In 2009, School Nursing celebrates 100 years in Minnesota.

In October 1909, Miss Virginia Rice, Minnesota’s first school nurse was hired by Saint Paul Public Schools. The 1910 report of school health services in Saint Paul Public Schools states that the school nurse provided health inspections for communicable diseases, followed up on physician inspections, pulmonary diseases, tuberculosis, pediculosis, defective vision, defective noses and throats, malnutrition, enlarged cervical glands, heart disease, dental problems, physical anomalies (chest, spine, extremities), and instructed in hygiene. The nurses also worked with the teachers and parents, inspecting children for diseases and cleanliness, treating minor ailments, visiting homes to instruct parents in care and helping to “rectify any difficulties the children possess”. School nurses also investigated all cases of absence, kept records of examinations and had numerous other duties. (Meyerdin, 1910)

School nurses provide prevention, preparation and management activities to address communicable diseases, including influenza, in the school population. One hundred years ago, communicable diseases such as small pox, scarlet fever, mumps, tuberculosis, measles, diphtheria, and chicken pox kept children out of school. Epidemics were prevalent. Today, because Minnesota’s immunization laws are enforced by school nurses, most children are free from vaccine preventable diseases. They are healthier and attending school regularly. Today, school nurses manage new infectious agents of HIV/AIDS, and H1N1 influenza. They also manage the resurgence of previously controlled infectious agents including tuberculosis, pertussis, and drug resistant bacteria. In addition, school nurses are planning for a pandemic influenza possibility.

School nurses address many problems to assure children are healthy and in school. In 1909, infectious diseases, poverty, immigration, truancy and lack of social services were the catalysts for hiring the first school nurse. Today, the number of children living in poverty is increasing and immigration, truancy, and lack of family supportive services continue to challenge families and the academic success of children. For many uninsured or underinsured low income families, school nurses are the frontline health care provider. A lack of access to a school nurse can lead to disruption of the child’s school day, more expensive trips to emergency rooms, and delays in the care of chronic and preventable illnesses.

School nurses manage any health condition a child brings to school. In 1909 many children with chronic and disabling health conditions did not attend school. Today, federal laws (IDEA and Section 504 of the Rehabilitation Act) guarantee access to education for all children. In our schools, we see increasing numbers of students with chronic health needs which require a school nurse’s expertise to manage during the school day. As a result of changes in health care, children now
come to school with asthma, diabetes, severe reactions to allergens (insect stings, foods), heart transplants, and may be receiving kidney dialysis or chemotherapy for cancers. In addition, children in our classrooms may have seizure disorders, hearing problems, vision problems, mental health issues or ADD/ADHD. Increasingly more children are uninsured or underinsured. Children spend much of their day in school. Any illness or injury not only affects their ability to learn, but also affects the classroom environment and their peers’ ability to learn. School nurses provide health planning and interventions for optimal management of children’s health problems at school.

- **School nurses identify potential health problems and intervene to prevent them.** A new challenge to student health is the obesity epidemic. Children today are in a generation that is expected to be less healthy than their parents’ generation. Today’s school nurses are addressing weight and nutrition concerns for children to improve their future health. School nurses promote health and wellness activities, including exercise and better nutrition, to help all students perform better academically. Students learn better when they are healthy.

- **The core of school nurse practice is the belief that all children have the ability to learn, all children have the right to health care; all children have the right to an education; and the whole of society benefits because children are educated and healthy.**

- **MN does not meet national recommendations.** As we celebrate 100 years of school nursing, we must recognize that MN does not meet the nationally recommended ratios for school nurse staffing. MN ranks 35th of the 50 states in the nation, with a school nurse to student ratio of 1 nurse to 1803 students. (NASN1)

  - *Healthy People 2010* from The Center for Disease Control and Prevention (CDC) and National Center for Health Statistics recommend a school nurse-to-student ratio of 1:750 (USDHHS).
  - The National Association of School Nurses (NASN1) recommends minimum ratios of nurses to students depending on the needs of the student populations:
    - 1:750 for students in the general population
    - 1:225 in the student populations that may require daily professional school nursing services or interventions
    - 1:125 in student populations with complex health care needs, and
    - 1:1 may be necessary for individual students who require daily and continuous professional nursing services.

- **Today’s school nurses are professional health care providers who save lives, provide safe, optimal management of children’s health problems, provide identification of health concerns, keep children healthy, reduce absences, and help assure academic success.**

- **For 100 years, school nurses have been the essential link between health and education success.**

**REFERENCES**
Lindblad, Selma. *School Nursing Then and Now 1914 to 1952*. Personal Document in Saint Paul Public Schools archives.