

SCHOOL NURSES FORM THE LINK TO STUDENT HEALTH & WELLNESS



AlBrook School clay figure project.

Cynthia Hiltz

Dr. M. Jocelyn Elders, former U.S. Surgeon General, maintained “you cannot educate an unhealthy child and you cannot keep an uneducated child healthy.”

The school nurse is the link between student health/wellness and student learning. Yet in Minnesota, a state that is recognized for excellence in medical care, it is a sad commentary that we rank in the bottom 50 percent with regard to the school nurse resources we make available to our youngest generation, our children. According to the Minnesota Department of Education, state school districts employed only 463 full-time equivalent school nurses in 2006-07. The National Association of School Nurses estimates the state has a ratio of one school nurse to every 1,404 students—ranking Minnesota 30th in the nation. (See accompanying chart)

In a nation where healthcare spending is out of control and the shortage of medical caregivers is becoming worse, it is essential that we shore up the safety net provided by public health nursing. The profession of

State ranking for school nurses		
Ranking	State	Nurse to Student Ratio
1	Vermont	1:298
2	New Hampshire	1:376
3	District of Columbia	1:434
30	Minnesota	1:1,404
50	Utah	1:5,539

school nursing is and must remain a public health model. At the system level, interventions are focused to create change through policies, laws, and structures such as policy development and infection-control plans. At the community level, the interventions are focused at change in community norms, awareness, attitudes and practices such as: community assessment, health promotion programming, health targeted outreach and service coordination, and health protection services. At the individual level, the interventions are focused person-to-person to create change in individual health status, knowledge, or skills such as case management, health assessment, prevention activities, nursing care, and health promotion activities. School nurses functioning at these three levels of intervention are required to keep our school communities healthy and our students ready to learn. These are the reasons that each school community needs public health school nurses promoting health and wellness.

The role of a school nurse

I am frequently asked what does a school nurse do? Today's school nurse must have knowledge in the healthcare of children and adolescents, families, and communities as well as the ability to work with education, health care, and human services systems. They need to understand the school setting and how to help students maintain their optimal level of health so that they can accomplish their educational goals. School nurses provide direct health care, leadership for provision of health services, health screening and referral and leadership for health policies.

School nurses promote health, promote healthy school environments, and are the liaison between school personnel, family, community, and healthcare providers. Public health is the focus of school nursing at the system, community and individual focus of care. Community assessment is essential for the school nurse to plan population interventions. School nurses case-manage the care needs of their students. They break down the barriers to education for those students with health concerns. School nurses provide direct and indirect healthcare services to students in a complex environment utilizing an independent nursing process. It is essential that the school nurse have a firm grasp of public health core functions and be able to use those interventions within the context of her/his community.

Student health needs have changed and increased

Because of changes in society, family structure, child health, special education laws, health care and the educational system, the school nurse of today does not function as did the school nurse of even just 10 years ago. According to the Centers for Disease Control and Prevention, children come to school today with many more medical, social, and emotional needs. Students who have a diagnosed health condition require continuity of care by a school nurse. Our student populations are exhibiting increasing rates of all types of health concerns (Source: National Association of School Nurses):

Vision deficiencies.....	24%
Obesity.....	17%
Daily medication needs.....	13%
Mental health conditions.....	10%
Students missing more than 11 days of school due to an illness/injury	6%
Asthma	5%
Allergies.....	5%
Seizure disorder	5%
Hearing deficiency	5%
AD/HD	5%

Each of these students with health concerns requires individualized nursing care during the school day. For example, several Minnesota school district nurses have been case-managing asthma care using the Healthy Learners Asthma Initiative model. In an American Lung Association study, these school districts have proven they can decrease the average absence days by two when school nurses work with asthma students. Another example: students with diabetes require a large amount of school nurse time to assist with the monitoring of blood sugar levels. Time is also needed to calculate insulin doses considering intake, activity, and blood-sugar reading. As the medical community changes its care standards, these changes come to school with the students. It is common for diabetics to require individualized care 2-3 times per day and emergency care at any time during the school day. Each diabetic student's care needs must be considered individually. If any of these cares can be delegated, it requires in-depth training from the school nurse for each person the care is delegated to, according to the Minnesota Department of Health.

The school nurse must continue monitoring the care given by the unlicensed caregiver.

Nurses provide the safety net for underinsured children

On top of these increased healthcare concerns, the Minnesota Department of Health reports that 20.6% of children in Minnesota are underinsured, making school nursing services the only regular source of health care some students receive. The school nurse assesses the student's health and makes referrals to community resources as appropriate, they screen for



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normal vision and hearing levels and refer students who fall outside this range, they deliver emergency care, they plan for care needs for the individual, for the community, and for the system, they manage medication as ordered by the private medical provider and requested by the parent/guardian, they perform healthcare procedures required during the school day from injections to ostomy care, they delegate care to unlicensed caregivers, are a part of all the hazard planning teams, and provide health counseling and wellness programs.

School nurses provide the benefits of medical care management, fewer student absence days due to health concerns, more time for teachers to work on teaching instead of health issues, reduced chronic health care emergency visits, and promotion of wellness for the entire school community.

One last reminder as you ponder your wellness work for this upcoming school year: Think about the evaluation phase of your wellness policy as required by Public Law 108-265, 2004. Your school nurse should be a part of the team pulling this data together. After the evaluation report is presented to your school board there should also be a recommendation for changes needed to the plan and when the next evaluation is due. Your school nurse should also be a part of this team. Have a healthy 2008-2009 school year.

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Recommended minimum ratios of full-time school nurse to students

The National Association of School Nurses and Healthy People 2010 recommend minimum ratios of full-time school nurses to students depending on the needs of the student populations:

- 1:750 for well students
- 1:225 in student populations that may require daily school nursing services or interventions such as Special Education inclusions
- 1:125 in student populations with complex healthcare needs
- 1:1 may be necessary for individual students with multiple disabilities

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