

# **ARKANSAS PUBLIC SCHOOLS HEALTH SERVICES ADVISORY COMMITTEE**

## **Report to the Arkansas House and Senate Committees on Education**

**ACT 414, A.C.A. §6-18-709**

State of Arkansas, 89<sup>th</sup> General Assembly, Regular Session, 2013

An act to protect the health and well-being of students in public schools by ensuring adequate and appropriate health care workers on site to attend to students' needs; and for other purposes.

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## Executive Summary

The Public School Health Services Committee (PSHSAC) was established through Act 414 of 2013. PSHSAC members include parents and representatives of health and education organizations (Appendix A). The committee was charged with conducting a study to inform the General Assembly about health issues of Arkansas public school students, and how school nursing services can be improved.

Act 414 directed the PSHSAC (1) to develop a mandatory school nurse survey (2) to develop a set of best practices (guidelines) for school nursing including credentials, salary, responsibilities, and facilities (3) to develop recommendations to the General Assembly about how to improve health services for Arkansas students and (4) to report findings to the Joint Education Committee in September of 2014.

The PSHSAC examined current laws and reports on health services; studied school health research and expert policy statements; and reviewed Arkansas School Nurse Survey results. From this information, best practice guidelines were created (pages 23-26); and from the guidelines the committee developed 12 recommendations, including time frames for implementation (pages 26-30).

Nearly 96% of school districts and charter schools (Appendix B) responded to the 2013-2014 Arkansas School Nurse Survey, accounting for about 454,000 students. Results of the survey demonstrate the complexity of health issues among Arkansas students.

### Key Findings about Health Issues of Arkansas Students

- 119,118 children were identified with chronic conditions such as asthma, ADHD, life-threatening allergies, obesity, cancer, psychiatric disorders, and diabetes.
- Medical procedures were required by 11,918 children and included among others, bladder catheterization, gastrostomy tube feedings, blood glucose checks, injections, and although rare, peritoneal dialysis.
- 28,149 acute illnesses and injuries required EMS or immediate care.

The 2014 Arkansas Bureau of Legislative Research Adequacy Study estimated that in 2012-2013 there were 746 nurses in Arkansas schools. While this appears to be an adequate school nurse-to-student ratio at 1:615, we are not certain about nursing time at each campus or the medical complexity of the students in each nurse's case-load.

School nurses sufficient to meet all the requirements of A.C.A. §6-18-706 have not been identified by the General Assembly as a necessary component of providing an adequate education. This is emphasized by the language in 6-18-706 limiting the school nurse requirement to funding available.

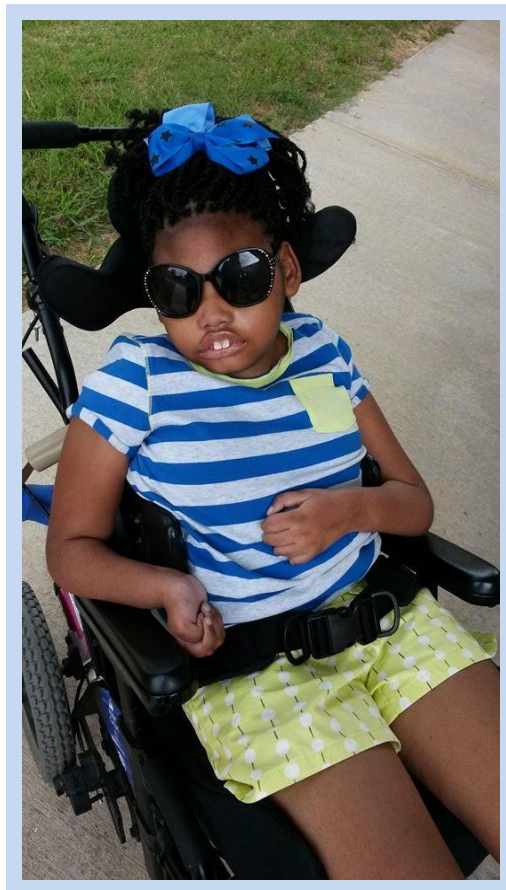
The American Academy of Pediatrics and the National Association of School Nurses recommend having one registered nurse (RN) in every school, or at least one for every 750 students, with variations in ratios depending upon acuity or complexity of the health care needs in the school. These expert groups support a formula-based approach with minimum ratios of nurses-to-students based on the needs of the student populations, such as medically fragile students who would require a 1:125 nurse-to-student ratio.

#### Brief Summary of PSHSAC Recommendations

1. Continue the PSHSAC and work with the Bureau of Legislative Research Adequacy Committee and others to further study student health and nursing services. The rationale is to inform best practices; and to ensure that school nurses are provided as a part of adequacy, including the necessary staffing and funding levels for school nurses.
2. Require the Arkansas School Nurse Survey to be completed annually.
3. Require nurses to share the School Nurse Survey with their school districts and school boards.
4. Raise awareness of requirements the Arkansas Nurse Practice Act about LPN supervision.
5. School nurse evaluations are to be done by an RN supervisor in districts with supervisors.
6. Each school district will report to ADE: School nurse numbers, FTEs, licensure, degrees, pay and source of funds for pay; number of students meeting criteria for each of the 5 levels of acuity (Appendix C); and number of nurses needed to meet the recommended acuity levels.
7. *Minimum recommendation:* Require that the school nurse-to-student ratios used currently in the foundation funding matrix and A.C.A. § 6- 18-706 (0.67 FTE school nurses per 500 students, or one school nurse per 750 students) be reflected in the Standards of Accreditation. *Preferred recommendation:* Adjust the matrix to adequately reflect current law A.C.A. § 6- 18-706 and adjust the Standards of Accreditation to reflect nurse to student ratios outlined in current law A.C.A. § 6- 18-706, and remove from A.C.A. § 6- 18-706 “The provisions of this section shall be effective only upon the availability of state funds.”
8. Mandate use of acuity levels for nursing staffing as described in Appendix C and provide adequate funds to school districts to meet this mandate.
9. Newly hired school nurse supervisors must hold at minimum a BSN degree.
10. Each school level LEA shall have an RN, with an exception of when there are 2 or more school level LEAs on one campus. LPNs may be hired to assist according to student acuity levels and within the scope of LPN practice according to the Nurse Practice Act.
11. Newly hired RNs must have a BSN, or be currently enrolled in a school of nursing and complete the degree within 3 years of enrollment.

12. Provide facilities and equipment to meet minimum standards for infection control and safe care; and by the application deadline for the Partnership Cycle, require any new school facility to have a “Nursing Center” for any facility that normally would house a nursing center.

\*The representatives of the Arkansas Association of Educational Administrators, Arkansas School Boards Association, and Arkansas Rural Education Association on the PSHSAC expressed concerns regarding the scope and magnitude of the required mandates in recommendations #7 and #11, and therefore did not support these two recommendations.



## **Background**

### **Needs of Arkansas Children**

The prevalence of children with chronic conditions has increased and includes a medically diverse population in schools. In Arkansas, 28% of children live in poverty, and 24% of children have a special health care need.<sup>1</sup> 37.5% of Arkansas school children are overweight or obese, putting them at risk for long term, costly chronic conditions such as diabetes and heart disease.<sup>2</sup>

Complex and interrelated medical and social issues such as chronic disease, poor nutrition and poverty impact educational success. Chronic conditions place children at risk for absenteeism and poor academic outcomes, and poorly managed chronic conditions often result in hospitalizations, emergency department visits, and lost time from work for parents.<sup>3</sup> Having a full-time registered nurse (RN) in schools has been shown to improve attendance and health outcomes for children with chronic conditions.<sup>4-6</sup> A recent cost-benefit study of school nursing services estimated millions of dollars of savings from medical costs, and parents' and teachers' productivity loss; with an estimated \$2.20 gain to society for every dollar spent on the school nurse program.<sup>7</sup>

While Arkansas has not seen a death in school that could have potentially been averted by the presence of a nurse, other states have.<sup>8</sup> These rare, but tragic events must be avoided.

*A student came to me after lunch complaining of chest pain. I thought it was probably indigestion, but I always listen to the hearts and lungs of children complaining of chest pain. When I listened, I knew the heart was beating too fast. I called home and her mother took her to her pediatrician who sent her straight to the ER. The child was treated and scheduled for further cardiac evaluation. Mom came to me the next day, hugged me, and told me that the doctors the ER said, "The school nurse probably saved your child's life."*

*Arkansas school nurse, 2013*

### **Current Arkansas School Nursing Laws**

Two statutes from the Education Chapter of the Arkansas Code specifically address students' healthcare needs and who is to perform the tasks required:

A.C.A. §6-18-1005 (a)(6)(A) "Students with special health care needs, including the chronically ill, medically fragile, and technology-dependent and students with other health impairments shall have individualized health care plans." An individualized health care plan (IHP) spells out specific health care tasks and includes patient assessment data, diagnoses, goals, interventions and outcomes for the care of the student during school hours.

A.C.A. §6-18-1005 (a)(6)(B)(i) "Invasive medical procedures required by students and provided at the school shall be performed by trained, licensed personnel who are licensed to perform the task subject to §17-87-102 (6)(D) or other professional licensure statutes."

The Nurse Practice Act that regulates the practice of nursing is referenced in the above statute.

**A.C.A. §17-87-102 (6)** "Practice of professional [registered] nursing" means the performance for compensation of any acts involving:

- (A) The observation, care, and counsel of the ill, injured, or infirm;
- (B) The maintenance of health or prevention of illness of others;
- (C) The supervision and teaching of other personnel;

(D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board; or

(E) The administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.

*A.C.A. § 6-18-706* mandates school districts to have one school nurse per 750 students. School districts with a high concentration of children with disabling conditions should have one school nurse per every 400 in those schools so designated, and one nurse for every 125 profoundly disabled students. School nurses may be employed or provided by contract or agreement with other agencies or individuals provided that the prescribed ratio and equivalency are maintained. The code also states that the provisions “shall be effective only upon the availability of state funds.”

It is not entirely clear if Arkansas districts are meeting these mandates.

### **Current Status of School Health Services and School Nursing Workforce**

The Arkansas School Nurse Survey was developed by the current State School Nurse Consultant to learn about school health needs and school nursing workforce. It has been sent to all public school districts for the last 7 years, but since reporting is not mandatory, the survey usually only captures complete data from about 35% of school districts. However, results of the survey have shown an increasing number of children with chronic conditions and greater complexity of conditions and medical procedures requiring nursing care at school. Survey results have also shown that nurses spend time in non-nursing duties such as bus or secretary duties and may not always have standard facilities such as private toilets. The survey results also suggest that some \*licensed practical nurses (LPNs) may be practicing outside their scope of practice. Another concern was that nurses reported being supervised and evaluated by administrators who are not nurses. The survey has allowed some understanding about the health issues and services in Arkansas public schools, but also engenders questions about the school nurse workforce and health issues in schools.

\*LPNs are technically trained nurses who receive 10-12 months of training and must practice under the supervision of registered nurses (RNs), physicians, or dentists. RNs are nurses with 2-4 years of education, ranging from the 2 year Associate Degree, to the 4 year Bachelor of Science in Nursing (BSN). RNs may also earn master and doctoral degrees in nursing and advance practice certification.

### **Act 414 of 2013**

The annual school nurse survey results demonstrate the need to address gaps in knowledge about health care needs and services across the state. Arkansas families and school staff have voiced concerns about lack of full-time school nurses to care for school children with complex and life threatening conditions. A bill was proposed in the 2013 legislative session to address those concerns.

Act 414 of 2013 created the Public School Health Services Advisory Committee (PSHSAC) and charged the committee with conducting a study to inform the General Assembly how school nurse care can be improved and provided more equitably for all students in Arkansas. The

overall goal of the study is to describe the elements of exemplary school health care and to report on the changes and improvements necessary to achieve this goal.

PSHSAC membership represents parents, the Department of Education, the Department of Health, the State Board of Nursing, current school nurses, school administrators, and related organizations (Appendix A).

The Act charges the committee with four important tasks: (1) to develop a mandatory survey of all school nurses and compile the data (2) to develop a set of Guidelines addressing major aspects of school nurse care including credentials, salary, responsibilities, necessary space and equipment and best practices (3) to develop Recommendations to the General Assembly regarding changes in state law leading to improved school nurse care and (4) to prepare and deliver a Report to the Joint Education Committee in September of 2014.

### **Steps of the Study Committee**

- Review current Arkansas laws and reports on health services.
- Review school nursing literature from peer-reviewed health journals, position statements from medical and nursing organizations, and practices from other states.
- Interview key stakeholders about health care in schools.
- Update the annual school nurse survey, inform school districts about necessity of completion, and review results.
- Develop a set of standards and best practices (Guidelines).

### **Student Health Issues 2013-2014**

The School Nurse Survey was mandated by Act 414 for every public and charter campus in the state and made available on the Coordinated School Health website. Spreadsheets were sent to all school nurses early in the school year to assist with tracking data and 3 reminders were sent to Community Health Nursing Specialists in each educational service cooperative to remind nurses to complete the survey.

The survey was completed in 2 parts. Part 1 consists of school nurse and school information. Part 2 consists of information about student health issues.

***245 of the 256 (95.7%) Arkansas school districts and charter schools responded to both parts of the survey.*** Total student enrollment in these schools was 453,697. (See Appendix B for list of responding districts).



Following is a summary of the results pertinent to this report.

### Chronic Conditions in Reporting Arkansas Schools 2013-2014

Chronic Conditions by Rank Order	*Number of Students
Attention Deficit Disorder (ADD/ADHD)	31,244
**Obesity	27,513
Asthma	26,080
Allergies (Life-threatening)	6,101
Psychiatric Disorder	4,612
Depression	3,389
Autism	3,306
Seizure Disorder	2,454
Migraine Headaches, with prescription	2,181
Blind/Visually Impaired	1,838
Cardiovascular	1,247
Deaf/Hearing Impaired	1,175
Diabetes, Type I	1,052
Hypertension	800
Cerebral Palsy	761
Genetic Disorders, other	752
Orthopedic (Scoliosis, Lordosis, Kyphosis)	583
Substance Abuse (known)	462
Down Syndrome	449
Anorexia/Bulimia	365
Sickle Cell Anemia	342
Traumatic Brain Injury	275
Gastric Ulcer	268
Renal Disease	250
Diabetes, Type II	247
Hydrocephalus	228
Neuromuscular Disease	227
Rheumatoid Arthritis	180
Spina Bifida	170
Hemophilia/Bleeding Disorder	169
Malignant Disease	124
Cystic Fibrosis	109
Muscular Dystrophy	69
Multiple Sclerosis	37
Cytomegalovirus	27
Hepatitis B/C	16
HIV/AIDS	16
TOTAL	119,118
<p>* Students in reporting schools may have more than one chronic condition  ** Only grades K, 2, 4, 6, 8 and 10 are measured each year, so this number does not reflect all students identified with obesity.</p>	

## Medical Procedures Performed in Reporting Arkansas Schools 2013-2014

Procedure by Rank Order	*Number of Students Requiring Procedure
Occupational Therapy	1,843
Blood Glucose testing	1,189
Diapering/Personal Toileting	1,143
Counting Carbohydrates	983
Urine Ketone Check	903
Range of Motion Exercises	738
Bladder Program	656
Nebulizer Treatment	637
Feeding Assistance (oral)	625
Subcutaneous Medications	623
Bowel Program	597
Hearing Aid Checks	580
Insulin Pump	409
Tube Feedings	272
Other Procedures	198
Stoma Care (not Tracheostomy)	106
Catheterization by Self	93
Intramuscular Medications	78
Catheterization by Nurse or Aide	67
Respiratory Care (i.e. oxygen, postural drainage)	57
Suctioning	55
Tracheostomy Care	31
Dialysis (Peritoneal)	14
Ventilator Assisted Care	11
Intravenous Medications	10
<b>TOTAL</b>	<b>11,918</b>
*Some students may require more than one procedure	

## Number of Students Receiving Medications at School in Reporting Arkansas Schools 2013-2014

Students on long-term medicine (>3 weeks)	13,196
Students on short-term medicine (<3 weeks)	9,263
Students receiving as-needed over-the counter medication with provider order	16,303
Students receiving as-needed over-the counter medication without provider order	54,049
<b>TOTAL</b>	<b>92,811</b>

**Injuries/Illness Requiring EMS or Immediate Care by Physician or Dentist in Reporting Arkansas Schools 2013-2014**

Type of injury	Bus	Hall	Class-room	Play-ground	Athletics	PE Class	Agri Shop	Rest-room	Lunch-room	Parking Lot	Total
Respiratory emergencies	52	124	595	1,028	262	704	19	23	60	24	2891
Head Injury	47	180	584	1,984	517	814	9	80	77	13	4305
Back Injury	2	21	68	279	146	122	3	12	14	1	668
Eye Injury	7	86	560	610	109	356	44	16	22	6	1816
Fracture	7	58	58	1,095	399	383	4	5	2	23	2034
Sprain/Strain	64	291	305	2,915	1,401	1,835	8	16	49	27	6911
Laceration	86	197	801	3,847	416	805	168	39	34	44	6437
Dental Injury	15	37	129	562	108	227	0	9	28	5	1120
Anaphylaxis	3	8	40	11	2	7	0	0	15	1	87
Psychiatric Emergencies	29	232	748	140	8	53	0	28	58	15	1311
Heat Related Emergencies	2	7	21	204	153	181	10	0	0	0	569
<b>TOTALS</b>	<b>314</b>	<b>1,241</b>	<b>3,909</b>	<b>12,675</b>	<b>3,521</b>	<b>5,487</b>	<b>256</b>	<b>228</b>	<b>359</b>	<b>159</b>	<b>28,149</b>

**Students Requiring Rescue Medications\* and Doses Administered in Reporting Arkansas Schools 2013-2014**

Rescue Medications	Students with prescription	Students with emergency plan	Number of doses given by LPN/RN	Number of doses given by unlicensed staff	Number of times 911 called
Epinephrine	4,393	4,235	44	41	29
Glucagon	923	902	19	0	2
Albuterol	14,545	12,481	88,759	18,404	170
Diazepam (rectal)	562	530	78	1	33
Midazolam (nasal)	36	34	25	0	1
Lorazepam (buccal)	48	56	18	0	1

\* Recue medications are those that are administered in emergency:

Epinephrine is for severe allergy/anaphylaxis.

Glucagon is for insulin reaction/severely low blood sugar.

Albuterol is for asthma episodes.

Diazepam, midazolam and lorazepam are for prolonged seizures.



## School Screenings: from State School Nurse Consultant 2013-2014 School Screening Report

<u>Screening</u>	<u>Number of students screened</u>
Hearing	250,167
Scoliosis	51,202
Vision	248,516
*BMI (2012-2013)	221,112

\* Most recent BMI data from Arkansas Center for Health Improvement is from 2012-2013

## Arkansas School Nursing Workforce

### Number of Nurses Working in Arkansas Schools

The 16 Arkansas Department of Health Community Health Nursing Specialists (CHNS) are responsible for guidance and training for school nurses across the state and are housed in the educational services cooperatives. They keep regularly updated school nurse distribution lists for training and urgent communications. The CHNS reported the number of school nurses for 2012-2013 to be 785; 530 RNs, and 255 LPNs. In 2013-2014 CHNS reported total nurses to be 622;

452 RNs and 170 LPNs. For each of these years, the numbers include full and part time and contract nurses. We cannot tell from this report how many of these nurses were employed full time nor can we tell how much time each nurse spends on individual campuses. CHNS reported that nurses may serve anywhere from 1-6 campuses from 1-30 miles apart.

An estimate of nursing FTEs and staffing patterns from 2012-2013 is provided in the Bureau of Legislative Research Adequacy Study (The Resource Allocation of Foundation Funding for Arkansas School Districts and Open-Enrollment Charter Schools Report) published July 15, 2014.<sup>9</sup> This annual report examines school district expenditures and staffing levels in comparison with the funding level assumptions on which the Foundation Funding Matrix (Matrix) is based. The Matrix is used to determine the per-pupil level of foundation funding disbursed to each school district.

The number of school nurses reported in 2014 Bureau of Legislative Research Adequacy Study (Adequacy Study) differs from the number reported in the CHNS survey. The Adequacy Study reported 746.17 FTE nurses in 2012-13, and cites the Arkansas Department of Education (ADE) as the data source. The difference in these numbers and lack of understanding of specific staffing patterns demonstrate the need for improved data collection methods.

Besides data provided by ADE, the Adequacy Study included surveys of all district superintendents and a random sample of 74 principals.

### **Nurse Staffing Patterns as reported by the 2014 Arkansas Bureau of Legislative Research Adequacy Study (2012-2013)**

**\*Please note: Pages 14-17 text and charts starting below are *copied directly* from the Adequacy Study report to provide a comprehensive review of this assessment of school nurse staffing and funding sources.**

#### *Staffing in the Matrix*

*The matrix provides funding for a .67 FTE nurse for every 500 students.*

*The General Assembly adopted a staffing level of 2.5 pupil support services staff with the passage of Act 59 of the Second Extraordinary Session of 2003. That same session, the General Assembly also passed Act 67, which increased the number of required school nurses from 1 per 1,000 students to 1 per 750 students. The new law also added a provision that made the statute effective “only upon the availability of state funds.” The statutory nurse requirement was in addition to an ADE accreditation standard requiring all school districts to have a health services program under the direction of a licensed nurse (16.03.1), and provide the program with needed facilities, equipment and materials. The standards require the health services programs to include screening, referral and follow-up procedures for all students.*

*In 2006, the Adequacy Study Oversight Subcommittee specifically noted in its report that state law requires one school nurse per 750 students. The subcommittee also specified that of the 2.5 FTEs in the pupil support line of the matrix, a .67 FTE per 500 students is intended for nursing staff. Despite the fact that a portion of the matrix was designated for nursing staff, many interested parties have argued that funding was never specifically provided for nurses. ADE’s*



interpretation of this law is that funds were never made available for school nurses. As a result, the department's standards assurance unit does not check that districts adhere to the nurse to student ratio.

The National Association of School Nurses currently recommends a nurse-to-student ratio of 1:750 in a school with all well students, 1:225 in a school that requires daily nursing services, and 1:125 in a school with complex health care needs.

### **Actual Staffing Patterns**

On average, districts use foundation funding to employ .44 FTE nurses per 500 students. This staffing level is about a third less than the staffing level established in the matrix. The following tables compare the matrix number for nurses with the average number of FTEs for all districts.

<b>Nurses in Districts</b>		
	<b>Matrix FTE Number Per 500</b>	<b>Foundation Paid Staff Per 500</b>
2011-12	.67	.49
2012-13	.67	.44

Large districts used foundation funding to employ fewer nurses per 500 students than smaller districts, but there was little difference among the districts when grouped by concentrations of poverty.

<b>By District Size</b>		<b>By Poverty Level</b>	
	<b>Foundation Paid Staff Per 500</b>		<b>Foundation Paid Staff Per 500</b>
Small (750 or Less)	.65	Low Poverty (>70%)	.43
Medium (751-5,000)	.44	Medium Poverty (70% -<90%)	.47
Large (5,001+)	.39	High Poverty (90%+)	.45

When all funding sources are considered (including foundation funding, federal funding, state categorical funding, etc.), districts had a total of 746.17 FTE nurses in 2012-13, according to data compiled by the Arkansas Department of Education. Statewide that's about 1 nurse for every 615 students, which is well under the 1 to 750 ratio required by state law. However, 55 districts do not meet the required number of nurses for their student population, according to the ADE data. Five districts had zero nurses in 2012-13. Some of these districts may provide nurses through a contracted service, in which case, individual nurse employees would not appear in the APSCN data. In fact, the Bureau of Legislative Research (BLR) visited schools in two of these districts during the 2013-2014 school year, and the administrators indicated they do, in fact, have a nurse assigned to their school part of the week.

To better understand school administrators' perceptions of their nurse staffing level, the BLR posed several health services questions on the school survey.

### **School Survey Questions:**

**How many FTE nurses does your school have?**

On average, the schools said they have .69 FTEs.

**What level of nursing license does your nurse have?**

Fourteen schools said their nurse was an LPN, three said their nurse was an LPN but they also had access to an RN, and 54 said their nurse was an RN.

**Does your school have adequate nursing services to handle all of the health issues of students? If not, how many more FTEs would your school realistically need?**

About 43% of the 74 schools surveyed said they did not have enough nursing staff, including 12 that had at least one full-time nurse. Of those schools, most said they need another .5 FTE or 1 FTE. The remaining 42 schools said they believed they had sufficient nursing support.

	Schools	% of Schools Surveyed
<b>Yes</b>	42	57%
<b>No</b>	32	43%

**Why is additional nursing needed at your school?**

Several common themes surfaced when discussing the need for additional nursing staff.

- *The increase in chronic diseases: Ten principals noted the increase in chronic diseases, with seven specifically mentioning diabetes. Other chronic conditions mentioned included asthma, allergies and students having seizures.*
- *The increase in students taking medication: Eight principals said more students require medication.*
- *The increase in the severity of disabilities: Eight principals said the severity of students’ disabilities has worsened, with some students needing a feeding tube or an implanted port for medicine.*
- *All day nursing care needs: Seven principals noted that they need a nurse all day, not just part of the day. Several noted the difficulty of getting a substitute when their only nurse takes leave.*

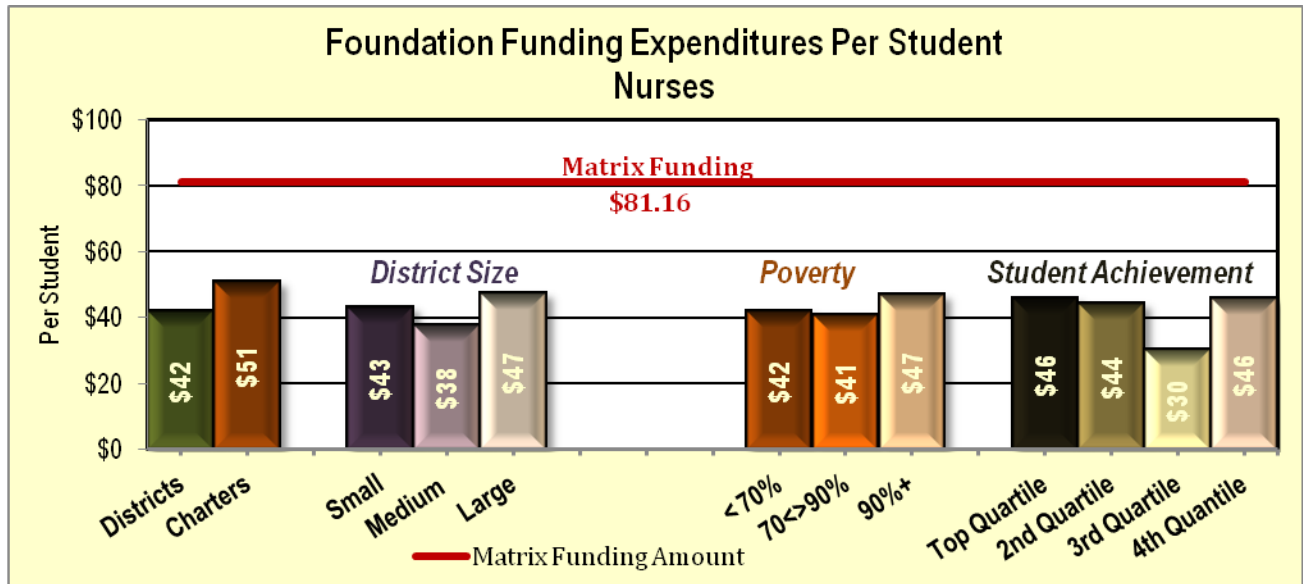
**Cost of Nurses**

Although the amount of funding districts receive for nurses is based on the average teacher salary of \$60,566 (with a base salary of \$48,356), Arkansas school nurses’ actual salaries are considerably lower. According to salary data compiled by the Arkansas Department of Education, the average base salary for school nurses in the 239 districts in 2012-13 was \$33,579.

**Expenditures From Foundation Funding**

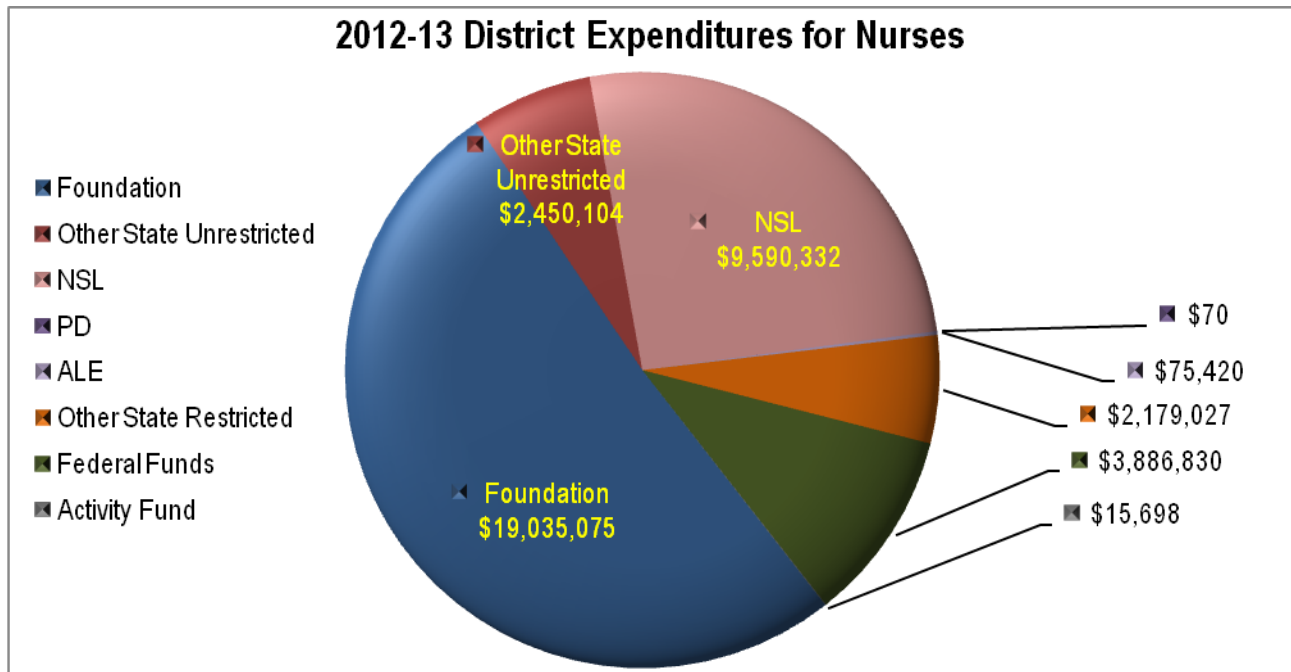
In 2013, districts statewide spent about \$19 million from foundation funding on nurses. This equates to \$41.63 per student, or about \$40 less per student than the matrix provides. Districts may have spent less foundation funding on nurses because they have other sources of funding to use for this purpose.

<b>Nurses: Foundation Funding and Expenditures</b>		
	<b>District Funding</b>	<b>District Expenditures</b>
<b>2011-12</b>	\$36,387,759	\$18,070,842
<b>2012-13</b>	\$37,106,045	\$19,035,075



#### Expenditures From All Funding Sources

*In addition to foundation funding, districts have a variety of other sources of funding they can use for nurses. Districts used foundation funding to cover just 51% of their total expenditures for nurses. A little over half of the districts used state NSL funding for this purpose, thereby reducing these districts' reliance on foundation funding to employ nurses.*



The total amount spent from all sources: \$37,232,556.



## **Licensure, Degrees, and Supervision of Nurses in Reporting Districts Arkansas School Nurse Survey 2013-2014**

<b>Nursing License</b>	<b>Percent of all Nurses in Reporting Districts</b>
Registered Nurse (RN)	75.4%
Licensed Practical Nurse (LPN)	24.5%
Advanced Practice Nurse (APN)	0.1%

<b>Nursing Degrees for RNs</b>	<b>Percent of RNs in Reporting Districts</b>
Associate	48.3%
Diploma	15.0%
Bachelor	34.1%
Master	2.6%
Doctorate	0.0%

<b>LPN Supervision</b>	<b>Percent of LPNs in Reporting Districts</b>
LPNs with RN supervision	89%
LPN without RN supervision	11%
LPN's RN supervisor is school employee	82%
LPN's RN supervisor is contract employee	18%

The time an RN supervisor was at LPN's school ranged from less than 1 hour per week (57.5%) to greater than 5 hours per week (20%).

## **Additional Pertinent Results from the 2013-2014 Arkansas School Nurse Survey**

### **Nursing Performance**

Less than half (44.9%) of reporting school nurses received performance evaluations, and most of those (66.5%) are not evaluated by a nurse. Standard practice among all health care providers is to have regular performance evaluations regarding clinical competency. A non-health care provider may provide feedback and evaluation about non-clinical matters, such as attendance, but health care providers may only be appropriately evaluated on clinical competencies by another peer or higher level health care provider. This is to assure safe, scientifically founded, and accurate care for patients.

### School Staff Health Training

Most of the reporting schools provide requisite training on health issues:

Medication Administration	99.0%
Universal Precautions	79.2%
Communicable Disease	87.2%
Staff CPR Training	74.1%
Staff Training in First Aid	69.8%

### School Staff Responsible for Responding to Urgent Health Issues in Absence of a Nurse

Most (73%) of the school nurses reported the principal was responsible, and 58% reported that the secretary was responsible. Others assuming the responsibility included athletic trainer/coach (30.8%), para-professional (25.6), teacher (25.3%), and counselor (17.5%).

### School Nurse Facilities

Designated office	96%
Phone	96%
Heat and air in office	98%
Able to provide privacy for students	91%
Locked cabinet for medical records	89%
Double locking medicine cabinet	78%
Refrigerator/freezer for medications	89%
Sharps container	95%
Running water	88%
Hot water	88%
Toilet	78%
Cot or bed	96%
Electronic medical records (not APSCN)	83%
Internet access	97%
Computer	96%
Size of office was not determined in this survey	

*Our coach asked me to take his blood pressure. As we talked, I noticed his leg was swollen and red. I advised him to go to the doctor right away because I was worried that he might have a blood clot and knew this could be potentially life threatening. He saw his doctor right away and was admitted to the hospital with a blood clot in the leg. He was treated and released and back to school the next week.*

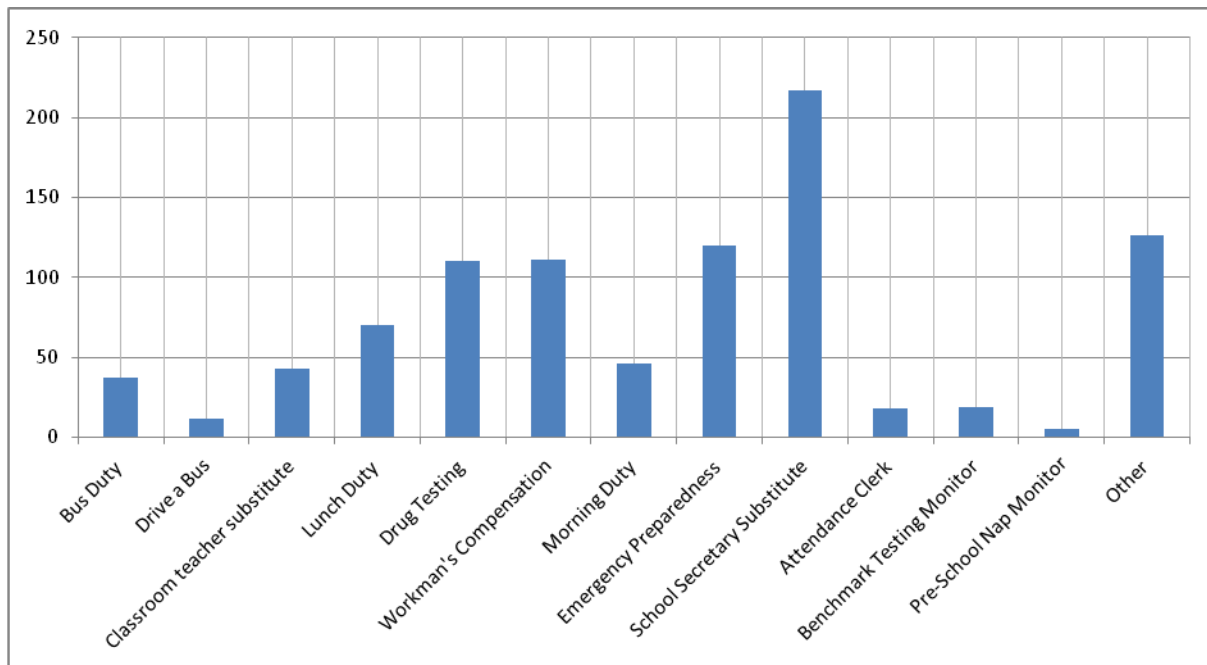
*Arkansas school nurse, 2013*



**Other Duties Reported by School Nurses**

38.3% of respondents said they had other duties besides school nursing. Non-nursing activities reported by school nurses ranged from substituting for the secretary to lunch duty.

**Non-Nursing Duties of Nurses who Reported having Duties other than School Nursing**





## **Summary of Information Required by Act 414**

(Bolded Items 1-6 are written verbatim from Act 414)

### **1. Identify the on-campus health care needs of public school students**

According to the 2013-2014 Arkansas School Nurse Survey: There were 119,118 children identified with chronic conditions. Any child with a chronic condition requiring services at school must have an individualized health plan (IHP). The Arkansas State Board of Nursing interprets development of an IHP as a duty requiring the expertise of an RN.

There were 11,918 children requiring medical procedures in school. These procedures require RN evaluation, training, oversight and appropriate delegation.

There were 28,149 acute illnesses and injuries requiring EMS or immediate care by a physician or dentist. We do not know how many of these cases received nursing first aid, or if nursing care might have prevented the need for urgent care, but the number speaks to the need for on-site nursing service.

### **2. Who is providing those on-campus health care services, including without limitation the extent to which those services are provided by: Registered nurse, other health care providers, and other school personnel.**

In the absence of a nurse, responsibility for urgent care falls on other school staff. According to the Arkansas School Nurse 2013-2014 Survey 73% of reporting nurses said responsibility goes to the principal and 58% said responsibility goes to the school secretary. From the current data, we cannot discern the frequency of all services provided by unlicensed school personnel compared with nurses. However, for asthma, the 3rd most common chronic condition, 107,164 doses of albuterol were administered to children for asthma episodes and 18,404 (17.2%) of these were administered by unlicensed staff, indicating care for children during these episodes was provided by personnel other than nurses.

As reported in the Arkansas School Nurse Survey, LPNs make up 24% of the nursing workforce in schools. Of those, 11% were working without RN supervision. In the Bureau of Legislative Research survey of 74 schools, principals reported 31.5% of their nursing staff to be LPNs (17 out of 71 nurses), and of those 17 LPNs, only 3 had access to an RN, indicating that 14 may have been working without RN supervision.



**3. The extent to which public school students do not receive the needed on-site campus health care services identified by the Public School Health Services Advisory Committee.**

In the Adequacy Study survey, 43 % of the 74 surveyed school principals reported not having enough nursing staff to handle all the health issues of students and needed another .5 FTE or 1.0 FTE. Rationale for the need for more nursing staff included: the increase in chronic conditions, such as diabetes, asthma, allergies and seizure disorder; increase in medications required at school; increased severity of conditions with need for medical procedures at school; and nursing care is needed at school all day, not just part of the day.

**4. The availability and condition of existing facilities and equipment at public schools for providing these services, including without limitation:**

- (A) School nurse office space with privacy, file storage, telephone connection, heat, and air conditioning**
- (B) Medication storage including without limitation refrigeration and locked cabinets;**
- (C) Plumbing facilities for use by school nurses, including sinks, hot and cold running water, and toilets; and**
- (D) Computer and internet access for  
Medical records  
Reporting on the Arkansas Public School Computer Network**

The following facilities and equipment were reported in the 2013-2014 Arkansas School Nurse Survey

Designated office	96%
Phone	96%
Heat and air in office	98%

Able to provide privacy for students	91%
Locked cabinet for medical records	89%
Double locking medicine cabinet	78%
Refrigerator/freezer for medications	89%
Sharps container	95%
Running water	88%
Hot water	88%
Toilet	78%
Cot or bed	96%
Electronic medical records (not APSCN)	83%
Internet access	97%
Computer	96%
Size of the office space was not determined.	

**5. The cost of providing needed on-campus healthcare services and the funds available to a school district for that purpose.**

In the Adequacy Study, it was reported that the amount of foundation funding districts receive for nurses is more than what is spent. Districts receive funding based on average teacher salary of \$60,566 (base of \$48,356) and the average salary for school nurses in the 239 districts in 2012-13 was \$33,579.

According to the Adequacy Study report, in 2012-2013 districts spent about \$19 million from foundation funding. This represents about \$41.63 per student, or \$40.00 less than the matrix provides. There are a variety of other sources used to hire nurses and provide health services, including National School Lunch (NSL) funds and federal funds. A little over half of the districts used NSL funds for nurses: \$9,590,332 in 2012-13.

The total amount spent from all sources on nurses was \$37,232,556.

**6. School nurse health care related duties and non-health care related duties**

School nurses around the state report being engaged in multiple common health care related duties. These include but are not limited to:

- Health Screening: BMI, scoliosis, vision and hearing
- Referring positive screening cases to health providers, and following up positive cases.
- Assessing health needs of students with chronic conditions
- Working with families and health providers to write IHPs and emergency action plans
- Working with school staff and families on health components of IEPs
- Caring for children with acute and chronic conditions
- Rendering mental health first aid
- Coordinating care for children with chronic conditions
- Making home visits
- Counseling students and staff
- Monitoring and coordinating care for high-risk pregnant students
- Caring for sick and injured staff
- Serving as resource for immunizations and vaccine preventable diseases
- Administering medications and assessing response

- Performing procedures such as bladder catheterizations and injections
- Delegating appropriate health tasks to others according to State Board of Nursing Guidelines
- Training unlicensed staff on appropriate health care tasks
- Identifying communicable diseases and outbreaks and reporting to the Department of Health
- Serving as health expert on crisis teams for crisis plans
- Serving as health expert for health components of ASCIP plans
- Identifying and reporting abused and neglected children
- Providing health education
- Organizing health promotion events, such as flu clinics and family nutrition education
- Documenting nursing care according to school nursing practice standards

38.3% of respondents in the Arkansas School Nurse Survey reported having other duties besides school nursing. These ranged from bus duty to substituting for the secretary.

## **Guidelines: Best Practices Identified by the Committee**

(Bolded items 1-7 are written verbatim from Act 414)

### **1. Number of full-time nurses needed, including without limitation whether or not each school campus should have a minimum of one (1) full-time registered nurse**

The American Academy of Pediatrics and the National Association of School Nurses recommend having one school nurse in every school, or at least one school nurse for every 750 students, with variations in ratios depending upon acuity or complexity of the health care needs in the school. These expert groups support a formula-based approach with minimum ratios of nurses-to-students based on the needs of the student populations as follows: 1:750 for students in the general population, 1:225 in the student populations requiring daily professional school nursing services or interventions, 1:125 in student populations with complex health care needs, and 1:1 for students who require daily and continuous professional nursing services.<sup>10,11</sup> An additional level with a minimum 1:400 ratio should be added for Arkansas students who do not fit into those 4 categories, and the level includes those children with stable chronic conditions who still require an IHP and regular monitoring by the nurse

One of the national objectives of Healthy People 2020 is to increase the proportion of elementary, middle, and senior high schools that have a full-time RN-to-student ratio of at least 1:750.<sup>12</sup>

The National Association of School Nurses has published a recommendation for caseload assignments based on acuity levels.<sup>11</sup> Nurse caseload assignments according to patient acuity or severity level have been used for many years in hospitals and other health care settings. With increasing acuity and complexity of students, the current best practice for school nurse staffing is



therefore to have one full-time RN in every school with more nurses on staff according to acuity levels of the students in that school. (See Appendix C for caseload assignments per acuity level).



## 2. Educational level and licensure level of a school nurse

The 2011 Institute of Medicine Report, *The Future of Nursing, Leading Change, Advancing Health* describes the need to improve the nation's health through a strong nursing workforce. The report emphasizes the need to ensure that nurses can practice at the full extent of their education and training and to improve nursing education, including increasing the number of nurses with bachelor and master degrees. The ideal educational level of the school nurse is the BSN.<sup>14, 15</sup> The BSN provides 4 years of education that includes courses in public health and in pediatric assessment. However, in Arkansas, as in many southern states, most RNs are prepared at the ADN (associate degree) level (44.2%). Other RN preparation in Arkansas includes: 29.2% BSN; 16.3% Diploma; 7.2% MSN, and 0.5% doctorate.<sup>16</sup> A goal of the Arkansas Action Coalition (a coalition of state leaders charged with responding to recommendations from the IOM Report) is to foster a more seamless education progression from the ADN to the BSN for Arkansas RNs. Of note, the 2 remaining Diploma programs have recently transitioned to ADN programs, so there are no longer Diploma RN programs in the state.

Until there is a larger workforce of nurses with BSN preparation in Arkansas, the best practice is to hire RNs with BSN preferred, then Diploma or ADN when a BSN prepared RN is not available.

For all RN with the BSN degree or higher, National School Nursing Certification is recommended. Professional certification provides an ongoing, quality credentialing process assuring a national standard of preparation, knowledge, and practice.



LPNs serve as a valuable and well-prepared resource for administering medications, performing medical procedures, triage, emergency care, first aid, and health screening, but must work under RN supervision. (See Appendix D for ASBN guidelines on duties per level of training).

**2. Job requirement of a school nurse, including without limitation guidelines concerning job duties that are non-health care related:**

Job requirements of the school nurse include the ability to perform all the health care duties listed above. LPNs may be hired to assist with health care as long as practicing under RN supervision.

The school nurse should not be required to perform non-health care related duties, but may choose to help fellow school staff when time allows and there are no pending health care or health promotion duties. The school nurse is always expected to be an instrumental part of the school team, but not at the expense of student health.

**3. Salary level for school nurses**

In order to recruit and retain well-qualified RNs, school districts should pay with full benefits according to where the nurse would fall on their district's teacher salary schedule including nursing experience and degrees. LPNs should likewise be provided full benefits and earn \$25,000 at minimum, which is the average LPN salary according to the 2013-2014 Arkansas School Nurse Survey.

All districts should establish a process to optimize 3<sup>rd</sup> party reimbursement for health services.

**4. Types of on-campus health care services, if any, that may be performed by personnel other than the school nurse**

Delegation guidelines for RNs have been well established and are documented in the ASBN School Nurse Guidelines (Appendix D). These outline what types of health care services may be performed by unlicensed personnel.

**5. Management of medical records**

Medical records contain protected information and must be locked in order to maintain the privacy of students receiving care in schools. The ASBN Guidelines for Management of Medical Records are noted in Appendix F.

**6. Management and storage of medications**

Medications must be properly stored to assure student safety. The ASBN Guidelines for Management and Storage of Medications are noted in appendix G.

**7. Facilities and equipment used in delivering needed health care services.**

In order to provide safe care and prevent spread of communicable disease the school nurse needs at *minimum*:

Private office with door  
Heat and air  
Phone  
Sink with hot and cold water  
Handicap accessible bathroom/toilet  
Lockable file cabinet  
Double-lock medicine cabinet  
Refrigerator for medications  
Sharps container and process for disposal of hazardous waste  
Cots  
Computer with Internet access  
HIPAA/FERPA compliant electronic health records  
First aid and assessment equipment  
Desk and office equipment

The National Clearinghouse for Educational Facilities recommends standard facilities for school health services depending upon the health care needs of the school population. These recommendations are listed in Appendix H.

## **Recommendations to the General Assembly**

### **General Recommendations Starting in the 2014-2015 School Year:**

1. Continue the PSHSAC to further study and make recommendations about best practices for school health.

Committee members believe that there is more work to be done to understand health needs of school children and school nursing workforce. This includes collaborating with the Adequacy Study Committee and other potential partners to:

- Study teacher and parent concerns about health care in schools
- Develop more in-depth analyses of school nursing staffing patterns for school days and out-of-school activities
- Develop methodology to determine cost of services
- Work with the next Adequacy Study Committee to ensure that school nurses are provided as a part of adequacy, including the necessary staffing and funding levels for school nurses
- Assess the impact of school nursing care
- Study the role of school nurses in mental health services

- Study the need and resources for health information technology
2. Require the Arkansas School Nurse Survey to be completed annually. The school superintendent shall review and verify the survey prior to final submission.  
  
Until this year when 95.7% of districts reported, reporting has generally been at about 35%. Ongoing data is needed to assess trends and make appropriate policy recommendations.
  3. Require nurses to share the school nurse survey with their school districts and school boards.  
  
Administrators and board members will be able to make more informed decisions about school health issues when they receive an annual health report.

### **Recommendations for Nursing Care**

4. Effective immediately: Raise district awareness of requirements and sanctions of the Arkansas Nurse Practice Act, ACA § 17-87-102 (5) regarding supervision of the LPN (by an RN, physician or dentist). The Arkansas State Board of Nursing and Arkansas Department of Health will develop a method for schools to document LPN supervision. If permitted to continue as a committee, the PSHSAC will study and make recommendations on the best ways to monitor.
5. Starting with the 2015-2016 school year, require the nursing performance components of evaluations to be performed by an RN supervisor for districts with nursing supervisors. If permitted to continue, the PSHSAC will study rubrics being developed for nursing performance evaluation and standards for districts with and without nursing supervisors.
6. By July 1, 2015 require each school district to report to ADE:
  - The number of school nurses employed or contracted through purchase service
  - FTE for each nurse
  - Level of licensure and degree for each nurse
  - Amount of pay and source of funds for pay
  - Number of students meeting criteria for each of the 5 levels of acuity (Appendix C) and number of nurses needed to meet the recommended acuity level listed:

<u>Level</u>	<u>Care Required</u>	<u>School Nurse-to Student Ratio</u>
1	None/minimal occasional health concerns and routine health screenings	1:750
2	Healthcare concerns/requires an IHP	1:400
3	Medically complex	1:225
4	Medically fragile	1:125
5	Nursing dependent	1:1

This information may be gathered from the School Nurse Survey that is completed by school nurses each year. As noted in Recommendation number 1, if the PSHSAC is allowed to continue, it will work with the Bureau of Legislative Research and others to develop improved analyses of nurse staffing. The PSHSAC will also work with the Arkansas Department of Health to develop training on survey data collection and entry. At least one RN from each district will be required to attend a state wide video conference training on the survey. This information is important in order to establish a safe school nurse staffing pattern.

7. *Minimum recommendation:* By July 1, 2015, require that the school nurse-to-student ratios used currently in the matrix and A.C.A. § 6- 18-706, 0.67 FTE school nurses per 500 students, or one school nurse per 750 students be reflected in the Standards of Accreditation. The Standards of Accreditation also should include the Arkansas Board of Nursing Guidelines for Delegation and Guidelines for Health Care Services to be implemented according to Arkansas State Board of Nursing Levels of Training (Appendix D).

The ADE and ADH will collaborate to provide medical personnel to assist the Standards Reviews Team in monitoring the specific standards dealing with school health services.

*Preferred recommendation:* Adjust the matrix to adequately reflect current law A.C.A. § 6- 18-706, which will provide more funds to school districts to provide more nursing services. Also adjust the Standards of Accreditation to reflect nurse to student ratios outlined in current law A.C.A. § 6- 18-706, and remove from A.C.A. § 6- 18-706 “The provisions of this section shall be effective only upon the availability of state funds.” The Standards of Accreditation also should include the Arkansas Board of Nursing Guidelines for Delegation and Guidelines for Health Care Services to be implemented according to Arkansas State Board of Nursing Levels of Training (Appendix D).

8. By July 1, 2018 mandate use of acuity levels for nursing staffing as described in Appendix C and provide adequate funds to school districts to meet this mandate.

Video teleconference/telemedicine technology may be considered with approval from ADE in extreme circumstances such as: A campus with a population under 125 well students (no students with an IHP) and are part of a larger school district and distance is a factor. A nurse must be available in person at least 50 percent of the time to that campus and the remaining time through teleconferencing.

Nurses in very small schools and with no acuity level 3-5 students and as time allows can be involved in health-related activities such as: leading the Wellness Committee, assisting other nurses in the district, scheduling vaccine clinics, teaching health classes, developing wellness activities for staff, teaching parenting skills or other classes for parents, making home visits, organizing running clubs and school gardens, and helping the district with emergency preparedness plans. These population-focused activities are part of standard public health nursing practice and can foster a healthier school.

## **Recommendations for nursing education and experience**

9. By July 1, 2017, all newly hired school nurse supervisors must hold at minimum a Bachelor of Science in Nursing (BSN).
10. By July 1, 2017, each school level LEA shall have an RN, with an exception of when there are 2 or more school level LEAs on one campus. LPNs may be hired to assist according to student acuity levels and within the scope of LPN practice according to the Nurse Practice Act.
11. By July 1, 2020, all newly hired RNs must have a BSN according to the ASBN Guidelines for School Nurse Education and Licensure; or be currently enrolled in a school of nursing with completion of the BSN within 3 years of enrollment.

If allowed to continue its work, the PSHSAC will develop a “School Nurse Excellence” award. This will be a rating system for ADE to use to recognize exemplary districts who meet the above requirements for school nursing.

## **Recommendations for Facilities**

12. By 2015-2016 provide facilities and equipment to meet minimum standards for infection control and safe care including but not limited to:

- Private office with door
- Heat and air
- Phone
- Sink with hot and cold running water
- Handicap accessible bathroom/toilet
- Lockable file cabinet
- Double-lock medicine cabinet
- Refrigerator for medications
- Sharps container(s) and system for regular disposal of biohazard waste
- Personal protection equipment for each nurse (PPE) (gowns, masks, gloves)
- 2 cots
- Computer with Internet
- HIPAA/FERPA compliant electronic health records
- First aid and assessment equipment (gloves, thermometers, etc.)
- Storage cabinets for first aid and assessment equipment
- Desk and office equipment

By the application deadline for the 2017-2019 Partnership Cycle, require any new school facility (a new school building or major renovation) that would normally house a nursing office to have a “Nursing Center.” Schools must include the Nursing Center in their Master Plans, and change the Warm, Safe, and Dry Program to include Nursing Centers, and continue the Warm, Safe and Dry

Program beyond the 2019 expiration date. Nursing Centers must be added to section 4.02 beside the bullet “Special Education” in the Academic Facilities Partnership Program Rules (pursuant to A.C.A. §6-21-114,6-20-2507,6-20-2512, and 25-15-201).

The new construction project minimum of \$300 per student or \$150,000, whichever is less, may be waived if the project includes bringing up to current construction standards a School Nursing Center

See Appendix H for the definition and description of a Nursing Center as adapted from The National Clearinghouse for Educational Facilities.

A portable classroom may be acceptable if able to fulfill items listed in # 12 above.

When the school completes all the requirements for the Nursing Center, then the school can receive the “Exemplary School Nursing Center” Award from the Commission of Education.

\*The representatives of the Arkansas Association of Educational Administrators, Arkansas School Boards Association, and Arkansas Rural Education Association on the PSHSAC expressed concerns regarding the scope and magnitude of the required mandates in recommendations #7 and #11, and therefore did not support these two recommendations.

## Appendix A

### PUBLIC SCHOOL HEALTH SERVICES ADVISORY COMMITTEE ACT 414 OF THE 89<sup>TH</sup> General Assembly, 2013

LAST NAME	FIRST NAME	TITLE	REPRESENTING AGENCY
1. Bailey	Valerie	Attorney	Arkansas Department of Education, Office of Legal Services
2. Beckwith	Darin	Superintendent	Rural Education Association
3. Beshears	Valerie	School Nurse, President	Arkansas School Nurses Association
4. Bland	Petra	Public School Program Advisor	Arkansas Department of Education, Special Education
5. Derlikowski <sup>2</sup>	Jerri	Education Policy and Finance Director	Arkansas Advocates for Children and Families
6. Grisham	Charlotte	Parent	Child with Special Care Needs
7. Jones	Deborah	RN, MNSc	Arkansas State Board of Nursing
8. Justus	Michelle	Program Director	Arkansas Center for Health Improvement
9. Kindall	Elizabeth	School Based Mental Health Services Coordinator	Arkansas Department of Education, Coordinated School Health
10. Launder	Kathy	School Nurse	Arkansas Educators Association
11. Malloy <sup>1</sup>	Codie	Director, Office of Coordinated School Health	Arkansas Department of Education
12. Martin	Patricia	Assistant Director	Arkansas Department of Education, Division of Fiscal and Administrative Services
13. Mayberry**	Julie	Parent	Child with Special Care Needs
14. Mertins	Mike	Assistant Executive Director	Arkansas Association of Educational Administrators
15. Scott	Patricia	Director, School	Arkansas Department of

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>TITLE</b>	<b>REPRESENTING AGENCY</b>
		Health Services	Health
16. Smith*	Paula	State School Nurse Consultant	Arkansas Department of Health
17. Smith	Michelle	Section Chief, Office of Minority Health	Arkansas Department of Health
18. Starks <sup>1</sup>	Tracy	Student Health Resource Office	Arkansas Department of Education, Medicaid in the Schools
19. Strong <sup>2</sup>	Anna	Healthcare Policy Director	Arkansas Advocates for Children and Families
20. Warnock	Jim	Principal, Alma School District	Public School Principal
21. Whitfield	Connie	Arkansas Study circles Project Coordinator	Arkansas School Boards Association

\* denotes Chair

\*\*denotes Vice-Chair

<sup>1</sup>Starks replaced Malloy

<sup>2</sup> Derlikowski replaced Strong



## Appendix B

### List of Districts Completing Parts One and Two of the 2013-2014 Arkansas School Nurse Survey

ALMA SCHOOL DISTRICT	CAMDEN FAIRVIEW SCHOOL DISTRICT
ALPENA SCHOOL DISTRICT	CARLISLE SCHOOL DISTRICT
ARK. SCHOOL FOR THE BLIND	CAVE CITY SCHOOL DISTRICT
ARK. SCHOOL FOR THE DEAF	CEDAR RIDGE SCHOOL DISTRICT
ARKADELPHIA SCHOOL DISTRICT	CEDARVILLE SCHOOL DISTRICT
ARMOREL SCHOOL DISTRICT	CENTERPOINT SCHOOL DISTRICT
ASHDOWN SCHOOL DISTRICT	CHARLESTON SCHOOL DISTRICT
ATKINS SCHOOL DISTRICT	CLARENDON SCHOOL DISTRICT
AUGUSTA SCHOOL DISTRICT	CLARKSVILLE SCHOOL DISTRICT
BALD KNOB SCHOOL DISTRICT	CLEVELAND COUNTY SCHOOL DISTRICT
BARTON-LEXA SCHOOL DISTRICT	CLINTON SCHOOL DISTRICT
BATESVILLE SCHOOL DISTRICT	CONCORD SCHOOL DISTRICT
BAUXITE SCHOOL DISTRICT	CONWAY SCHOOL DISTRICT
BAY SCHOOL DISTRICT	CORNING SCHOOL DISTRICT
BEARDEN SCHOOL DISTRICT	COSSATOT RIVER SCHOOL DISTRICT
BEEBE SCHOOL DISTRICT	COTTER SCHOOL DISTRICT
BENTON COUNTY SCHOOL OF ARTS	COUNTY LINE SCHOOL DISTRICT
BENTON SCHOOL DISTRICT	CROSS COUNTY SCHOOL DISTRICT
BENTONVILLE SCHOOL DISTRICT	CROSSETT SCHOOL DISTRICT
BERGMAN SCHOOL DISTRICT	CUTTER-MORNING STAR SCHOOL DISTRICT
BERRYVILLE SCHOOL DISTRICT	DANVILLE SCHOOL DISTRICT
BISMARCK SCHOOL DISTRICT	DARDANELLE SCHOOL DISTRICT
BLEVINS SCHOOL DISTRICT	DECATUR SCHOOL DISTRICT
BLYTHEVILLE SCHOOL DISTRICT	DEER/MT. JUDEA SCHOOL DISTRICT
BOONEVILLE SCHOOL DISTRICT	DEQUEEN SCHOOL DISTRICT
BRADFORD SCHOOL DISTRICT	DERMOTT SCHOOL DISTRICT
BRINKLEY SCHOOL DISTRICT	DES ARC SCHOOL DISTRICT
BROOKLAND SCHOOL DISTRICT	DEWITT SCHOOL DISTRICT
BRYANT SCHOOL DISTRICT	DIERKS SCHOOL DISTRICT
BUFFALO IS. CENTRAL SCH. DIST.	DOLLARWAY SCHOOL DISTRICT
CABOT SCHOOL DISTRICT	DOVER SCHOOL DISTRICT
CADDO HILLS SCHOOL DISTRICT	DREW CENTRAL SCHOOL DISTRICT

DUMAS SCHOOL DISTRICT	HARTFORD SCHOOL DISTRICT
EARLE SCHOOL DISTRICT	HAZEN SCHOOL DISTRICT
EAST END SCHOOL DISTRICT	HEBER SPRINGS SCHOOL DISTRICT
EL DORADO SCHOOL DISTRICT	HECTOR SCHOOL DISTRICT
ELKINS SCHOOL DISTRICT	HELENA/ W.HELENA SCHOOL DIST.
EMERSON-TAYLOR-BRADLEY SCHOOL DISTRICT	HERMITAGE SCHOOL DISTRICT
ENGLAND SCHOOL DISTRICT	HIGHLAND SCHOOL DISTRICT
ESTEM PUBLIC CHARTER SCHOOL	HILLCREST SCHOOL DISTRICT
EUREKA SPRINGS SCHOOL DISTRICT	HOPE SCHOOL DISTRICT
FARMINGTON SCHOOL DISTRICT	HORATIO SCHOOL DISTRICT
FAYETTEVILLE SCHOOL DISTRICT	HOT SPRINGS SCHOOL DISTRICT
FLIPPIN SCHOOL DISTRICT	HOXIE SCHOOL DISTRICT
FORDYCE SCHOOL DISTRICT	HUGHES SCHOOL DISTRICT
FOREMAN SCHOOL DISTRICT	HUNTSVILLE SCHOOL DISTRICT
FORREST CITY SCHOOL DISTRICT	IZARD COUNTY CONSOLIDATED SCHOOL DISTRICT
FORT SMITH SCHOOL DISTRICT	JACKSON CO. SCHOOL DISTRICT
FOUKE SCHOOL DISTRICT	JASPER SCHOOL DISTRICT
FOUNTAIN LAKE SCHOOL DISTRICT	JESSIEVILLE SCHOOL DISTRICT
GENOA CENTRAL SCHOOL DISTRICT	JONESBORO SCHOOL DISTRICT
GENTRY SCHOOL DISTRICT	JUNCTION CITY SCHOOL DISTRICT
GLEN ROSE SCHOOL DISTRICT	KIRBY SCHOOL DISTRICT
GOSNELL SCHOOL DISTRICT	LAFAYETTE COUNTY SCHOOL DISTRICT
GRAVETTE SCHOOL DISTRICT	LAKE HAMILTON SCHOOL DISTRICT
GREEN FOREST SCHOOL DISTRICT	LAKESIDE SCHOOL DIST(GARLAND)
GREENBRIER SCHOOL DISTRICT	LAMAR SCHOOL DISTRICT
GREENE COUNTY TECH SCHOOL DISTRICT	LAVACA SCHOOL DISTRICT
GREENLAND SCHOOL DISTRICT	LAWRENCE COUNTY SCHOOL DISTRICT
GREENWOOD SCHOOL DISTRICT	LEAD HILL SCHOOL DISTRICT
GURDON SCHOOL DISTRICT	LEE COUNTY SCHOOL DISTRICT
GUY-PERKINS SCHOOL DISTRICT	LINCOLN SCHOOL DISTRICT
HAMBURG SCHOOL DISTRICT	LITTLE ROCK SCHOOL DISTRICT
HAMPTON SCHOOL DISTRICT	LONOKE SCHOOL DISTRICT
HARMONY GROVE SCH DIST(SALINE)	MAGAZINE SCHOOL DISTRICT
HARMONY GROVE SCHOOL DISTRICT (OUACHITA)	MAGNET COVE SCHOOL DIST.
HARRISBURG SCHOOL DISTRICT	MAGNOLIA SCHOOL DISTRICT
HARRISON SCHOOL DISTRICT	MALVERN SCHOOL DISTRICT

MANILA SCHOOL DISTRICT	PARIS SCHOOL DISTRICT
MANSFIELD SCHOOL DISTRICT	PARKERS CHAPEL SCHOOL DIST.
MARION SCHOOL DISTRICT	PEA RIDGE SCHOOL DISTRICT
MARKED TREE SCHOOL DISTRICT	PERRYVILLE SCHOOL DISTRICT
MARMADUKE SCHOOL DISTRICT	PIGGOTT SCHOOL DISTRICT
MARVELL-ELAINE SCHOOL DISTRICT	PINE BLUFF SCHOOL DISTRICT
MAYFLOWER SCHOOL DISTRICT	POCAHONTAS SCHOOL DISTRICT
MCCRORY SCHOOL DISTRICT	POTTSVILLE SCHOOL DISTRICT
MCGEHEE SCHOOL DISTRICT	POYEN SCHOOL DISTRICT
MENA SCHOOL DISTRICT	PRAIRIE GROVE SCHOOL DISTRICT
MIDLAND SCHOOL DISTRICT	PRESCOTT SCHOOL DISTRICT
MINERAL SPRINGS SCHOOL DISTRICT	PULASKI COUNTY SPECIAL SCHOOL DISTRICT
MONTICELLO SCHOOL DISTRICT	QUITMAN SCHOOL DISTRICT
MOUNT IDA SCHOOL DISTRICT	RECTOR SCHOOL DISTRICT
MOUNTAIN HOME SCHOOL DISTRICT	RIVERSIDE SCHOOL DISTRICT
MOUNTAIN PINE SCHOOL DISTRICT	RIVERVIEW SCHOOL DISTRICT
MOUNTAIN VIEW SCHOOL DISTRICT	ROGERS SCHOOL DISTRICT
MOUNTAINBURG SCHOOL DISTRICT	ROSE BUD SCHOOL DISTRICT
MT. VERNON/ENOLA SCHOOL DISTRICT	RUSSELLVILLE SCHOOL DISTRICT
MULBERRY SCHOOL DISTRICT	SALEM SCHOOL DISTRICT
N. LITTLE ROCK SCHOOL DISTRICT	SCRANTON SCHOOL DISTRICT
NASHVILLE SCHOOL DISTRICT	SEARCY COUNTY SCHOOL DISTRICT
NEMO VISTA SCHOOL DISTRICT	SEARCY SCHOOL DISTRICT
NETTLETON SCHOOL DISTRICT	SHERIDAN SCHOOL DISTRICT
NEVADA SCHOOL DISTRICT	SHIRLEY SCHOOL DISTRICT
NEWPORT SCHOOL DISTRICT	SILOAM SPRINGS SCHOOL DISTRICT
NORFORK SCHOOL DISTRICT	SLOAN-HENDRIX SCHOOL DISTRICT
NORPHLET SCHOOL DISTRICT	SMACKOVER SCHOOL DISTRICT
OMAHA SCHOOL DISTRICT	SO. MISS. COUNTY SCHOOL DIST.
OSCEOLA SCHOOL DISTRICT	SOUTH CONWAY COUNTY SCHOOL DISTRICT
OUACHITA RIVER SCHOOL DISTRICT	SOUTH PIKE COUNTY SCHOOL DISTRICT
OUACHITA SCHOOL DISTRICT	SOUTH SIDE SCH DIST(VANBUREN)
OZARK MOUNTAIN SCHOOL DISTRICT	SOUTHSIDE SCHOOL DISTRICT (INDEPENDENCE)
OZARK SCHOOL DISTRICT	SPRINGDALE SCHOOL DISTRICT
PANGBURN SCHOOL DISTRICT	STAR CITY SCHOOL DISTRICT
PARAGOULD SCHOOL DISTRICT	STEPHENS SCHOOL DISTRICT

STRONG-HUTTIG SCHOOL DISTRICT  
STUTTGART SCHOOL DISTRICT  
TEXARKANA SCHOOL DISTRICT  
TRUMANN SCHOOL DISTRICT  
TWO RIVERS SCHOOL DISTRICT  
VALLEY SPRINGS SCHOOL DISTRICT  
VALLEY VIEW SCHOOL DISTRICT  
VAN BUREN SCHOOL DISTRICT  
VILONIA SCHOOL DISTRICT  
VIOLA SCHOOL DISTRICT  
WALDRON SCHOOL DISTRICT  
WARREN SCHOOL DISTRICT  
WATSON CHAPEL SCHOOL DISTRICT

WEST FORK SCHOOL DISTRICT  
WEST MEMPHIS SCHOOL DISTRICT  
WEST SIDE SCHOOL DIST(CLEBURNE  
WESTERN YELL CO. SCHOOL DIST.  
WESTSIDE CONS. SCH DIST(CRAIGH  
WESTSIDE SCHOOL DIST(JOHNSON)  
WHITE CO. CENTRAL SCHOOL DIST.  
WHITE HALL SCHOOL DISTRICT  
WONDERVIEW SCHOOL DISTRICT  
WOODLAWN SCHOOL DISTRICT  
WYNNE SCHOOL DISTRICT  
YELLVILLE-SUMMIT SCHOOL DIST.

## Appendix C

### School Nursing Services based on Student Acuity Level

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

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

Examples of treatments/intervention that may be performed in schools at all levels of acuity: (Not meant to be an all-inclusive list):

Blood glucose testing	Monitor weight
Continuous oxygen administration	Nebulizer treatments
Dressing changes	Peak flow monitoring
Gastric tube feeding	Sterile bladder catheterization
Intermittent oxygen administration	Unsterile bladder catheterization
Medication management	Suctioning
Monitor blood pressure	Tracheostomy care

In order to plan, care for, and monitor the students with special health needs, the school nurse will assign each qualifying student to a level of care based on the following categories:

- Level 1: No/minimal occasional healthcare concerns
- Level 2: Healthcare concerns/Requires an IHP
- Level 3: Medically complex
- Level 4: Medically fragile
- Level 5: Nursing dependent.

This model is to be used in conjunction with severity coding which establishes the nursing staff needs of students within a school building. Each semester the nurse staffing needs are to be re-evaluated and staff adjustments made based on the current requirement.

#### Level 1 – 1:750 Nurse to Student Ratio

*No/minimal occasional healthcare concerns:* The student's physical and/or social-emotional condition is stable and sees the Nurse at least once a year for screening and occasionally as needed.

## Level 2 – 1:400 Nurse to Student Ratio

*Health concerns: Require an Individualized Healthcare Plan (IHP).* The student's physical and/or social-emotional condition is currently uncomplicated and predictable. Occasional monitoring varies from biweekly to annually. Examples include, but are not limited to:

- Attention deficit hyperactivity disorder with prescribed medication
- Activities of daily living
- Clean urinary catheterization
- Dental disease
- Diabetes self-managed by the student
- Eating disorders
- Constipation encopresis (fecal incontinence)
- Tube feeding
- Orthopedic conditions requiring accommodations
- Uncomplicated pregnancy

## Level 3 – 1:225 Nurse to Student Ratio

*Medically complex:* The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional registered nurse. Life threatening events are unpredictable. Treatments, medications, and reporting of current signs & symptoms can be delegated, but delegation requires a trained, willing and competent staff person and close supervision of that staff person by a registered nurse. The level of supervision required is determined by the RN but must be adequate to maintain safety and ensure competence of the direct caregiver. Adaptations of the medically complex student to the educational system must be negotiated and maintained with the student, family, school staff (classroom and administrative), and community health care providers. Examples include, but are not limited to:

- Anaphylactic event potential
- Cancer
- Complex mental or emotional disorders
- Diabetes routine monitoring without complications
- Moderate to severe asthma
- Oxygen, continuous or intermittent
- Preteen or teenage pregnancy
- Taking carefully timed medications

## Level 4 – 1:125 Nurse to Student Ratio

*Medically Fragile:* Students with complex health care needs in this category face daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse. An individual health care plan of nursing care developed by a registered nurse must be complete, current, and available at all times to personnel in contact with these children. This

includes bus drivers for daily transportation and special events, sports coaches, and school personnel assigned to extracurricular activities. Every child in this category requires a full-time nurse in the school. The RN makes the decision of who will be trained and what level of preparation is required, and uses the nursing delegation principles.

Examples may include but are not limited to:

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

Every child in the medically fragile category requires a full-time nurse in the building. The nurse “is on the premises,” and quickly and easily available and the student has been assessed by the RN prior to delegation of the duties to any caregiver.

Reasonable accommodation and provision of education and health services under Section 504 or under IDEA must be considered and addressed in each child’s individual health care plan.

#### Level 5 - 1:1 Nurse to Student Ratio

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

### School Nurse Staffing Calculator per Acuity Level

Nurse to Student Ratio	Student Conditions	Number of Students	Divided by	Equals
1:750	No healthcare concerns identified		750	
1:400	<b>Health concerns</b> require an Individualized Healthcare Plan (IHP) The student's physical and/or social-emotional condition is currently uncomplicated and predictable. Occasional monitoring varies from biweekly to annually.		400	
1:225	<b>Medically Complex:</b> The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional registered nurse.		225	
1:125	<b>Medically Fragile:</b> Students with complex health care needs in this category face daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse.		125	
1:1	<b>Nursing Dependent:</b> Nursing dependent students require 24 hours/day, frequently one-to-one, skilled nursing care for survival.		1	
<b>Total Number Nurses Needed</b>				



## Appendix D

### Delegation and Supervision

#### Arkansas State Board of Nursing Principles of Delegation

**The decision to delegate nursing care rests with the judgment of RN, LPN, LPTN, or APN. Only a licensed nurse may determine that a UAP or other school staff can safely deliver the care.**

Factors to consider when delegating nursing care include:

1. The **complexity** of the child's condition and the nursing care that is required: A routine dressing change is less likely to result in complications than the administration of IV medications, even if both are done poorly. Consider the question: What are the risks to the student if this procedure is done improperly?
2. The **dynamics** of the child's status or frequency with which nursing care requirements change: A newly inserted tracheostomy presents significantly different problems than one that has been in place for ten years. A student with Type I diabetes who has many insulin reactions and a noon glucometer check with directions for varying the insulin dosage is different than a student who is stable with a noon glucometer check to validate stable blood sugar levels.
3. The **knowledge and skills** that are required to complete the task: Feeding through a nasal gastric feeding tube requires knowledge and skills that are not required in a gastrostomy tube feeding.
4. The **technology** that is employed in providing the nursing care; Assess whether the unlicensed assistive personnel has had appropriate training to perform the task or operate equipment required in performing the task that is being delegated. Using a glucometer to monitor a stable client's blood sugar requires less knowledge and skill than adjusting the settings a ventilator.
5. The amount of **supervision** that is required by the unlicensed assistive personnel to whom the task is being delegated: Has the unlicensed assistive personnel demonstrated the ability to competently perform the task and is that competency documented in their personnel file? Since the competency was documented, has the individual performed the task frequently enough to maintain competency?
6. The **availability** of the licensed nurse for supervision: Is a written plan of care and up-to-date policy and procedure manual readily accessible to the unlicensed assistive personnel? Do the unlicensed assistive personnel know the signs and symptoms that require them to call for assistance and/or to report to the licensed nurse? Is the licensed nurse who delegated the task readily available in person or telephonic communications?

7. Relevant **safety and infection control** issues: Has the unlicensed assistive personnel had the training and competency validation to safely perform the task and utilize infection control principles.
8. **Healthcare Policies and Procedures:** School nurses are responsible for ensuring current policies and procedures are available to guide the nursing care that is delivered. While District School Boards may review and approve internal policies and procedures, the school nurse is accountable for maintaining current nursing practice standards.

In accordance with the *Arkansas State Board of Nursing Rules and Regulations* Chapter Five on Delegation policies and procedures are to:

**Recognize nursing tasks that can be delegated without prior assessment including:**

- a. Activities of Daily Living
- b. Noninvasive and non-sterile treatments
- c. Data collection
- d. Ambulating, positioning, turning
- e. Personal hygiene
- f. Oral feeding  
Socialization activities

**Recognize nursing tasks that SHALL NOT be delegated:**

- a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral or follow-up
- b. Formulation of the plan of nursing care and evaluation of the client's response to care rendered
- c. Specific tasks which require nursing judgment or intervention
- d. The responsibility and accountability for student health teaching and health counseling which promotes student education and involves the student's significant others in accomplishing health goals.
- e. Administration of intravenous medications or fluids.
- f. Receiving or transmitting verbal or telephone orders

**Recognize specific nursing tasks that MAY be delegated provided the five rights of delegation are followed:**

- a. Right Task
- b. Right Person
- c. Right Circumstances
- d. Right Communication
- e. Right Supervision

**Recognize that the nurse is responsible for determining that a task is appropriate to delegate in a specific situation.**

## Delegation of Specific Tasks

The following table is to be used to determine to whom specific tasks may be delegated.

Only the Nurse responsible for the student's nursing care may determine which nursing tasks may be delegated to an Unlicensed Assistive Person. The tasks listed in the chart below may only be delegated if the Five Rights of Delegation are met. Refer to the section on Delegation Principles.

### After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following:

1. Child's nursing care needs are stable.
2. Performance of the task does not pose a potential harm to the child.
3. Task involves little or no modification.
4. Task has a predictable outcome.
5. Task does not inherently involve ongoing assessments, interpretations or decision making.
6. The unlicensed assistive personnel's skills and competency levels.
7. The availability of supervision.

## Arkansas State Board of Nursing Delegation Chart

NURSING TASKS						
<b>A = Within Scope of Practice</b> <b>S = Within Scope of Practice with supervision</b> <b>D = Delegated task with supervision</b> <b>EM = In emergencies</b> <b>X = Cannot perform</b>			<b>Provider = Person w/legal authority to prescribe – M.D., APN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.</b>			
Procedure	Provider Order Required	RN	LPN/ LPTN	Unlicensed Assistive Personnel	Self	<b>RN Scope of Practice:</b> The delivery of health care services which require <b>assessment, diagnosis, planning, intervention, and evaluation.</b>  <b>LPN Scope of Practice:</b> The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including <b>observation, intervention and evaluation.</b>
<b>1.0 Activities of Daily Living</b>						
1.1 Toileting/Diapering		A	A	A		
1.2 Bowel/Bladder Training		A	A	D	S	
1.3 Dental Hygiene		A	A	S	S	
1.4 Oral Hygiene		A	A	S	S	
1.5 Lifting/Positioning/Transfers		A	A	S	S	
1.6 Feeding						
1.6.1 Nutritional Assessment		A	X	X	X	
1.6.2 Oral Feeding		A	A	S	A	
1.6.3 Naso-Gastric Feeding	Yes	A	S	X	S	
1.6.4 Monitoring N/G Feeding		A	S	X	S	
1.6.5 Gastrostomy Feeding	Yes	A	S	D	S	
1.6.6 Monitoring Gastrostomy Feeding		A	S	D	S	

NURSING TASKS						
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1.6.7 Jejunostomy Tube Feeding	Yes	A	S	X	X	
1.6.8 Total Parenteral Feeding (intravenous)	Yes	A	S	X	X	
1.6.9 Monitoring Parenteral Feeding		A	S	X	X	
1.6.10 Naso-Gastric Tube Feeding	Yes	A	S	X	X	
1.6.11 Naso-Gastric Tube Removal	Yes	A	S	EM	S	
1.6.12 Gastrostomy Tube Reinsertion	Yes	X	X	X	X	
<b>2.0 Urinary Catheterization</b>						
2.1 Clean Intermittent Cath.	Yes	A	S	D	S	
2.2 Sterile Catheterization	Yes	A	S	X	X	
2.3 External Catheter application	Yes	A	A	S	S	
2.4 Indwelling Catheter Care (cleanse with soap & water, empty bag)		A	A	S	S	
<b>3.0 Medical Support Systems</b>						
3.1 Ventricular Peritoneal Shunt Monitoring	Yes	A	S	D	X	
3.2 Mechanical Ventilator						
3.2.1 Monitoring	Yes	A	S	D	X	
3.2.2 Adjustment of Ventilator	Yes	A	S	X	X	
3.2.3 Ambu-bag		A	S	EM	X	
3.3 Oxygen						
3.3.1 Intermittent	Yes	A	S	D	X	
3.3.1 Continuous – monitoring	Yes	A	S	D	S	
3.4 Central Line Catheter	Yes	A	S	X	X	
3.5 Peritoneal Dialysis	Yes	A	S	X	X	
<b>4.0 Medication administration</b>						
4.1 Oral – Prescription	Yes	A	S	D	X	
4.2 Oral – Over the Counter (written parental consent)		A	S	D	S	
4.3 Injection	Yes	A	S	X	S	
4.4 Epi-Pen Allergy Kit	Yes	A	S	EM/S	S	
4.5 Inhalation					S	
4.51 Prophylactic/Routine asthma inhaler	Yes	A	S	D	S	
4.52 Emergency/Rescue asthma inhaler	Yes	A	S	D	S	
4.53 Nasal Insulin	Yes	A	S	X	X	
4.54 Nasal controlled substance ( such as but not limited to Versed)	Yes	A	S	X	X	
4.6 Rectal	Yes	A	S	X	X	
4.7 Bladder Instillation	Yes	A	S	X	X	
4.8 Eye/Ear Drops	Yes	A	S	D	X	
4.9 Topical	Yes	A	S	D	X	

NURSING TASKS						
<b>A = Within Scope of Practice</b> <b>S = Within Scope of Practice with supervision</b> <b>D = Delegated task with supervision</b> <b>EM = In emergencies</b> <b>X = Cannot perform</b>			<b>Provider = Person w/legal authority to prescribe – M.D., APN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.</b>			
Procedure	Provider Order Required	RN	LPN/ LPTN	Unlicensed Assistive Personnel	Self	<b>RN Scope of Practice:</b> The delivery of health care services which require <b>assessment, diagnosis, planning, intervention, and evaluation.</b>  <b>LPN Scope of Practice:</b> The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including <b>observation, intervention and evaluation.</b>
4.10 Per Naso-gastric Tube	Yes	A	S	X	X	
4.11 Per Gastrostomy Tube	Yes	A	S	D	X	
4.12 Intravenous	Yes	A	S	X	X	
<b>5.0 Ostomies (colostomy, ileostomy)</b>						
5.1 Ostomy Care (empty bag, cleanse w/soap & water)		A	S	S	S	
5.2 Ostomy Irrigation	Yes	A	S	X	S	
<b>6.0 Respiratory</b>						
6.1 Postural Drainage	Yes	A	S	D	X	
6.2 Percussion	Yes	A	S	D	X	
6.3 Suctioning						
6.3.1 Pharyngeal	Yes	A	S	D	X	
6.3.2 Tracheostomy	Yes	A	S	D	X	
6.4 Tracheostomy Tube Replacement	Yes	A	EM	EM	EM	
6.5 Tracheostomy Care (clean/dress)	Yes	A	S	D	X	
<b>7.0 Screenings</b>						
7.1 Growth (height/weight)		A	S	D	S	
7.2 Vital Signs		A	A	S	X	
7.3 Hearing		A	S	D	X	
7.4 Vision		A	S	X	X	
7.5 Scoliosis		A	S	D	X	
<b>8.0 Specimen Collecting/Testing</b>						
8.1 Blood Glucose	Yes	A	S	D	S	
8.2 Urine Glucose/Ketone	Yes	A	S	D	S	
<b>9.0 Other Healthcare Procedures</b>						
9.1 Seizure Safety Procedures		A	S	D	X	
9.2 Pressure Ulcer Care	Yes	A	S	D	X	
9.3 Dressings, Sterile		A	S	D	X	
9.4 Dressings, Non-sterile		A	S	D	S	
9.5 Vagal Nerve Stimulator	Yes	A	S	D	X	
<b>10.0 Developing Protocols</b>						
10.1 Healthcare Procedures		A	X	X	X	
10.2 Emergency Protocols		A	X	X	X	
10.3 Individualized Healthcare Plan		A	X	X	X	

**Summary Chart of School Nursing Procedures per Level of Training as Identified in the Arkansas State Board of Nursing School Nurse Guidelines**

<b>Healthcare Services Provided</b>	<b>RN</b>	<b>LPN</b>	<b>UAP Other School Personnel</b>	<b>Other Healthcare Worker</b>
Medication Administration Routine & Occasional	Yes	Yes	Currently Yes Recommendation NO	Within the discipline's scope of practice
Medication Administration Emergency Rescue Epinephrine or Glucagon	Yes	Yes	With training	Within the discipline's scope of practice OR With training
Individual Healthcare Plan <ul style="list-style-type: none"> <li>• Parent Conference</li> <li>• Physician Consultation</li> </ul>	Yes	No but may contribute information	No	Contributes Within the discipline's scope of practice
Screening as required by Education Regulation <ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Scoliosis</li> <li>• Height &amp; Weight (BMI calculation)</li> </ul>	Yes Yes Yes Yes	Yes Yes Yes Yes	With Training	Within the discipline's scope of practice
Referrals to other disciplines <ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Physical Therapy</li> <li>• Speech Therapy</li> </ul>	Yes	No	No	Within the discipline's scope of practice
Flu Clinic	Yes	Yes	No	Within the discipline's scope of practice
Community Partner Liaison	Yes	Yes		Within the discipline's scope of practice
Home Visits	Yes	No	No	Within the discipline's scope of practice

<b>Healthcare Services Provided</b>	<b>RN</b>	<b>LPN</b>	<b>UAP Other School Personnel</b>	<b>Other Healthcare Worker</b>
Supervision of Healthcare Paraprofessional or other titles of those providing Activities of Daily Living and Private Duty Caregivers	Yes	No	No	Within the discipline's scope of practice
Teaching <ul style="list-style-type: none"> <li>• Healthy Life Style</li> <li>• Health Classes</li> <li>• Parent Education</li> <li>• Certified Nursing Assistant Course</li> <li>• First Aid/CPR/AED</li> </ul>	Yes With Teaching Qualificatio n Yes Yes Yes	Yes With Teaching Qualificatio n Limited No Yes	Yes With Teaching Qualificatio n No No Yes	Within the discipline's scope of practice
Staff Health Check/consultation/screens	Yes	Non-assessment	No	Within the discipline's scope of practice
Workman's Compensation <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Filing paperwork</li> </ul>	Yes Yes	No Yes	No Yes	Within the discipline's scope of practice
Assistance Needs Identification <ul style="list-style-type: none"> <li>• Food/Clothing Pantry</li> <li>• FINS – DHS</li> </ul>	Yes Yes	Yes Yes	Per School district policy	Within the discipline's scope of practice
Healthcare Advocate – Abuse reporting	Yes	Yes	Yes	Yes
Management of a Healthy Environment Disaster Plan Team Crisis Management Team Safety Committee	Yes	Yes	Yes	Yes
Health Office and Supply Management <ul style="list-style-type: none"> <li>• Monitor expiration dates</li> <li>• Order Supplies/Equipment</li> <li>• Maintenance of supplies/equipment</li> <li>• Bill Payment Authorization</li> <li>• Billing for Personal Care</li> <li>• Scheduling/Assignments</li> </ul>	Yes Yes Yes Yes Yes Yes	Yes Yes Yes Yes No No	Per School Policy	NA

## Supervision

**Only the school nurse can determine medically necessary nursing care that can be safely delegated to unlicensed assistive personnel and under what circumstances.** Sometimes confusion exists when an unlicensed assistive person is asked to do a procedure that a parent has been doing at home. For example, some parents have been taught to give intravenous medication. The assumption is made that because a parent has been administering the medication intravenously, any school employee can do it. Family members can legally provide nursing care without a nursing license as an allowable exception to the Nurse Practice Act. However, when these services are transferred to the public, the *Nurse Practice Act* applies. While administrators, teachers, and parents may be helpful resources and allies, they may not have the knowledge base to make adequate judgments about delegation of medical or nursing care; nor can they be held legally accountable to the same extent that a nurse will be liable for nursing care delivered. The school nurse may be accountable to the administrator for personnel issues but the nurse is responsible for directing nursing care.

### Supervision Defined

Merriam-Webster On-Line Dictionary defines supervision as “a critical watching and directing (as of activities or a course of action.)” The American Nurses Association defines supervision as “the active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity.” Supervision does not require the supervisor to physically be present 100% of the time, however, the supervisor must be able to critically watch and direct the Licensed Practical Nurses (LPN’s) and/or Unlicensed Assistive Person’s (UAP’s) activities or course of action. The amount of supervision required is directly related to the individual LPN’s or UAP’s experience, skills and abilities and the healthcare needs of the students being served.

### School Nurses:

School nurses though supervised administratively by a superintendent or principal, are responsible for health services and nursing care administered through the health services program. Schools may utilize a team consisting of RN(s), LPN(s), LPTN(s) and/or Unlicensed Assistive Personnel (UAPs) to provide health services. In accordance with the NPA and ASBN Scope of Practice Position Statement, RNs assess, diagnose, plan, implement and evaluate nursing care. The LPN/LPTN under the direction of an RN, APN, licensed physician or dentist observes, implements, and evaluates nursing care. Healthcare unlicensed assistive personnel (UAPs) perform delegated nursing care in accordance with the ASBN Rules.



## Appendix E

### Nursing Education and Licensure

#### Arkansas State Board of Nursing Guidelines for School Nurse Education and Licensure

- A. Nurse Supervisor - Coordinates and supervises nursing activities of one or more licensed nurses in one or more school districts.
  - 1. Hold an active Professional Nursing License (RN)
  - 2. Hold a Bachelor of Nursing Science Degree
  - 3. 5 years licensed nursing experience (2 of which must have been as an RN)
  - 4. 3 years experience as a school nurse
  - 5. 1 year experience as a supervisor (preferred)
  - 6. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
  - 7. Current certification in Scoliosis, Hearing, Vision and BMI screening
  
- B. Registered Nurse/Registered Nurse Practitioner
  - 1. Hold an active Professional Nursing License (RN)
  - 2. 4 years licensed nursing experience (2 years Pediatric Nursing Experience Preferred)
  - 3. Hold a Bachelor of Nursing Science Degree
  - 4. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED
  - 5. Current certification in Scoliosis, Hearing, Vision and BMI screening
  
- C. Licensed Practical Nurse/Licensed Psychiatric Technician Nurse
  - 1. Hold an active LPN/LPTN Nursing License
  - 2. 4 years licensed nursing experience (2 years Pediatric Nursing Experience Preferred)
  - 3. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
  - 4. Current certification in Scoliosis, Hearing, Vision and BMI screening
  - 5. School must have an RN employed by the school to supervise the LPN/LPTN practice
  
- D. Advanced Practice Nurse
  - 1. Hold an active Advanced Practice Nurse License
  - 2. Certification in a specialty that includes pediatrics
  - 3. 4 years licensed nursing experience
  - 4. 2 years APN experience
  - 5. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid

## Appendix F

### Arkansas State Board of Nursing School Nurse Guidelines for Management of Medical Records

- I. Health Records are included in Education Records and are maintained by the school for five years after the student leaves the school district.
  - i. Immunization Records
  - ii. Disability and Chronic Illness diagnosis
  - iii. Doctor and Hospital Preference
  - iv. Accident Reports
  - v. Allergies
  - vi. Medications taken routinely
  
- II. Medical Records are maintained separate from Health Records. Medical Records are to be retained by the school until the student reaches the age of 20 years old.
  - i. Lab reports including Glucose Monitoring
  - ii. X-ray reports
  - iii. Counseling Notes
  - iv. Pregnancy Notes
  - v. Psychological testing/counseling notes
  - vi. Consent to discuss medical needs with physician/clinic
  - vii. Assessments
  - viii. Treatments
  
- III. Upon transfer to an alternate school Health Records are to be sent under separate cover addressed to the School Nurse at the new school. Medical Records that are required for the continued care of the student will be included as determined by the School Nurse. The Nurse transferring the information will include contact information that includes the transferring Primary Care Nurse's name, address, phone number and e-mail address.
  - i. Information from the Health Records and/or Medical Records will be shared with school personnel on a "need to know" basis as determined by the School Nurse.
  - ii. Medical Records are to be maintained in e-school a part of Arkansas Public School Computer Network (ABSCN) program. Paper documents are to be scanned and saved on a secure server after the data has been entered into e-school.
  - iii. E-school and scanned documents are to be backed up on a regular basis to maintain integrity of the documents.
  - iv. As e-school is not a secured program – an electronic program specific to School Health/Medical Records is to be implemented.
    - i. Program should allow real-time centralized reporting

## Appendix G

### Arkansas State Board of Nursing School Nurse Guidelines for Management and Storage of Medications:

- I. A refrigerator dedicated to medication storage is to be in the Healthcare Services office
- II. Controlled Substances are to be stored and accountability controlled as required by Rules of Pharmacy Services, Arkansas Department of Health.
- III. Medication is to be stored in a secure location to prevent unauthorized access.
- IV. Rescue medication is to be accessible to anyone who may be responsible for administering the medication such as Epi-pen and rescue inhalers. Consider special cabinets that allow easy access to some but not all medications.

The licensed nurse is responsible for identifying qualified persons to be trained to administer medications in the nurse's absence.

Each school shall have a written policy regarding the administration of medication. The policy should include at least the following:

- A provider order is required for all prescription medications. A label on a prescription bottle may serve as the prescription, if acceptable to the facility.
- Written parental permission is on file for all over the counter medications that are to be taken by the minor. Permission slips may be time limited, such as, the school year, a semester, one month, or one week, depending on the governing body policy.
- All medications must be in the original container.
- The container must specify special storage instructions if appropriate (insulin needs to be refrigerated.)
- Prescription medications are to be labeled with the student's legal name (on record with the facility), date Rx was filled, ordering provider name, name of medication, dose, route, and frequency.
- All medications will be given according to labeling directions on the container. Deviations from label directions will require a written provider order.
- Procedure for administering and documenting medications during field trips and extracurricular activities.
- Documentation methods for the receipt of medication and the administration of medication.

- Methods by which nurse will receive medication e.g., students may bring medication in with written authorization from parent/guardian or parent is required to deliver medication to the school nurse.
- Storage and security of medications.
- Access to medications in the absence of the school nurse.
- Accountability methods for controlled substances.
- Arkansas Department of Health – Pharmacy Services Rules requires controlled substances be kept under double locks.
- Nurses must establish a counting system to document the number of doses of a controlled substance brought to the school, such as counting the number of doses at the time they are delivered by the parent or student in the presence of the parent or student. Both must document the number delivered to the school. A count should be done periodically to verify the medication can be accounted for by documentation and the number on hand for the specific student. Access to controlled substances is to be limited to as few personnel as possible. When possible the licensed nurse is to access and administer controlled substances.

In addition the policy may specify the following:

- A requirement that the initial dose of a new medication must be given by the parent/guardian outside of the facility setting. A specific length of time may be required between the initial dose being given and the student's re-admittance to the facility.
- Reports to parents/guardians regarding medication administration.
- Parents/guardians are encouraged to administer medication at home whenever possible.

**Disposal of Unused Medications:**

- Unused controlled substances that cannot be returned to the person for whom they were prescribed are to be sent to Pharmacy Services at the Arkansas Department of Health and Human Services for destruction.
- A surrender form can be obtained from Pharmacy Services, 501-661-2325.
- Large quantities of non-controlled substances can also be sent to Pharmacy Services for destruction.

## **Appendix H**

### **Facilities for School Health Care**

The Arkansas School “Nursing Center” (as recommended by and adapted from the National Clearinghouse for Educational Facilities, 2010).<sup>16</sup>

Three Room Facility-Minimum (Exam Room, Bathroom, Rest/office Area)  
Total square footage minimum: 405 based on one nurse on campus.

Four Room Facility - Recommended (Exam Room, Bathroom, Rest Area, Nurse Office)

Five Room Facility - Ideal (Exam Room, Bathroom, Rest Area, Nurse Office, Waiting Area)  
It is preferred that the health care center be adjacent to the school’s administrative office or guidance counselors office to promote a team concept of health care delivery.

#### **Examination Room:**

275-300 square feet to meet federal requirements for accessibility and should be able to accommodate educational displays that promote timely themes and events. The length of the room should ideally be 22 feet long to allow for vision testing. Bright light, such as from a window should be avoided if possible. To facilitate hearing tests, the examination room should be quiet and isolated from distracting noises.

The space includes but is not limited to:

- A workstation for the number of nurses working in the office at the same time
- Double Locked Medication Storage
- Supply Storage
- Locked File Storage
- Refrigerator/Freezer with locking compartments for medication and ice maker/or separate ice machine
- Equipment Storage
- Sink with cold/hot water

#### **Equipment/Supplies**

- Desk/chair
- Client seating
- Computer
- Phone access
- Internet access with security (HIPAA/FERPA compliant)
- Statewide compatible software for healthcare records
- Disposable covers for cots/beds or facility to wash non-disposable covers
- Universal precaution supplies (biohazard containers, personal protection equipment such as gloves and masks)

- Assessment Equipment (by example and not limited to: Thermometer, Stethoscope, sphygmomanometer, otoscope and light)
- Client specific equipment needs e.g., glucometer, suction, oxygen, etc.
- Refrigerator and Freezer thermometers
- First Aid Supplies
- Appropriate number of electrical outlets
- Washer and dryer-recommended but not required

**Rest Area: 100-150 square feet to include but not limited to:**

- Cot/beds for ill students, with a two bed minimum. Both beds should be curtained off, partitioned, or physically separated from the rest of the nurse's office. The size of the school enrollment should be considered when deciding if additional bed/cots are needed.

**Bathroom: 30-40 square feet minimum with the following conditions:**

- Private room, no public access
- Connected to the Nursing Center
- Fully accessible according to federal guidelines
- Sink with hot/cold water
- Shower-recommended but not required

**Office: (not required but recommended)**

150-175 square feet based on one nurse on campus. If the school campus has more than one nurse, additional space will be needed. Some of these items are listed under Exam Room. If a nurse's office is built, these items should be included in the nurse's office.

- Desk/chair per nurse on campus
- Client seating
- Phone access
- Internet access with security (HIPAA/FERPA compliant)
- Statewide compatible software for healthcare records

**Waiting Area: 100-150 square feet**

- Chairs for client seating until a nurse is available

## References

1. Annie E Casey Foundation, 2013 Kids Count Data.  
<http://datacenter.kidscount.org/data/tables/29-children-with-special-health-care-needs?loc=5&loct=2#detailed/2/any/false/1021,18,19,12/any/298,299>
2. Arkansas Center for Health Improvement, Assessment of Childhood and Adolescent Obesity in Arkansas Year Ten (Fall 2012-Spring 2013), Little Rock, AR: ACHI, January 2014. ACHI BMI Report, 2013  
<http://achi.net/Docs/209/>
3. Newacheck, P. & Halfon, N. Prevalence and impact of disabling chronic conditions in childhood. *American Journal of Public Health*. 1998; 88 (4): 610-617.
4. Pennington, N. & Delaney, E. The number of students sent home by school nurses compared to unlicensed personnel. *Journal of School Nursing*. 2008, 24, 290-297.
5. Telljohann, SK., Dake, JA, & Price, J H. Effect of fulltime versus part-time school nurses on attendance of elementary students with asthma. *Journal of School Nursing*, 2004, 20, 331–334. doi:10.1177/10598405040200060701
6. Wyman, L. Comparing the number of ill or injured students who are released early from school by school nursing and non-nursing personnel. *Journal of School Nursing*, 2005, 21, 350-355.
7. Wang, LY, Vernon-Smiley, M., Gapinski, MA, Desisto, M., Maughan, E., Sheetz, A. Cost-benefit study of school nursing services [published online May 19, 2014]. *JAMA Pediatr*. doi:10.1001/jamapediatrics.2013.5441.
8. Education Week, June 4, 2014.  
[http://www.edweek.org/ew/articles/2014/06/04/33philly\\_ep.h33.html](http://www.edweek.org/ew/articles/2014/06/04/33philly_ep.h33.html)
9. Arkansas Bureau of Legislative Research. The resource allocation of foundation funding for Arkansas school districts and open-enrollment charter schools. July 15, 2014.
10. American Academy of Pediatrics. Role of the school nurse in providing school health services. 2008.  
<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;121/5/1052.pdf>.
11. Durant BV, Gibbons LJ, Poole C, Suessmann M, Wyckoff L. NASN position statement: caseload assignments. *NASN Sch Nurse*. 2011;26(1):49-51.
12. *Healthy People 2020 Objectives*  
<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=11>

13. The Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. National Academies Press. 2010

14. Arkansas State Board of Nursing. *School Nurse Roles and Responsibilities Practice Guidelines*. 2007.

<http://www.arsbn.arkansas.gov/lawsRules/Documents/schoolnurseguidelines.pdf>

15. Arkansas State Board of Nursing *Annual Report, 2013*.

<http://www.arsbn.arkansas.gov/publications/Pages/default.aspx> Annual Report, 2013.

16. National Clearinghouse for Educational Facilities, 2010. [www.ncef.org](http://www.ncef.org)