is school vision screening, which in Oregon is often performed by outside groups such as the Lion's Club, Elk's Club, or by the ESD.

VISION AND DENTAL SCREENINGS

Oregon law requires school involvement in dental screening. Oregon law makes schools responsibility for vision screening. Do you want to name specific groups here?

See links below. In support of the vision screening requirement, Oregon Department of Education implemented a vision screening reimbursement program during the 2017-2019 biennium. 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. Funding for this program changed following the coronavirus pandemic but may continue in future years.

RESOURCES, Health Screening

- OAR 581-021-0031 Oregon law, school vision screening https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=144589
- OAR 581-021-0017 Oregon law, school dental screening certifications https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=144547
- ODE Vision Screening program https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Vision-Screening-Pilot-Project.aspx
- Posture screening: https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/posture.pdf
- Substance use example process: Screening Brief Intervention and Referral to Treatment (SBIRT) https://www.sbirtoregon.org/
- Guide for obtaining appropriate assessment and support services - school nurse, counselor, therapist roles https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/appendix.pdf

5 E. ACUTE CARE

Nurses in Oregon schools anticipate acute injuries and health-related emergencies.

ILLNESS AND URGENT CONDITIONS

The school nurse and district staff need to be prepared to care for students showing signs of contagious illness. For acute illness not related to a chronic condition, please see 5B COMMUNICABLE DISEASE IN THE SCHOOL AND COMMUNITY.

To prepare for acute exacerbations or health-related emergencies related to chronic conditions, a nurse develops individualized emergency care plans and trains staff regarding individual student conditions. The nurse may also provide general training about responding to any person with signs of anaphylactic allergy ("epi training"). See 4C TRAINING STAFF TO PROVIDE CARE.

In Oregon, schools are required to have at least 1 staff member trained on CPR/First Aid per every 60 students. ODE also requires all bus drivers to be trained in First Aid. SB 79 requires students 7th grade and above to receive instruction in CPR as part of health classes.

INJURY

To prepare for acute injuries, the nurse may support first aid training, may oversee first aid supplies in a centralized location or distributed to classrooms, may maintain a "go bag" for fires, field trips, or other out-of-building events, and may provide care while on site.

RESOURCES, Acute Care

- Oregon CPR training – American Heart Association https://www.oregoncprtraining.com/
- Head injury and concussion management https://www.oregon.gov/ode/educator-resources/standards/physicaleducation/Pages/Concussions.aspx
- Oregon law -required ratio of staff to students first aid certification https://www.oregonlaws.org/ors/342.664
- SB 79 – CPR in Schools - SB 79 requires that students in grades 7-12 receive instruction in CPR and the use of AEDs using training developed by the American Heart Association, the American Red Cross or another organization with nationally recognized training protocols. Teachers, outside providers, or volunteers certified to teach CPR are allowed to conduct the trainings. https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/SB79/Enrolled

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Part 5 STANDARDS

EDUCATION, EVIDENCE-BASED PRACTICE, and QUALITY OF PRACTICE

The *School Nursing Scope and Standards of Practice, 3rd Ed* provides multiple competencies related to each standard. For example, under Education (Standard 12), the school nurse "identifies learning needs based on nursing knowledge and the various roles the nurse may assume, and the changing needs of the population within the school setting." Under Evidence-based Practice and Research, the school nurse "uses current evidence-based knowledge, including research findings, to promote further research and guide practice." Under Quality of Practice, the school nurse "documents school nursing practice in a manner that supports quality and performance improvement initiatives." *(ANA&NASN, 2017)*

Supporting general population in Oregon schools requires keeping up-to-date on information for health promotion and disease prevention. For example, during disease outbreaks, nurses need to be familiar with emerging data about risk for students with certain health conditions, in order to effectively communicate with families and providers about plan of care.

The need to gather data is relevant not only to individual student support, but also to overall service provision. Documentation of health care provided, whether routine or emergent, helps establish evidence of need and provides a basis of comparison when working to improve services.

Part 6: WHOLE-PERSON HEALTH
Social Wellbeing, Mental, Behavioral, and Sexual Health in Oregon Schools

6 A. Supporting Whole-Person Health

6 B. Mental Health
Key strategies for school nurses; Team approach to mental health support

6 C. Sexual Health
Sexuality education

6 D. Gender Non-Discrimination and Support
School nurse role in gender-sensitive care; Gender definitions and terms

6 E. Child Abuse Prevention

6 F. Minor's Rights in Oregon

Part 6 FOCUS ON FRAMEWORK
Leadership

Part 6 FOCUS ON STANDARDS
Leadership and Resource Utilization

Part 6: Updated August 2020

Part 6 Focus on Framework

LEADERSHIP

Leadership in school nurse practice includes being a life-long learner and being a change agent; improving one's own practice and the field of nursing. See Appendix A, NASN Framework.

School nurses frequently lead support efforts for students who are bullied, students who lack housing, students whose needs are beyond the typical scope of a Health Management Plan. Oregon nurses work with district tech departments, or develop their own systems, to improve nursing documentation, data collection, and record keeping. Many school nurses in Oregon pursue continuing education beyond required minimums. Oregon school nurses use their training and experience to improve practice, and in so doing, improve student outcomes.

6 A. SUPPORTING WHOLE-PERSON HEALTH

Both physical and psychosocial health impact learning. The school nurse can support both.

The considerations needed to assess student health concerns, determine a nursing diagnosis, and plan nursing interventions constantly interweave physical, mental, and sexual health considerations. Nursing assessment in the school setting is rarely as simple as a physical exam.

Whole-person health is central to effective school nursing practice. School nurse assessments are not about listing symptoms. Instead, they consider factors such as a student's access to health care; a family's -- or classroom teacher's -- capacity for supporting the student; and a student's risk for abuse or neglect. Similarly, nursing diagnosis is distinctly different from diagnosis of medical conditions. Instead, nursing diagnosis is a diagnosis of human response to a situation. Common considerations for school nurses include:

- Is the student's symptom stemming from a physical condition or an emotional response?
- Is the student showing readiness for improved self-care? ...or risk for self-harm?
- What interventions are necessary to address the individual's response to their situation?

6 B. MENTAL HEALTH

School nurses report spending 33% of their time addressing student mental health issues (GAO, 2007; Stephan et al., 2007). One out of four children living in the United States experiences a mental disorder in any given year, but about 80% of them do not get the appropriate treatment that they need (CDC, 2013). This affects their ability to function at home, in the community, and in school. School nurses can perform a vital role supporting mental health needs of individuals and school communities.

TEAM APPROACH TO MENTAL HEALTH SUPPORT
Mental health promotion is not a one-person job.

Oregon school nurses may utilize a variety of resources to support mental health among students and staff. In many Oregon schools, nurses and counselors or licensed clinical social workers work closely together to address issues for students on their shared caseloads.

The importance of mental health as part of coordinated school health efforts emphasized in the Centers for Disease Control and Prevention (CDC)'s Whole School, Whole Community, Whole Child framework (CDC, 2020). The school nurse may use, or suggest to school staff, resources related to CDC WSCC-model framework. These resources include tools to assess school social-emotional climate, and ways to engage students, staff, and parents in health-promoting efforts.

RESOURCES: mental health

- **Adi's Act – SB 52:**-- Youth Suicide Prevention in Oregon Schools (Senate Bill 52) directs school districts to adopt a comprehensive district plan on student suicide prevention. The act permits school districts to consult with suicide prevention experts, the Department of Education, parents, school employees, and other parties when developing the plan. https://olis.leg.state.or.us/liz/2019R1/Downloads/CommitteeMeetingDocument/193309
- Behavioral/Mental Health of Students, the School Nurse Role; NASN Position Statement https://www.nasn.org/advocacy/professional-practice-documents/position-statements/ps-behavioral-health
- Sources of Strength -- an evidence-based program designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing bullying, substance use and suicide. Oregon: http://www.aocmhp.org/training-opportunities/; National: https://sourcesofstrength.org/
- Transformation of Children's Mental Health: The Role of School Mental Health Services https://www.ncbi.nlm.nih.gov/pubmed/17914011
- Whole School, Whole Community, Whole Child: resources for assessing and implementing coordinated school health efforts. https://www.cdc.gov/healthyschools/wscc/index.htm

6 C. SEXUAL HEALTH

While it is the role of parents and families to be the primary source of education about sexual health, school nurses and other school staff play an essential role in supporting young people to be physically, socially, and emotionally well. School nurses can support sexual health in school communities using evidence-based strategies for care provision, education, and risk reduction.

SEXUALITY EDUCATION

School nurses can advocate for and support evidence-based sexual health education programs that promote healthy sexual development for all students. Many school nurses are asked to visit classes and provide sexuality education in their schools. While Oregon's Nurse Practice Act includes health education in the RN's scope of practice, please note that, unless the nurse is cross-certified as an educator, per Oregon Department of Education rules, school nurses should not provide classroom lessons in Oregon public schools without oversight from a licensed teacher.

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; it is ineffective for all the above outcomes.

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. These Standards expand on the required knowledge and skills related to comprehensive sexuality education. 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.

RESOURCES: sexual health and sexuality education

- For more information on Oregon Department of Education sexuality education and the health education standards, visit: https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Sexuality-Education-Resources.aspx
- Oregon Sexual Violence Prevention Resource Map – Data is pulled from OHT survey results. Data for the map focus on factors that can increase risk of sexual violence, outcomes that relate to sexual violence including teen pregnancies, and resources for sexual violence response and prevention. Data is available at state, county and in some cases, school level.

6 D. GENDER NON-DISCRIMINATION AND SUPPORT

School nurses can play an important role in protecting the rights of students of all genders.

Oregon education institutions are required to uphold federal non-discrimination laws, including Title IX. Title IX is a federal law banning sex discrimination in schools. In early days this law led to changes in practices that tended to discriminate against female students, such as permission to participate in school athletics. In the past decade, court cases have clarified that Title IX also prohibits discrimination against someone who is transgender, gender non-binary, or who otherwise doesn't meet gender-specific expectations. Oregon's laws support gender-specific rights.

Oregon has made some progress in gender-responsive education services. For example, in addition to identifying as male or female, Oregonian students have been allowed a non-binary gender option on their school forms since 2018. Nevertheless, students who identify as transgender and other gender minorities continue to face challenges that can impact their health.

Female students as well as gender minorities (such as trans, non-binary, gender non-conforming) continue to experience higher rates of child abuse than their male, cisgender peers. In the 2019

Oregon Healthy Teens survey (which becomes Student Health Survey after 2020), gender minorities reported higher rates of bullying than their peers, and higher rates of depressed mood and suicidal ideation. (OHT, 2019) The school nurse can be a trusted adult who recognizes these concerns in students, provides responsive and respectful care, and helps students access other needed support.

SCHOOL NURSE ROLE IN GENDER SENSITIVE CARE

School nurses have greater access to certain personal information than other school staff. They may recognize signs of bullying or abuse - see **CHILD ABUSE PREVENTION**, below - and they may be uniquely positioned to protect the rights of students related to gender identity.

ODE recommends that school districts accept a student's assertion of his/her/their own gender identity. For example, transgender and gender-nonbinary students may 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 regarding name and pronoun use. In keeping with Oregon laws, a school nurse should use a student's preferred name and identified gender except when necessary to ensure the health and safety of the student.

School nurses should be mindful of the confidentiality and privacy rights of students when communicating with others. School districts should work closely with the student and the student's parents in devising an appropriate plan regarding the confidentiality of a student's transgender status.

GENDER DEFINITIONS AND TERMS

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 based on 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 are 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. Gender and sexuality are not the same thing; someone who is transgender can identify as gay, straight, queer, asexual, etc.

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.

RESOURCES, gender-responsive support

- **I**nformation about Title IX and transgender guidance is available on the ODE website: https://www.oregon.gov/ode/students-and-family/equity/civilrights/Pages/AboutTitleIX.aspx
- Oregon Healthy Teens survey data – Data is collected from 8th and 11th grade students in school districts across Oregon. Data is reported online at the county level. Data is available at the district level if requested by a district superintendent. In 2020, OHT was converted to the current Student Health Survey. For national comparison, OHT / SHS data is Oregon's equivalent of national Youth Risk Behavior Survey (YRBS) data.
- ODE Guidance to School Districts: Creating a Safe and Supportive School Environment for Transgender Students Issued May 5, 2016 http://www.ode.state.or.us/policy/federal/civilrights/transgender-student-guidance-5-5-16.pdf

6 E. CHILD ABUSE PREVENTION

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

It is important that school nurses embed 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 reproductive anatomy
- Understand how trauma affects student health, development, and behavior

If a student discloses abuse, school nurses should use trauma-informed practices, including:

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

RESOURCES, trauma and abuse

- Office of Juvenile Justice and Delinquency Prevention: Trauma-informed care of children exposed to violence https://www.justice.gov/sites/default/files/defendingchildhood/legacy/2011/09/19/tips-teachers.pdf
- Oregon Sexual Abuse Prevention https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/SB-856,-Sex-Abuse-Prevention-Instruction.aspx and "Erin's Law" http://www.erinslaw.org/erins-law/
- Trauma Informed Oregon https://traumainformedoregon.org/

6 F. MINOR'S RIGHTS IN OREGON

Oregon law has implications for school nurses providing health services for minors.
The State of Oregon recognizes the rights of minors (under the age of 18) to access some types of health care at younger ages, including mental health and sexual health services, without need for parental consent. For example:

- Minors who are 15 years or older are able to consent to medical and dental services without parental consent.
- A minor who is 14 years or older may access outpatient mental health, drug or alcohol treatment (excluding methadone) without parental consent.
- Minors of any age are allowed to access birth control-related information and services as well as testing and treatment for sexually transmitted infections (STIs) including HIV, without parental consent.

Refer to the document linked below for more details.

The Oregon Minor's Rights document, linked below, provides a description of rationale and implications of Oregon's Minor's rights law. The document includes the following statement: "some services that a minor can access independently can be kept confidential, while others cannot. This can be helpful information in order to plan the most appropriate health services for children and youth."

The school nurse should consider options when providing certain types of care in the school's FERPA-regulated setting, particularly if safety concerns are noted related to student condition and parental access to information. The school nurse should be aware that FERPA laws apply in the school setting. [See Part 2 of this manual.]

To paraphrase, FERPA states that a student's education record, including the school health record, may be accessible to parents upon request until the student turns 18. Oregon's School-Based Health Centers typically operate separate from school information systems and are HIPAA-regulated, rather than FERPA-regulated. Knowledge of these laws may impact how care is provided to minors, and how details of that care is documented.

RESOURCES, Minor's Rights in Oregon

- https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf

The text of Oregon's Minor's Rights law can be found in the links below.

- Full text: https://www.oregonlaws.org/ors/chapter/109
- Divisions 610-672:

§ 109.610	Right to care for certain diseases without parental consent
§ 109.640	Right to medical or dental treatment without parental consent
§ 109.650	Disclosure without minor's consent and without liability
	Construction

§ 109.670 Right to donate blood

§ 109.672 Certain persons immune from liability for providing care to minor

Section references:
Rasberry CN, Morris E, Lesesne CA, et al. Communicating With School Nurses About Sexual Orientation and Sexual Health: Perspectives of Teen Young Men Who Have Sex With Men. *J Sch Nurs*. 2015;31(5):334–344. doi:10.1177/1059840514557160

Part 6 Focus on Standards

LEADERSHIP and RESOURCE UTILIZATION

The *School Nursing Scope and Standards of Practice, 3rd Ed* provides multiple competencies related to each standard. For example, under Leadership, the school nurse "Contributes to the evolution of the profession through participation in professional organizations." Under Resource Utilization, the school nurse "Assists in factoring costs, risks, and benefits into decisions about care and delivery of school health services, including health promotion, health education, and maintaining a healthy and safe environment." *(ANA&NASN, 2017)*

The school nurse in Oregon can uphold state laws and ethical practice by providing an environment supporting whole-person health. Leadership in care provision will respect mental health, sexual health, gender identity, and minor's rights. Leadership in nursing practice includes systems-level changes to more fully serve students and communities. Consider resources such as OSNA and NASN to build leadership skills.

During the pandemic in 2020, many school nurses collaborated with district teams working with limited resources, trying to provide safe learning and care services for students. From communities across Oregon, nurses came together online to share concerns, ideas, and tools to address school needs.

Resources include people. Some Oregon school nurses practice as one of few health professionals in their counties. Others practice in large teams with numerous local specialists available to take referrals. Across the spectrum of available support, leveraging available resources is an important skill for all school nurses.

PART 7: COMMUNITY CONTEXT

Social Determinants of Health for Oregon Students and Families

7 A. Social Determinants of Health

Defining social determinants

7 B. Social Determinants in Oregon

Poverty; Racial inequity; Local issues and levels of need

7 C. Addressing Social Determinants

Key practices; Serving diverse populations; Moving beyond bias

Part 7 FOCUS ON FRAMEWORK

Supporting students

Part 7 FOCUS ON STANDARDS

Culturally Congruent Practice and Diversity and Inclusion, and Environmental Health

Part 7: Updated August 2020

Part 7 Focus on Framework

SUPPORTING STUDENTS

Supporting students to be healthy, safe, and ready to learn within the context of their families and school communities is the central tenet of NASN's 21st Century Framework for School Nursing Practice. See Appendix A, NASN Framework.

Building trust is important to promote health and learning. Students who experience trauma or other forms of adversity may experience greater difficulty trusting others, even those working to support them. While nurses may be seen as trusted professionals, research indicates that school nurses may not be equally trusted by all students, especially students who identify as racial, gender, or sexual minorities (Raspberry, 2015) School nurses must continue their efforts to serve all student equitably, knowing that their role is a valuable part of whole-person support.

7 A. SOCIAL DETERMINANTS OF HEALTH

Understanding the context in which students live can increase the effectiveness of school nurse services.

Students may face increased health challenges - and may need greater support from the school nurse - due to factors like poverty, food insecurity, adverse childhood experiences like abuse and neglect, and living environments that contribute to chronic stress.

Examples of social factors know to impact health and learning:

- poverty
- inadequate housing
- food insecurity
- trauma including abuse and neglect
- family dysfunction, including incarcerated parents
- historical trauma such as systemic oppression or outright attacks; can be personal family history or shared history with groups of people

- discrimination, including that based on race, gender, or sexual orientation

    - Discrimination related to gender or sexual orientation continues to impact Oregon students; see **GENDER NON-DISCRIMINATION AND SUPPORT** in Part 6: Whole-Person Health.
    - Discrimination based on race has been a part of Oregon's history, and continues to affect both health and economic outcomes; see **OREGON'S RACIAL HISTORY,** below.

DEFINING SOCIAL DETERMINANTS

The school nurse who recognizes social determinants of health affecting students they serve is better prepared to address them.

Social determinants of health are factors beyond genetics or biology that influence our health; in CDC's definition: "the conditions in which we live." Current conditions requiring support may be described as social needs. Current social needs combined with impacts from previous generations, all of which influence health outcomes, are called "social determinants of health."

Social determinants of health exist on multiple levels. There are factors at a higher level, like socioeconomic and political context, laws, and policies. Higher-level social factors impact how resources are distributed over time, frequently along lines of race or ethnicity.

When social norms include unequal treatment based on individual characteristics, individuals with those characteristics face added challenges. This can be true of skin color, physical or mental conditions, religion, gender, and more. Laws and long-standing policies can reinforce unequal treatment. Even when laws are changed, deeply-held social assumptions continue to have consequences. This social context will impact individuals' opportunity to achieve optimal health outcomes, even when their underlying biology carries no inherent health risk.

Higher-level social factors overlap with individual-level factors such as level of education, level of income, or type and location of housing. Just like higher-level factors, individual-level factors will increase or decrease opportunities for the best possible health outcomes. Individual-level factors might be considered within individual control, but higher-level factors mean that individuals do not have equal access to resources and opportunities. The consequences of both higher-level social factors and individual factors can span generations.

For example, laws in Oregon's recent history dictated that racial minorities could not access education, housing, business licenses, or travel as freely as persons who were white. Even if discriminatory laws are changed before a student is born, their parents and grandparents will have grown up with less education and fewer resources; are more likely to live in substandard housing; and are less likely to hold positions of power. Similarly, historical trauma and systemic oppression can increase risk of other adverse experiences, such as poverty or family dysfunction. Past inequities continue into current generations.

Social determinants can impact a person's entire life. While recognizing this, it is also important to remember that adversity is not the only factor that decides the outcome. Research increasingly

shows that sources of strength, resilience, and support that builds on protective factors can also have lasting impacts. For example, students who report having a trusted adult at school also report lower rates of depressed mood and less suicidal ideation. (OHT, 2019).

7 B. SOCIAL DETERMINANTS IN OREGON

School nurses across Oregon work to support students facing issues like poverty and racism. While celebrating positive efforts, the following information underscores the depth to which social determinants may impact student health, and the importance of school nurse efforts.

POVERTY

A social determinant of health that is unfortunately common in Oregon is poverty. More than one in five Oregon children experience poverty. Living in persistent poverty can cause severe, lifelong health problems, including poor language development, higher rates of asthma and obesity, and an increased risk of injuries.

While urban and rural areas continue to have high rates of poverty, Oregon's 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. The economic impacts of the pandemic of 2020 are expected to have a disproportionate impact on those students already at risk from poverty.

RESOURCES, poverty

- Oregon Housing and Community Services https://www.oregon.gov/OHCS/Pages/index.aspx
- OHSU Office of Rural Health https://www.ohsu.edu/oregon-office-of-rural-health
- Oregon Resources: Rural Health Information Hub https://www.ruralhealthinfo.org/states/oregon/resources

RACIAL INEQUITIES

An understanding of Oregon's state history may help school nurses recognize both the resilience and the generational trauma some students exhibit.

The state of Oregon has not treated persons of different races equitably throughout its history. Practices that benefitted white people and discriminated against people of color were upheld in state law until quite recently. In the mid-1800s, westward-traveling settlers began claiming land inhabited by indigenous people. Segregation in education and housing was legal in Oregon until the 1950s and remained common practice for many years after. Other examples include laws that excluded specific racial groups from entering the state, owning land, or holding business licenses.

These and other racist practices across the state contribute to the ongoing racial inequities in Oregon housing, education, and health outcomes. The school nurse can use their role to address the continued impacts of these inequities. See **7 C. KEY PRACTICES**, below.

Addressing equities

Many Oregon Department of Education (ODE) policies are grounded in trauma-informed practice and racial equity. These include strategies to increase inclusivity, increase student belonging, reduce bullying, address bias-based harassment and campus assaults, and improve attendance. In recent years, Oregon has past legislation that reinforces ODE's stance centering equity in education.

A recent example is the passage of the **Student Success Act** - **HB 3427** in 2019. Funds from this act must be used to meet students' mental or behavioral health needs and/or increase academic achievement for students, with focus on reducing academic disparities for student groups that have historically experienced them. See **APPENDIX C: School Nurse and Student Success** for examples of the school nurse role in all of the above areas.

Other examples of Oregon education laws centering equity:

- Interim Latino/a/x Student Success Plan – House Bill 3427
- English Language Learner Strategic Plan - House Bill 3499
- LGBTQ2SIA+ Student Success Plan -2020
- Culturally Responsive Pedagogy and Practices - House Bill 3233
- African American/Black Student Success Plan - House Bill 2016
- American Indian Alaska Native Education State Plan - 2014

A school nurse can support equitable access to education in a variety of ways:

- providing nursing care equitably
  - recognizing personal bias and working towards cultural agility
- assessing health status and care needs with an equity lens
  - recognizing social determinants of health as a component of health needs
- coordinating care for individual students
  - existing as a resource for underserved students
- collaborating with interdisciplinary teams, using trauma-informed practices
- advocating for school process or policy changes to better serve all students

RESOURCES: addressing equity

- Healthy and ready to learn: School nurses improve equity and access http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-22-2017/No3-Sep-2017/Healthy-and-Ready-to-Learn.html
- Oregon's Regional Health Equity Coalitions https://www.oregon.gov/oha/oei/Pages/rhec.aspx

LOCAL ISSUES AND LEVELS OF NEED

To anticipate care needs, a school nurse may seek information about social determinants in the school and surrounding community.

Student voice

To understand social determinants of health impacting student health and learning, the nurse may ask questions about student living situation and social context as part of routine assessment. In addition to individual consultations, the nurse may consider student perspective on health and social needs as collected via the Oregon Healthy Teens (OHT) survey. That state-wide survey covers topics such as students self-reported physical and mental health needs, bullying, trusted adults, drug and alcohol use, academic achievement, and other factors indicating both risk and positive outcomes.

Data in the OHT or SHS survey is collected from 8th and 11th grade students in school districts across Oregon. Not all districts participate in this data collection. For those that do, data is available at the district level with approval from a district superintendent. Data is reported online at the county level.

In 2020, OHT was converted to the Student Health Survey (SHS data not available at time of writing). For national comparison, OHT or SHS data is Oregon's equivalent of national Youth Risk Behavior Survey (YRBS) data.

Medical and social complexity

Another source of information about level of need is the Oregon Pediatric Improvement Partnership's (OPIP) Child Health Complexity reports. The OPIP reports overlay the two data sets - medical complexity and social complexity - to identify children's overall level of health complexity.

On average across the state, Oregon data per these reports aligns with national data, indicating that approximately 25% of children have some form of chronic medical condition. In the Oregon reports, a third of children faced three or more social factors known to impact health.

Data is reported for the state, as well as at the county level and at the Coordinated Care Organization (CCO) level. Data is also broken down by age group (0-5, 6-11, 12-17). This data may help inform the nurse about student acuity in the surrounding region.

Diversity and culturally agile care

In addition to the OPIP reports and Oregon Healthy Teens / Student Health Survey data, the nurse can seek information to better serve to diverse cultural and ethnic groups. This includes gaining awareness of student backgrounds and finding out which languages are spoken by school community members. The nurse may seek information to better understand shared histories; a few examples are listed below.

A school nurse in Oregon may expect to interact with individuals from diverse populations. In addition to learning about people of other backgrounds, the process of providing culturally agile care also includes self-awareness, recognizing personal bias, and addressing knowledge gaps – not only about individuals with shared histories, but also about one's own behavioral impact.

RESOURCES, local issues and levels of need

- *Listed resources offer some information about populations in Oregon but should not be used as a substitute for authentic communication with members of the school community.*
- OPIP Oregon Child Health Complexity data https://www.oregon.gov/oha/hpa/dsi-tc/pages/child-health-complexity-data.aspx
- Oregon Healthy Teens survey - 2019 data
- **Indigenous and tribal peoples**: Oregon lands have been home to indigenous peoples for thousands of years. As of 2008, there are nine federally recognized tribes in Oregon.
- Oregon Department of Human Services, overview of the nine tribes https://www.oregon.gov/DHS/ABOUTDHS/TRIBES/Pages/Tribes.aspx
- **Migrant and seasonal farm workers:** According to the Oregon Health Authority, "An estimated 174,000 migrant and seasonal farmworkers, and related family members, support Oregon's multi-billion dollar agricultural industry."
- Oregon Health Authority, Migrant health https://www.oregon.gov/oha/HPA/HP-PCO/Pages/Migrant-Health.aspx
- **Russian communities:** Russian is the third-most common language in Oregon, surpassed only by English and Spanish. No other state has as high a percentage of Russian and Ukrainian speakers as Oregon.
- Lewis & Clark College - History of Russian-speaking communities in Oregon - Old Believers, Evangelical Christians, Jews & Russian Orthodox believers. Personal stories of Russian-speaking immigrants. https://sites.google.com/a/lclark.edu/rsco/culture

7 C. ADDRESSING SOCIAL DETERMINANTS

As one of few healthcare providers in the educational setting, school nurses play a critical role helping students access the resources they need.

Health is inextricably linked to both physical and social issues. Specific actions may include providing resources to families that address disparities related to social determinants of health.

KEY PRACTICES

Some practices for school nurses to consider:

- When possible, ask students about basic needs such as food, housing and heat.
    - understanding the context in which students live can help develop effective care plans
- Know about local resources in your school and community that help children and families.
    - work with interdisciplinary teams such as counselors and social workers
- 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.
    - being a trusted adult is, itself, a protective factor; Oregon's Healthy Teen Survey shows lower rates of suicide and depressed mood and higher academic

achievement among students who report having a trusted adult at school (OHT, 2019)

- 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.
    - school nurses acting to address needs may impact not just one student's outcome, but outcomes across the community

SERVING DIVERSE POPULATIONS

School nurses who are culturally responsive are better able to serve all students.

Oregon students represent diverse backgrounds. In Oregon's public schools, both nurses and educators remain overwhelmingly white, which fails to reflect the racial diversity of students they serve. Culturally responsive practice can include

- clarifying preferences and cultural norms when planning care
- having materials available in multiple languages
- acknowledging mistakes and seeking to improve interactions

Oregon school nurses should be aware of differences between individuals and groups in the school community. That said, a culturally agile school nurse will recognize that even individuals who look similar or speak the same language may have significantly different personal beliefs, practices, and preferences. Cultural awareness and authentic relationships are both needed to effectively serve all students.

MOVING BEYOND BIAS

The school nurse is ethically bound to serve all students equitably.

To better serve all members of the school community, it is important for the school nurse to recognize their own cultural perspective and types of privilege; to consider how personal views may impact service provision; and to identify what actions they can take to address knowledge gaps and personal biases.

School nurses may benefit from training to improve interactions with students from a wide range of identities – racial, cultural, gender, and more – particularly when those identities are different than the nurses.' Many resources exist to help the school nurse improve practice in this way. Some resources to identify bias are listed below. Beyond recognizing bias, it is up to the individual school nurse to take appropriate actions to correct bias and improve service provision.

RESOURCES: addressing bias and racism

- Harvard Implicit Bias Tests https://implicit.harvard.edu/implicit/takeatest.html
- Lippincott: 5 strategies for nurses to combat unconscious bias https://www.nursingcenter.com/journalarticle?Article_ID=3832944&Journal_ID=54016&Issue_ID=3832735

- Oregon Health Authority, State Health Improvement Plan: Institutional Bias (links) https://www.oregon.gov/oha/PH/ABOUT/Pages/Institutional-Bias.aspx
- Teaching Tolerance https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias
- OHSU Center for Diversity and Inclusion, Anti-racist resources https://www.ohsu.edu/center-for-diversity-inclusion/anti-racist-resources

Part 7 Focus on Standards

CULTURALLY CONGRUENT PRACTICE AND DIVERSITY AND INCLUSION and ENVIRONMENTAL HEALTH

The *School Nursing Scope and Standards of Practice, 3rd Ed* provides multiple competencies related to each standard. For example, under Culturally Congruent Practice and Diversity and Inclusion (Standard 8), the school nurse "respects student and family decisions based on age, tradition, belief, and family influence, and stage of acculturation." Under Environmental Health, the school nurse "participates in strategies to promote healthy communities and practice environments." *(ANA&NASN, 2017)*

Oregon is culturally and geographically diverse. To practice effectively, the nurse must consider needs and strategies appropriate to the cultural and environmental context. While many nurses serve Oregon's large metropolitan areas and suburban sites, about 50% of nurses practice in rural school settings. (School Nurse Surveys, 2020). Nurses expect to serve students with backgrounds different than their own. In Oregon, people who identify as white make up the majority, followed by people who identify as Hispanic or Asian, respectively. Other racial and cultural identities common in various parts the state include people who identify as African American or Black, people who identify as indigenous or tribal, Russian immigrants, and migrant farmworkers, just to name a few. Cultural norms and care expectations may not be the same among different individuals or school communities. Navigating these differences becomes part of the nurse's role.

A. NASN Framework

B. CDC Whole Child Model

C. School Nurse and Student Success Act Funds

D. Nursing Documentation and Record Keeping

E. Delegation of Nursing Procedures in the School Setting

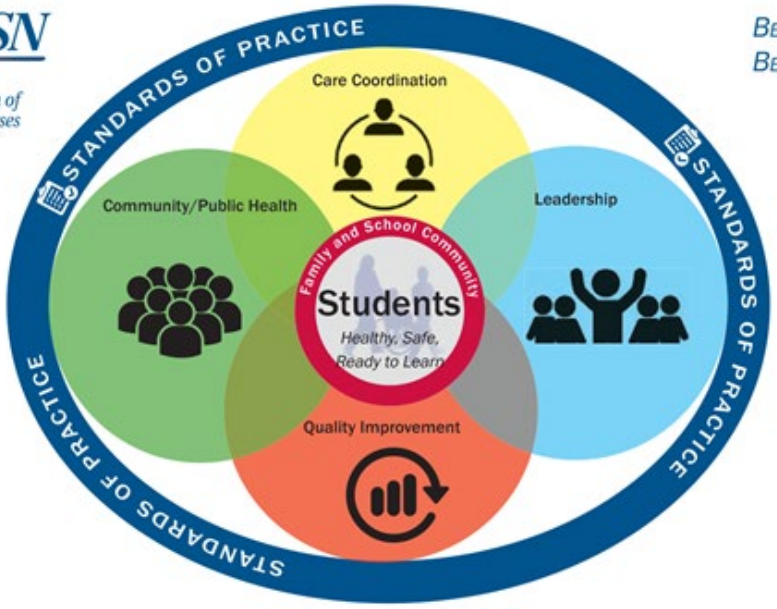
F. Steps of Delegation

APPENDIX A. NASN Framework

Framework for 21st Century School Nursing Practice™

NASN National Association of School Nurses

BETTER HEALTH. BETTER LEARNING.™



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.

Standards of Practice
- Clinical Competence
- Clinical Guidelines
- Code of Ethics
- Critical Thinking
- Evidence-based Practice
- NASN Position Statements
- Nurse Practice Acts
- Scope and Standards of Practice

Care Coordination
- Case Management
- Chronic Disease Management
- Collaborative Communication
- Direct Care
- Education
- Interdisciplinary Teams
- Motivational Interviewing/ Counseling
- Nursing Delegation
- Student Care Plans
- Student-centered Care
- Student Self-empowerment
- Transition Planning

Leadership
- Advocacy
- Change Agents
- Education Reform
- Funding and Reimbursement
- Healthcare Reform
- Lifelong Learner
- Models of Practice
- Technology
- Policy Development and Implementation
- Professionalism
- Systems-level Leadership

Quality Improvement
- Continuous Quality Improvement
- Documentation/Data Collection
- Evaluation
- Meaningful Health/ Academic Outcomes
- Performance Appraisal
- Research
- Uniform Data Set

Community/ Public Health
- Access to Care
- Cultural Competency
- Disease Prevention
- Environmental Health
- Health Education
- Health Equity
- Healthy People 2020
- Health Promotion
- Outreach
- Population-based Care
- Risk Reduction
- Screenings/Referral/ Follow-up
- Social Determinants of Health
- Surveillance

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

© National Association of School Nurses, 2015

Rev. 10/6/16

SOURCE: National Association of School Nurses. (2015). *Framework for 21st century school nursing practice.* Silver Spring, MD: Author. Reprinted with permission by the National Association of School Nurses.

APPENDIX B. CDC Whole Child Model

CDC Whole School, Whole Community, Whole Child (WSCC) Model
https://www.cdc.gov/healthyschools/wscc/index.htm
The ten components of the WSCC model:
1. **Health Services** – Health Service activities are aimed at determining the individual health status of students and school staff, referral for personal health services and correction measures, individual protective services such as emergency first aid and immunization programs, and health promotion. School nurses play a prominent role in planning and providing health promotion, early intervention, and care coordination services.
School Nurse Role: Assessing student health status, providing emergency care, ensuring access to health care, coordinating multidisciplinary care, and identifying and managing barriers to student learning.
2. **Health Education** – School health education is a multidimensional process associated with health activities designed to favorably influence the health knowledge, attitudes, and behaviors of individuals in school settings. It addresses the physical, emotional, mental and social aspects of health. The education is designed to help students improve health, prevent illness and reduce risky behaviors, thus influencing students' present and future health needs.
School Nurse Role: Providing resources and expertise in developing health curricula and providing health information.
3. **Physical Environment** – The health of the students and school personnel is affected by their environment. Because the environment influences the habits, health, attitudes, comfort, safety and

working efficiency of both students and staff, it needs to be, and feel, physically safe. Creating and maintaining this supportive environment for learning is the responsibility of the school administration, with the help of all school personnel. Inspecting for environmental deficiencies is the statutory responsibility of the local department of health.
School Nurse Role: Monitoring, reporting, and intervening to correct hazards, collaborating to develop a crisis intervention plan, providing adaptations for students with special needs, advocating for environment that promotes health.
4. **Physical Education and Physical Activity** – The physical education program stresses regular and frequent fitness activities that promote the development of lifelong fitness habits. Students learn to assess their fitness status, set goals, and design personal activities.
School Nurse Role: Collaborating with physical educators to meet physical education goals, providing information to students about physical activity, and helping to design appropriate programs for students with special health concerns.
5. **Social and Emotional School Climate** – The psychosocial components of student education influence social and emotional development and impact student engagement, student relationships and academic performance.
School Nurse Role: Collaborating with school staff to create a positive social and emotional school climate that is safe and supportive.
6. **Nutrition Environment and Services** – School nutrition environment and services refers to the foods and beverages that are available to students throughout the school day as well as information and messages about food, beverages, and nutrition that students encounter on school grounds.
School Nurse Role: Providing education about nutritious foods, monitoring menus and food preparation, and encouraging the inclusion of healthier foods on menus and for ala carte sales, in vending machines, and for classroom snacks.
7. **Employee Wellness** – School personnel organize and implement a wide variety of health and wellness activities. Faculty and staff involvement in health promotion activities provides positive role models, reinforces the school health message, and increases job satisfaction.
School Nurse Role: Providing health information and health promotion activities, monitoring chronic conditions when included in job description, and maintaining records.
8. **Community Involvement** – The success of the school health program depends upon the support of the community. Joint school and community partnerships use community resources for health instruction, school-site health promotion programs, health services and referrals. They seek to involve parents, health professionals, and a cross-section of the community in decisions regarding school health programs.
School Nurse Role: Taking a leadership role in collaborating with community agencies to identify and provide programs to meet the physical and mental health needs of children and families.
9. **Family Engagement** – Learning, development and student health are positively impacted when families and school staff work together. A relationship between families and school staff reinforces student health and learning at home, in schools, in out-of-school programs, and in the community.
School Nurse Role: Facilitating interaction, communication, and relationship between families and school staff. Helping families to feel included as a part of the school community.
10. **Counseling, Psychological, and Social Services** – Counselors, psychologists, and social workers are an important link in the school site health promotion program, providing individual and group assessments, interventions, and referrals. The goal is to prevent problems early and to enhance health development.
School Nurse Role: Collaborating with student services staff to identify student psychosocial problems and to provide input and intervention.

APPENDIX C. School Nurse and Student Success Act Funds

Education and Health: School Nurses and Student Success

4 Categories for the Student Investment Account:

Student Investment Account purposes:

1. Meet students' mental and behavioral health needs.
2. Increase academic achievement and reduce academic disparities

School nurses:

Provide crucial mental health support

- School nurses spend 1/3 of their time providing **mental health services** (Foster, 2005; Bohnenkamp, 2015)
- School nurses are trusted adults who **help students feel safe** at school, correlating with increased attendance and lower rates of depressed mood (Kvarme, 2019; Oregon Healthy Teen Survey, 2019)

Improve education outcomes

- Hiring Registered Nurses improves **attendance**, **achievement**, and **graduation rates** (Basch, 2011; Pennington, 2008; NASN, 2015)
- School nurses contribute to **improved education outcomes** for students with health conditions (Kocoglu, 2017)

Increase instructional time

- When a full-time Registered Nurse is in the school building, **teachers gain 20 minutes of instructional time** and administrators gain **1 hour per day** to focus on their primary work (Baish, 2011)
- Registered Nurses are **less likely to dismiss a student early**, compared to unlicensed staff (Pennington, 2008)

Promote health and safety

- School nurse interventions support **lifelong health and wellness for all students** (AAP, 2015; Egerter, 2011)
  - Presence of a Registered Nurse in schools **increases immunization rates** (Salmon, 2006; Lorick, 2015)
  - Registered Nurses **keep students safer** by educating school staff and preparing for medical emergencies (NASN, 2019)
  - School nurses are critical partners in **school-wide wellness and safety efforts** (CDC, 2014)
- School nurses **improve health and safety for students with special needs**
  - **Lower school nurse caseloads** result in improved services for students (Daughtry, 2018; Kruger, 2009)
  - Registered Nurses in schools yield **measurable improvements** in health and academic outcomes for students with chronic conditions, such as asthma and diabetes (Leroy 2016; McCabe 2019)
  - Oregon's **mandated school nurse-to-student ratios** ensure students with health needs have access to federally-mandated **Free and Appropriate Education (FAPE)** under the Individuals with Disabilities Education Act and Section 504 of the American Disabilities Act. (ORS 336.201 and Duncan, 2010)

School nurses support education

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APPENDIX D. Nursing Documentation and Record Keeping

Guidance provided by the State School Nurse Consultant within the Public Health Division of the Oregon Health Authority.

Summary

This guidance document compiles the various laws and rules that impact a nurse's documentation and record-keeping in the school setting. Regardless of the practice setting, nurses must document the nursing process and the care they provide.

This document will outline:

- Required health-related documentation in the educational setting
- Nursing license requirements
- Family Educational Rights & Privacy (FERPA) requirements
- Oregon records retention rules
- Oregon student records privacy rules
- Local district policy

Required Health-Related Documentation in the Educational Setting

To start, here are some examples of documentation that should be happening within your nursing practice.

- Delegation documentation as required in Division 47 of the Oregon Nurse Practice Act (NPA).
- Medication documentation as required by OAR 581-021-0037 and district policy/procedure.
- Immunization documentation as required by Oregon law.
- Nursing documentation as necessary to implement the nursing process for students seen by the nurse, including diabetes logs or other tracking forms.
- Health screening documentation as required by OARs & district policy.
- Training records as required by district process.
- Health room visit documentation as required by district policy.

Nursing License requirements

While the NPA doesn't specifically list documentation requirements, it does include 'conduct derogatory' statements that help to clarify documentation requirements.

From Division 45 of the Oregon NPA (OAR 851-045-0040):

(4) Standards related to the licensee's responsibility for documentation of nursing practice. The licensee shall document nursing practice in a timely, accurate, thorough, and clear manner.

Conduct Derogatory to the Standards of Nursing - Defined (851-045-0070):
(4) Conduct related to communication:
(a) Failure to accurately document nursing interventions and nursing practice implementation;
(b) Failure to document nursing interventions and nursing practice implementation in a timely, accurate, thorough, and clear manner. This includes failing to document a late entry within a reasonable time period;
(c) Entering inaccurate, incomplete, falsified or altered documentation into a health record or agency records. This includes but is not limited to:
(A) Documenting nursing practice implementation that did not occur;
(B) Documenting the provision of services that were not provided;
(C) Failing to document information pertinent to a client's care;
(D) Documenting someone else's charting omissions or signing someone else's name;
(E) Falsifying data;
(F) Altering or changing words or characters within an existing document to mislead the reader; or
(G) Entering late entry documentation into the record that does not demonstrate the date and time of the initial event documented, the date and time the late entry is being placed into the record, and the signature of the licensee entering the late entry to the record.
(d) Destroying a client or agency record to conceal a record of care;
(e) Directing another individual to falsify, alter or destroy an agency record, a client's health record, or any document to conceal a record of care;
(f) Failing to communicate information regarding the client's status to members of the health care team in an ongoing and timely manner as appropriate to the context of care; or
(g) Failing to communicate information regarding the client's status to other individuals who are authorized to receive information and have a need to know.

Federal Education law
Nurses practicing in the educational setting need to be aware of how their documentation and record-keeping is influenced by FERPA laws.
FERPA defines 'education records' as:
(a) The term means those records that are:
(1) Directly related to a student; and
(2) Maintained by an educational agency or institution or by a party acting for the agency or institution.

Further explained:
Education records are records that are directly related to a student and that are maintained by an educational agency or institution or a party acting for or on behalf of the agency or

institution. These records ***include but are not limited to*** *grades, transcripts, class lists, student course schedules,* ***health records (at the K-12 level)****, student financial information (at the postsecondary level), and student discipline files. The information may be recorded in any way, including, but not limited to, handwriting, print, computer media, videotape, audiotape, film, microfilm, microfiche, and e-mail.*

In addition, FERPA requires:
An educational agency or institution must use ***reasonable methods*** *to ensure that school officials obtain* ***access to only those education records in which they have legitimate educational interests****. An educational agency or institution that does not use physical or technological access controls must ensure that its administrative policy for controlling access to education records is effective and that it remains in compliance with the legitimate educational interest requirement.*

Oregon Law
In addition to Federal FERPA laws, Oregon has their own set of laws that impact a nurse's documentation and record-keeping.
From the Oregon Secretary of State's website (OAR 166-400-0060):
(28) ***Special Education Student Records*** *Records document students participating in special education programs and early intervention special education services. Records may include speech/hearing, academic, motor, occupational and/or physical therapy, vision/hearing, interdisciplinary team, and classroom observation reports; records relating to student behavior including psychological and social work reports; assessments obtained through other agencies; contact sheets; severity rating scales; test result records; physician's statements; parental consent records; educational program meeting records; request for hearing records; eligibility statements; individualized education plans (IEP); individualized family service plans (IFSP); and related correspondence and documentation. Minimum retention: (a) Records documenting speech pathology and physical therapy services: Until student reaches age 21 or 5 years after last seen, whichever is longer (b) ESD copies, if program at district level: Transfer records to home district after end of student participation (c) Readable photocopies of records necessary to document compliance with State and Federal audits retained by the former educational agency or institution when a student transfers out of district: 5 years after end of school year in which original record was created.*
(29) ***Student Health Records*** *Records document student health care responsibilities and activities performed by school or district health professionals or non-health staff. These records are maintained by the school nurse or another individual designated by the district to maintain confidential health information.* ***Records may include but are not limited to medication administration records; records of nursing assessment and nursing care given in the school***

setting; School Health Management Plans prepared by the nurse for students with special health needs, medical records from outside health care providers and health care agencies; and psychological diagnostic test reports. *Health information provided to Special Education for determining eligibility and IEP activity is maintained in the Special Education record and forwarded upon transfer of the student record. School nurse records are medical records subject to issues of confidentiality and exemption from disclosure per ORS 192.496.* ***Health record information is protected and should be treated as other student records.*** *Records that are made or maintained separately and solely by a licensed health care professional who is not employed by the educational agency or institution, and are not used for education purposes of planning, are excluded from educational record provisions. See Oregon Department of Education student health record policies for further clarification. SEE ALSO Student Health Screening Records and Student Immunization Records in this section.* ***Minimum retention: Until student reaches age 21 or graduates, whichever is longer.***

(30) ***Student Health Screening Records*** *Records document the health screening status of students and mandated certifications of health. Required health screening records include vision and hearing screening results; Certificate of Immunization Status; and Tuberculosis (TB) Clearance Certificate (if required by law according to the student's birth country). Records may also include but are not limited to communications related to health and safety and directed to the school from the parent/guardian or health care provider regarding the student's attendance, participation, or activities; communications which are directed to the school by health care providers; and documentation of first aid given, and instructions sent to parents/guardians regarding these screening and first aid events. These records are part of the Student Education Record and are transferred if the student transfers to a new district. See Oregon Department of Education student health record policies for further clarification. SEE ALSO Student Health Records and Student Immunization Records in this section. Minimum retention: Until student reaches age 21 or graduates, whichever is longer.*

(31) ***Student Immunization Records*** *Records document the immunization status of an individual student. Records include but are not limited to the Certificate of Immunization Status (CIS), which includes student identification information, vaccine history, and medical and religious exemptions, and records tracking susceptible for those students not yet completely immunized. Records must be retained as part of the Student Health Screening Record and are transferred if the student transfers to a new district. SEE ALSO Student Health Screening Records and Student Health Records in this section, and Immunization Records, Administrative in the Administrative Records section. Minimum retention: (a) Retain certificate of Immunization Status (CIS): Until student reaches age 21 or graduates whichever is longer (b) Retain immunization Status Records – Susceptible (Tracking Cards): Until student attendance ends.*

(25) ***Psychological Guidance and Counseling Records****: document student psychological health care responsibilities and activities performed by school or district health professionals or non-*

health staff. Records that are made or maintained separately and solely by a licensed health care professional who is not employed by the educational agency or institution, and are not used for education purposes of planning, are excluded from educational record provisions.

Oregon's implementation of FERPA rules.

STUDENT RECORDS

ORS 326.565 Standards for student records; rules. *(1) The State Board of Education shall adopt by rule standards for the creation, use, custody and disclosure, including access, of student education records held by a school district or another public or private educational entity that provides educational services to students in any grade from kindergarten through grade 12. Consistent with the requirements of applicable state and federal law, the standards:*

(a) Shall include requirements under which a school district or other educational entity will transfer student education records pursuant to ORS 326.575.

(b) May be applied differently to persons 18 years of age or older.

(2) The board shall distribute the rules that are adopted under subsection (1) of this section to all school districts and shall make the rules available on the website of the Department of Education.

(3) School districts shall make the rules received under subsection (2) of this section available to the public schools in the district and to the public. [1993 c.806 §3 (326.565, 326.575 and 336.187 enacted in lieu of 336.185, 336.195 and 336.215); 1995 c.15 §1; 2015 c.519 §1]

326.575 Records when student transfers or is placed elsewhere; notice to parents; amendments to records; rules. *(1) Within 10 days of a student's seeking initial enrollment in a public or private school or when a student is placed in a state institution, other than an institution of post-secondary education, or a day treatment program, residential treatment program, detention facility or youth care center, the school, institution, program, facility or center shall notify the public or private school or the institution, program, facility or center in which the student was formerly enrolled and shall request the student's education records.*

(2) Any public or private school, state institution, day treatment program, residential treatment program, detention facility or youth care center receiving the request described in subsection (1) of this section ***shall transfer all student education records relating to the particular student to the requesting school, institution, program, facility or center no later than 10 days after the receipt of the request. The education records shall include any education records relating to the particular student retained by an education service district****.*

(3) Notwithstanding subsections (1) and (2) of this section, for students who are in substitute care programs:

(a) A school, institution, program, facility or center shall notify the school, institution, program, facility or center in which the student was formerly enrolled and shall request the student's education records within five days of the student seeking initial enrollment; and
(b) Any school, institution, program, facility or center receiving a request for a student's education records shall transfer all student education records relating to the particular student to the requesting school, institution, program, facility or center no later than five days after the receipt of the request.
(4) Each educational institution that has custody of the student's education records shall annually notify parents and eligible students of their right to review and propose amendments to the records. The State Board of Education shall specify by rule the procedure for reviewing and proposing amendments to a student's education records. If a parent's or eligible student's proposed amendments to a student's education records are rejected by the educational institution, the parent or eligible student shall receive a hearing on the matter. The State Board of Education shall specify by rule the procedure for the hearing.
(5) As used in this section:
(a) "Day treatment program" means a program described in ORS 343.961.
(b) "Detention facility" has the meaning given that term in ORS 419A.004.
(c) "Educational institution" means a public or private school, education service district, state institution, day treatment program, residential treatment program or youth care center.
(d) "Residential treatment program" means a program described in ORS 343.961.
(e) "Substitute care program" has the meaning given that term in ORS 339.133.
(f) "Youth care center" means a center as defined in ORS 420.855. [1993 c.806 §4 (326.565, 326.575 and 336.187 enacted in lieu of 336.185, 336.195 and 336.215); 1995 c.15 §2; 2001 c.681 §1; 2005 c.521 §3; 2011 c.313 §2; 2011 c.701 §4]
326.580 Electronic student records; rules. *(1) As used in this section, "educational institution" means:*
(a) An "educational institution" as defined in ORS 326.575.
(b) A state agency.
(c) A local correctional facility.
(2) The State Board of Education may adopt by rule standards for the content and format of an Oregon electronic student record. An Oregon electronic student record may be used to transfer student record information from one educational institution to another.
(3) The board may define the Oregon electronic student record to constitute a full and complete copy of the official student permanent record, student education record, student vision health record, student dental health record and certificate of immunization status that are required by state and federal law.
(4) The standards established by the board shall include procedures and criteria for participation in the Oregon electronic student record program by educational institutions. An educational

institution may apply to the Department of Education for a certificate of participation in the Oregon electronic student record program.
(5) An educational institution that is approved for participation in the Oregon electronic student record program by the Department of Education:
(a) Shall not be required to forward by mail or other means physical items such as original documents or photocopies to a receiving educational institution that also is approved for participation in the program. This paragraph does not apply to special education records that are specifically required by federal law to be physically transferred.
(b) May elect to designate the Oregon electronic student record as the official student record.
(c) Shall retain the official student record in compliance with state and federal law. [2001 c.450 §1; 2013 c.585 §4; 2015 c.558 §4]

Local policy (may or may not be included in every district)
Health room Log *– The School Health Room attendant, secretary, and/or nurse shall maintain a daily log of students seen for health care, education or consultation. This log will include the date, time student's name, complaint and services provided.*
This daily log will be maintained in a secure location and information kept as confidential. The log is not intended to be used to ascertain a student's whereabouts nor is it intended to be a record of the nurse's time.

For more information, contact:
The State School Nurse Consultant at the Oregon Health Authority or
The School Health Specialist at the Oregon Department of Education
Bold emphasis added by author(s).

APPENDIX E. Delegation of Nursing Procedures in the School Setting

Guidance provided by the State School Nurse Consultant within the Public Health Division of the Oregon Health Authority.

Summary
The Oregon Nurse Practice Act (NPA) provides the practice privilege for a Registered Nurse (RN) to consider the delegation of nursing procedures to unlicensed assistive personnel (UAP). This guidance consolidates the requirements from the NPA into one document for easy reference. The Oregon licensed RN retains the responsibility to be competent in the delegation process before engaging in the practice of delegation in a Community-Based Care setting.

Division 45 (excerpted):

OAR 851-045-0060

Scope of Practice Standards for Registered Nurses

(11) Standards related to the RN who delegates the performance of a nursing procedure to a UAP.

(a) The RN may authorize a UAP to perform a nursing procedure through delegation process when polices of the setting, or policies supporting the RN's practice role, allow for RN delegation.

(b) The nursing process components of assessment, identification of reasoned conclusions, identification of outcomes, planning, and evaluation shall not be delegated.

(c) The RN maintains sole accountability for the decision to delegate, which includes the decision to decline to delegate, based on application of these rules and nursing judgment.

(d) The RN maintains sole accountability for the completion of all delegation process steps.

(e) The RN's authorization of a UAP to perform a nursing procedure shall only occur when the following delegation process steps are met:

(A) Based on nursing judgment, the RN determines that:

(i) The procedure does not require interpretation or independent decision making during its performance on the client;

(ii) The results of performing the procedure are reasonably predictable;

(iii) The client's condition does not warrant assessment during performance of the procedure; and

(iv) The selected client and circumstances of the delegation are such that delegation of the procedure to the UAP poses minimal risk to the client and the consequences of performing the procedure are not life-threatening.

(B) The RN teaches the nursing procedure to the UAP and competency validates the UAP in the safe and accurate performance of the procedure on the client. The RN holds sole accountability for these actions;

(C) The RN provides clear, accurate, retrievable, and accessible directions detailing the performance of the procedure and verifies the UAP's adherence to those directions; and

(D) The RN retains accountability for nursing care as provided.

(f) The RN shall provide clinical supervision of the UAP to whom the procedure has been delegated. The clinical supervision shall include:
(A) Monitoring of the UAP's performance of the procedure to verify the UAP's adherence to written directions; and
(B) Engaging in ongoing evaluation of the client and associated data to determine the degree to which client outcomes related to performance of the procedure are being met.
(g) The RN shall only delegate the performance of the procedure to a UAP when standards 851-045-0060(11)(a) through (f) are met.
(h) The RN holds the responsibility and accountability to rescind the UAP's authorization to perform the procedure based upon the RN's nursing judgment concerning the client's situation. Causes for rescinding the UAP's authorization to perform the procedure include, but are not limited to, decreasing stability of the client's condition, increased potential for harm to the client, decreasing predictability of client outcomes, failure of the UAP to adhere to directions for performance of the procedure, or inability of the RN to provide clinical supervision of the UAP to whom a procedure has been delegated.
(i) The RN who accepts an assignment to delegate a nursing procedure to a UAP in a community-based care environment shall also adhere to Chapter 851 Division 47 standards on community-based RN delegation.

Division 47 (excerpted):
851-047-0030
Delegation of Special Tasks of Client/Nursing Care
These rules for delegation of tasks of nursing care, in particular the process for initial direction described in OAR 851-047-0030(3)(g), the first supervisory visit within at least 60 days described in OAR 851-047-0030(4)(d) and the documentation requirements described in OAR 851-047-0030(3)(k), apply only to those tasks of nursing care delegated after the date these rules are adopted and in effect. Any new delegation of a task of nursing care undertaken after the effective date of these rules shall be in accordance with OAR 851-047-0030(2) and (3). After the effective date of these rules, the next scheduled periodic inspection, supervision and re-evaluation shall be in accordance with OAR 851-047-0030(4).

(1) The Registered Nurse may delegate tasks of nursing care, including the administration of subcutaneous injectable medications.
(a) Under no circumstance may the Registered Nurse delegate the nursing process in its entirety to an unlicensed person.
(b) The responsibility, accountability and authority for teaching and delegation of tasks of nursing care to unlicensed persons shall remain with the Registered Nurse.
(c) The Registered Nurse may delegate a task of nursing care only to the number of unlicensed persons who will remain competent in performing the task and can be safely supervised by the Registered Nurse.
(d) The decision whether or not to delegate a task of nursing care, to transfer delegation and/or to rescind delegation is the sole responsibility of the Registered Nurse based on professional judgment.

(e) The Registered Nurse has the right to refuse to delegate tasks of nursing care to unlicensed person if the Registered Nurse believes it would be unsafe to delegate or is unable to provide adequate supervision.
(2) The Registered Nurse may delegate a task of nursing care to unlicensed persons, specific to one client, under the following conditions:
(a) The client's condition is stable and predictable.
(b) The client's situation or living environment is such that delegation of a task of nursing care could be safely done.
(c) The selected caregiver(s) have been taught the task of nursing care and are capable of and willing to safely perform the task of nursing care.
(3) The Registered Nurse shall use the following process to delegate a task of nursing care:
(a) Perform a nursing assessment of the client's condition;
(b) Determine that the client's condition is stable and predictable prior to deciding to delegate;
(c) Consider the nature of the task, its complexity, the risks involved and the skills necessary to safely perform the task;
(d) Determine whether or not an unlicensed person can perform the task safely without the direct supervision of a Registered Nurse;
(e) Determine how often the client's condition needs to be reassessed to determine the appropriateness of continued delegation of the task to the unlicensed persons; and
(f) Evaluate the skills, ability and willingness of the unlicensed persons.
(g) Provide initial direction by teaching the task of nursing care, including:
(A) The proper procedure/technique;
(B) Why the task of nursing care is necessary;
(C) The risks associated with;
(D) Anticipated side effects;
(E) The appropriate response to untoward or side effects;
(F) Observation of the client's response; and
(G) Documentation of the task of nursing care.
(h) Observe the unlicensed persons performing the task to ensure that they perform the task safely and accurately.
(i) Leave procedural guidance for performance of the task for the unlicensed persons to use as a reference. These written instructions shall be appropriate to the level of care, based on the previous training of the unlicensed persons and shall include:
(A) A specific outline of how the task of nursing care is to be performed, step by step;
(B) Signs and symptoms to be observed; and
(C) Guidelines for what to do if signs and symptoms occur.
(j) Instruct the unlicensed persons that the task being taught and delegated is specific to this client only and is not transferable to other clients or taught to other care providers.
(k) Document the following:
(A) The nursing assessment and condition of the client;
(B) Rationale for deciding that this task of nursing care can be safely delegated to unlicensed persons;
(C) The skills, ability and willingness of the unlicensed persons;

(D) That the task of nursing care was taught to the unlicensed persons and that they are competent to safely perform the task of nursing care;
(E) The written instructions left for the unlicensed persons, including risks, side effects, the appropriate response and that the unlicensed persons are knowledgeable of the risk factors/side effects and know to whom they are to report the same;
(F) Evidence that the unlicensed person(s) were instructed that the task is client specific and not transferable to other clients or providers;
(G) How frequently the client should be reassessed by the registered nurse regarding continued delegation of the task to the unlicensed persons, including rationale for the frequency based on the client's needs;
(H) How frequently the unlicensed persons should be supervised and reevaluated, including rationale for the frequency based on the competency of the caregiver(s); and
(I) That the Registered Nurse takes responsibility for delegating the task to the unlicensed persons, and ensures that supervision will occur for as long as the Registered Nurse is supervising the performance of the delegated task.
(4) The Registered Nurse shall provide periodic inspection, supervision and re-evaluation of a delegated task of nursing care by using the following process and under the following conditions:
(a) Assess the condition of the client and determine that it remains stable and predictable; and
(b) Observe the competence of the caregiver(s) and determine that they remain capable and willing to safely perform the delegated task of nursing care.
(c) Assessment and observation may be on-site or by use of technology that enables the Registered Nurse to visualize both the client and the caregiver.
(d) Evaluate whether or not to continue delegation of the task of nursing care based on the Registered Nurse's assessment of the caregiver and the condition of the client within at least 60 days from the initial date of delegation.
(e) The Registered Nurse may elect to re-evaluate at a more frequent interval until satisfied with the skill of the caregiver and condition of the client.
(f) The subsequent intervals for assessing the client and observing the competence of the caregiver(s) shall be based on the following factors:
(A) The task of nursing care being performed;
(B) Whether the Registered Nurse has taught the same task to the caregiver for a previous client;
(C) The length of time the Registered Nurse has worked with each caregiver;
(D) The stability of the client's condition and assessment for potential to change;
(E) The skill of the caregiver(s) and their individual demonstration of competence in performing the task;
(F) The Registered Nurse's experience regarding the ability of the caregiver(s) to recognize and report change in client condition; and
(G) The presence of other health care professionals who can provide support and backup to the delegated caregiver(s).
(g) The less likely the client's condition will change and/or the greater the skill of the caregiver(s), the greater the interval between assessment/supervisory visits may be. In any case, the interval between assessment/supervisory visits may be no greater than every 180 days.

(5) It is expected that the Registered Nurse who delegates tasks of nursing care to unlicensed persons will also supervise the unlicensed person(s). However, supervision may also be provided by another Registered Nurse who was not the delegator provided the supervising nurse is familiar with the client, the skills of the unlicensed person and the plan of care. The acts of delegation and supervision are of equal importance for ensuring the safety of nursing care for clients. If the delegating and supervising nurses are two different individuals, the following shall occur:

(a) The reasons for separation of delegation and supervision shall be justified from the standpoint of delivering effective client care;

(b) The justification shall be documented in writing;

(c) The supervising nurse agrees, in writing, to perform the supervision; and

(d) The supervising nurse is either present during teaching and delegation or is fully informed of the instruction, approves of the plan for teaching and agrees that the unlicensed person who is taught the task of nursing care is competent to perform the task.

(6) The Registered Nurse may transfer delegation and supervision to another Registered Nurse by using the following process. Transfer of delegation and supervision to another Registered Nurse, if it can be done safely, is preferable to rescinding delegation to ensure that the client continues to receive care:

(a) Review the client's condition, teaching plan, competence of the unlicensed person, the written instructions and the plan for supervision;

(b) Redo any parts of the delegation process which needs to be changed as a result of the transfer;

(c) Document the transfer and acceptance of the delegation/supervision responsibility, the reason for the transfer and the effective date of the transfer, signed by both Registered Nurses; and

(d) Communicate the transfer to the persons who need to know of the transfer.

(7) The Registered Nurse has the authority to rescind delegation. The decision to rescind delegation is the responsibility of the Registered Nurse who originally delegated the task of nursing care. The following are examples of, but not limited to, situations where rescinding delegation is appropriate:

(a) The unlicensed person demonstrates an inability to perform the task of nursing care safely;

(b) The condition of the client has changed to a level where delegation to an unlicensed person is no longer safe;

(c) The Registered Nurse determines that delegation and periodic supervision of the task and the unlicensed person is no longer necessary due to a change in client condition or because the task has been discontinued;

(d) The Registered Nurse is no longer able to provide periodic supervision of the unlicensed person, in which case the registered nurse has the responsibility to pursue obtaining supervision with the appropriate person or agency;

(e) The skill of the unlicensed person, the longevity of the relationship and the client's condition in combination make delegation no longer necessary.

(8) The Registered Nurse may delegate the administration of medications by the intravenous route to unlicensed person(s), specific to one client, provided the following conditions are met:

(a) The delegation is done by a Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider.
(b) The tasks related to administration of medications which may be delegated are limited to flushing the line with routine, pre-measured flushing solutions, adding medications, and changing bags of fluid. Bags of fluid and doses of medications must be pre-measured and must be reviewed by a licensed health care professional whose scope of practice includes these functions.
(c) A Registered Nurse is designated and available on call for consultation, available for on-site intervention 24 hours each day and regularly monitors the intravenous site.
(d) The agency has clear written policies regarding the circumstances for and supervision of the delegated tasks.
(e) Delegation does not include initiating or discontinuing the intravenous line.
(9) A Registered Nurse who is an employee of a licensed home health, home infusion or hospice provider may delegate the administration of a bolus of medication by using a preprogrammed delivery device. This applies to any route of intravenous administration.
(10) The Registered Nurse may not delegate medications by the intravenous route other than described in subsections (8) and (9) of this rule.
(11) The Registered Nurse may not delegate the administration of medications by the intramuscular route, except as provided in ORS 433.800 - 433.830.
(12) The Registered Nurse has the right to refuse to delegate administration of medications by the intravenous route if the Registered Nurse believes it would be unsafe to delegate or is unable to provide the level and frequency of supervision required by these rules.

Resources:

For questions about delegation of nursing care in the school setting, please contact:

- Oregon State Board of Nursing
- State School Nurse Consultant at the Oregon Health Authority
- School Health Specialist at the Oregon Department of Education

Emphasis added by author(s)

APPENDIX F. Steps of Delegation

Summary

This document is intended as a resource for implementing the delegation process in the school setting. The Oregon-licensed Registered Nurse (RN) retains the responsibility to be competent in the delegation process before engaging in the practice of delegation in a Community-Based Care setting. The steps are pulled directly from Division 47 of the Oregon Nurse Practice Act.

The Registered Nurse shall use the following process to delegate a nursing procedure:

1. Perform a nursing assessment of the client's condition;
    - *"Nursing Assessment" means the systematic collection of data about an individual client for the purpose of judging that person's health/illness status and actual or potential health care needs. Nursing assessment involves collecting information about the whole person including the physical, psychological, social, cultural and spiritual aspects of the person. Nursing assessment includes taking a nursing history and an appraisal of the person's health/illness through interview, physical examination and information from family/significant others and pertinent information from the person's past health/medical record. The data collected during the nursing assessment process provides the basis for a diagnosis(es), plan for intervention and evaluation.*
2. Determine that the client's condition is stable and predictable prior to deciding to delegate;
    - *"Stable/Predictable Condition" means a situation where the client's clinical and behavioral state is known, not characterized by rapid changes, and does not require frequent reassessment and evaluation. This includes clients whose deteriorating condition is predictable.*
3. Consider the nature of the procedure, its complexity, the risks involved and the skills necessary to safely perform the procedure;
4. Determine whether or not an unlicensed person can perform the procedure safely without the direct supervision of a Registered Nurse;
5. Determine how often the client's condition needs to be reassessed to determine the appropriateness of continued delegation of the procedure to the unlicensed persons;
6. Evaluate the skills, ability and willingness of the unlicensed persons.
7. Provide initial direction by teaching the nursing procedure:

- Teaching plan shall include:

(A) The proper procedure/technique;

(B) Why the nursing procedure is necessary;

(C) The risks associated with;

(D) Anticipated side effects;

(E) The appropriate response to untoward or side effects;

(F) Observation of the client's response; and
(G) Documentation of the nursing procedure.
8. Observe the unlicensed person(s) performing the procedure to ensure that they perform the procedure safely and accurately.
- The RN may need to observe the performance of the procedure multiple times for each unlicensed person before determining that the unlicensed person can perform the procedure safely and accurately.
9. Leave procedural guidance for performance of the procedure for the unlicensed persons to use as a reference.
- Based on the teaching plan from #7, these written instructions shall include:
(A) A specific outline of how the nursing procedure is to be performed, step by step;
(B) Signs and symptoms to be observed; and
(C) Guidelines for what to do if signs and symptoms occur.
10. Instruct the unlicensed persons that the procedure being taught and delegated is specific to this client only and is not transferable to other clients or taught to other care providers.
11. Document
- The Delegation Process has specific documentation requirements. Make sure to include the following:
(A) The nursing assessment and condition of the client;
(B) Rationale for deciding that this nursing procedure can be safely delegated to unlicensed persons;
(C) The skills, ability and willingness of the unlicensed persons;
(D) That the nursing procedure was taught to the unlicensed persons and that they are competent to safely perform the nursing procedure;
(E) The written instructions left for the unlicensed persons, including risks, side effects, the appropriate response and that the unlicensed persons are knowledgeable of the risk factors/side effects and know to whom they are to report the same;
(F) Evidence that the unlicensed person(s) were instructed that the procedure is client specific and not transferable to other clients or providers;
(G) How frequently the client should be reassessed by the registered nurse regarding continued delegation of the procedure to the unlicensed persons, including rationale for the frequency based on the client's needs;
(H) How frequently the unlicensed persons should be supervised and reevaluated, including rationale for the frequency based on the competency of the caregiver(s); and
(I) That the Registered Nurse takes responsibility for delegating the procedure to the unlicensed persons and ensures that supervision will occur for as long as the Registered Nurse is supervising the performance of the delegated procedure.

12. The Registered Nurse shall provide periodic inspection, supervision, and re-evaluation of a delegated nursing procedure.