SELF-DIRECTED MODULE 1

Nurse Role in Oregon Schools

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PRESENTATION TRANSCRIPT

[SLIDE 1] Welcome to the online workshop School Nurse Role in Communicable Disease Mitigation. This workshop is presented in partnership between the State School Nurse Consultant at the Oregon Health Authority, and the Oregon School Nurses’ Association.

[SLIDE 2] This workshop covers three main topics. The first is nurse role in schools, including guidance, laws, and the context in which school nurses work in the state of Oregon. The second is resources for communicable disease mitigation, from state and national agencies, and from professional organizations. The third is using evidence to guide practice; ways that the school nurse can apply strong reliable evidence to address local communicable disease issues.

[SLIDE 3] The topic covered in this presentation is the nurse role in Oregon schools.

[SLIDE 4] The nurse role in Oregon schools is defined primarily by three factors. The first is school-specific guidance. The second is Oregon law. And the third is the context in which the school nurse works.

[SLIDE 5] At the time that this workshop is being developed, one of the primary sources of school-specific guidance that helps define nurse role is the Ready Schools, Safe Learners guidance for the 2020-2021 school year.

[SLIDE 6] Ready Schools Safe Learners is Oregon’s re-opening guidance, after schools have been closed to large-scale in-person learning since March of 2020. Within this guidance there are specific areas that refer to the requirement that the school consult the registered nurse in various areas of school readiness. Guidance refers to other individuals as well in some of these areas, such as local public health authority, or other school staff with expertise. The school RN is not solely responsible for the actions where they are named. However, the guidance gives clear indication that the school nurse should be involved, particularly in specific areas of planning and implementing school health measures. We will look more specifically at these areas in a moment. First, we will look at the laws that inform this guidance.

[SLIDE 7] Oregon laws define the school nurse’s scope and standard of practice, and some of the actions that are allowable within the school setting. They also define the requirement for schools to provide health services and communicable disease mitigation.

[SLIDE 8] Oregon’s Nurse Practice Act provides the definition of license required to practice nursing and use of the title nurse. The Nurse Practice Act, Division 45, outlines the standards and scope of practice for both licensed practical nurse and the registered nurse. In Division 47, the Registered Nurse is provided the legal foundation for delegating special care tasks and teaching for anticipated emergencies.

[SLIDE 9] In addition to the Nurse Practice Act, the nurse’s actions are guided by Oregon education law. These laws inform the district both in the district’s requirement to provide adequately supervised health services, and in how the nurse should be involved in supporting school health. Division 15, Special Education, refers to “school health services and school nurse services” as part of related services to assist a child with a disability. Division 21, Medication Administration, describes how medications may be provided including the fact that training must be conducted by one of the approved licensed providers, this is where the registered nurse is required to train staff to provide non-injectable medications. Division 21 also lists providing school health services as a requirement to provide a standard education for Oregon students. Division 22, Health Services, is one of the key laws that outlines both the school nurse role and the district’s responsibility to provide school health services. Division 22 includes phrases such as the district is required to provide “a prevention-oriented school health services program that is appropriately supervised and adequately equipped,” and that such a program must include “space to isolate the sick or injured child from the rest of the student body.” Division 22 also directs districts to “hire RNs, or LPNs under the supervision of RNs, to practice nursing in the school setting.” Division 22 outlines the mandated school nurse-to-student ratios based on medical acuity, as defined in statute [ORS 336.201]. That Statute identifies that “a registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student.” That legal requirement is found in Oregon Revised Statutes Chapter 336 Section 201. And to clarify, the legal definition of school nurse is a registered nurse who has been additionally certified by Oregon’s Teacher’s Standards and Practices Commission, or TSPC, to provide school nursing services.

[SLIDE 10] In addition to education law and Nurse Practice Act, the school and the nurse are further guided by Oregon’s Public Health laws. The two most specific to communicable diseases are Division 19, Disease Related to School, Childcare, and Worksite Restrictions. This law outlines those diseases which are considered school-restrictable. As of July 2020, this list “includes but is not limited to chickenpox, diphtheria, hepatitis A, hepatitis E, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, and infectious tuberculosis and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the child poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting).” A temporary rule enacted in March 2020 added novel coronavirus disease or COVID-19 to this list. COVID-19 is expected to become a permanent addition to Oregon’s school restrictable diseases after the next legislative cycle. These are the diagnoses listed in Oregon law for which students and staff must be excluded. Division 19 states the school administrator’s responsibility to work with the Local Public Health Authority to ensure compliance with these school exclusions. In addition, the statute requiring immunization of school children describes the school’s responsibility to ensure compliance with required childhood immunizations. The Division 19 law about restrictable diseases, and Oregon immunization law, complement one another. A person who has not been immunized against those diseases listed in Division 19, for which there is an available vaccine, may be restricted from school property, particularly when there is a local outbreak of a vaccine-preventable school-restrictable disease. While these public health laws do not specifically state the school nurse role, Oregon school nurses are key personnel helping schools uphold both of these public health laws.

[SLIDE 11] Those state laws inform state guidance, including that 2020-21 school reopening guidance. So, where guidance says the school nurse should be consulted to determine priorities or develop protocols, we can look back to the Nurse Practice Act, and see that it is within the RN scope of practice to develop health policy. The Nurse Practice Act also requires nurse to regulate their practice such that they only accept assignments for which they have the necessary knowledge, skill, and ability. The Oregon State Board of Nursing released a position statement in 2020 clarifying that availability of PPE falls under the “ability” section of that regulation. The uphold their standards of licensure, the RN should seek to inform themselves of required PPE for various school nursing tasks and communicate those requirements to ensure that PPE is available in their school setting. The district is required to participate in this process per education law, Division 22, providing health services that are “appropriately supervised and adequately equipped.” Our state laws are reflected in state guidance. These laws and lines of guidance place the RN as a central figure in school health services. These laws and lines of guidance lay a strong foundation upon which the nurse may base their efforts to provide safe care for all students.

[SLIDE 12] While the nurse is recognized as a vital health provider in the school setting, they are not the sole person responsible for school health. As stated in Oregon’s School Nurse Manual, “Effective school nurse practice will depend partly on the nurse’s knowledge, skill, and experience. [But] School and district factors also impact the nurse’s practice. These factors include student acuity and nurse-to-student ratios, systems of communication, and the presence or absence of collaborative interdisciplinary teams within the school setting. From individual conditions to community needs, the importance of health support extends well beyond the nurse’s office.” This idea certainly holds true for communicable disease mitigation.

[SLIDE 13] The Centers for Disease Control supports coordinated school health efforts. The CDC’s Whole School, Whole Community, Whole Child model, (the WSCC model pictured on the slide), outlines 10 components of school wellness. Components of school wellness include everything from direct care and health education to physical and social environment. These WSCC components emphasize involving staff, family, and community. The model image shows that community context surrounds the school components; school components are represented in a blue circle; these school components surround a child who is healthy, safe, supported, challenged, and engaged.

[SLIDE 14] School health is supported by nurses, with different licensure, specialty certifications, and experiences. School health is also supported by unlicensed staff and outside providers. While the support and engagement of many individuals is key to communicable disease mitigation, the school nurse is one of few individuals in the school setting with training on pathophysiology, pharmacology, aseptic and sterile technique, bedside manner, and all the other skills and training that come with a nursing license. We recognize that nurses straight out of nursing school have specialized training that supports school health efforts. We also recognize that the school is a specialty practice setting, where the nurse is expected to practice far more independently than in a hospital or clinic.

[SLIDE 15] It comes as no surprise then, that most nurses practicing in Oregon schools have many years of experience. In a recent survey, we found that 75% of nurses in Oregon schools had been practicing for over 10 years. The average across all responses was 22 years practicing as a nurse. We know from their next responses that many of those years happen prior to arriving in the school setting.

[SLIDE 16] That same survey showed us that the average time in the school setting was just 8 years, with more than half of respondents in schools 5 years or less. At the same time, nearly a third had been in the school setting for a decade or more. This represents a wealth of knowledge and experience that may be put to good use to support school health efforts.

[SLIDE 17] While the nurses themselves are experienced in their role, many are supervised by non-nurses. For some this presents an added challenge trying to communicate their expertise and expressing their professional needs while advocating for the health needs of students. Likewise, as many as one nurse in four is practicing as the only nurse in their district. Even those with other nurses in the district, are likely to be the only nurse practicing in any given school. School nurses may find support in other districts or in state professional organizations, as they seek to implement effective measures in their own schools.

[SLIDE 18] We know that Oregon is a geographically diverse state, with rural and urban populations interspersed across its 36 counties. Not surprisingly, nurses working in urban settings were more likely to report other nurses working in the same district. While at the same time, the vast majority of nurses working in rural settings reported they were the only nurse in their district – and in some cases, the only nurse covering 2 or 3 or more districts. While rural populations may be smaller, the distance between sites presents added challenges as these nurses work to collaborate with school personnel and implement effective measures in their schools.

[SLIDE 19] Looking at ratios across the state, Oregon’s recommended nurse-to-student ratio is no more than 750 students for each full-time nurse. According to ODE’s 2019 Annual School Nurse Report, on average across the state, Oregon currently has one full-time nurse for every 2,352 students enrolled in Oregon public schools. Adjusted to account for the nurses needed to serve students with higher medical acuity, Oregon has an average of one nurse for every 5,565 students in the general population. These ratios are significantly higher than recommended to effectively support school health efforts. Many areas of the state continue to report no access to school registered nurse services. 2019 did see a promising change, with 13 districts reporting RN services where previously there were none.

[SLIDE 20] School nurse caseload are the total students a nurse may be responsible for. Caseload does not consider whether the nurse serves those students full time or part time. Average caseload has remained similar across multiple surveys for the past few years, with most nurses reporting around 2,500 students on their caseloads.

[SLIDE 21] While Oregon’s laws still refer to mandated ratios, both National Association of School Nurses and American Academy of Pediatrics now recommend “a nurse in every school.” Over half of Oregon school nurses serve 3, 4, or 5 schools. A quarter of Oregon’s school nurses serve 6 or more buildings, and of those, 5% serve more than 20 sites. Just 10% of school nurses in Oregon report that they work for a single school. This presents challenges both in implementing effective measures, and in reducing the nurse’s overall exposure to communicable diseases.

[SLIDE 22] With school nurses serving large numbers of students across multiple sites, much of Oregon’s school nursing care is performed by unlicensed assistive personnel, such as secretaries, teachers, or other assistants. Over 90% of nurses have reported they used delegated care to meet student needs. On average, the school nurse may train 9 staff to perform special care tasks. The delegation process is outlined in the state Nurse Practice Act. It is a licensed process by which the nurse transfers skills and knowledge to an unlicensed person to perform care. Those less familiar with the school setting might be surprised to note the specialized care which nurses oversee in schools includes everything from the more common diabetes management, to tube feeding and catheterizations, ileostomy care, seizure management, pacemaker and other cardiac care, tracheostomy care and suctioning, and more. While nurses work to support those high-acuity students, they also support the entire school population through staff training and health messaging the reinforces disease prevention and health promotion.

[SLIDE 23] When schools closed in March, a logical question followed: could a school nurse work from home? The answer was a resounding yes. In the first month alone, 95% of nurses reported they provided school nursing services remotely. By the end of the school year, one in four had continued to provide exclusively remote services; only 5% were working the majority of their time on-site.

[SLIDE 24] The question that follows is “What could a school nurse do while school buildings are closed?” The answer is, “Much of the same work they do while buildings are open.” All but 5% reported they continued working in a role that used their nursing expertise during those 3 months. Nurses continued to provide health support. They described “finally having time to do the tasks [they] don’t usually get to,” moving down their list of students from those most in need of hands-on services, to those with chronic conditions that “[they] wouldn’t usually get to” reviewing plans of care, medical orders, and student needs. They described working with counselors and other school staff, providing outreach to students with medical and mental health issues, helping connect families with needed services. Rather than having open hours, many described feeling busier than ever. And, as we hope to see, as our state laws and state guidance recommends, they described reviewing school health protocols and policies, and helping to revise or create new policies to meet current needs.

[SLIDE 25] When we asked nurses in June and July of 2020 whether they were involved in re-opening planning for their school or district, those that responded were participating at various levels. Nearly 1 in 5 were participating in a nurse leadership role. However, nearly the same number stated they were not involved. [Update: August 2020 surveys showed similar numbers]. In keeping with our guidance and our state laws, we hope that, over time, more nurses will be able to fully participate in school health planning efforts.

[SLIDE 26] As we know, the nurse’s role in communicable disease mitigation is defined not only by lines of guidance and state laws, but also by the context in which they work. Recognizing the wide variety of school communities that nurses are serving across the state of Oregon, [workshop live sessions and Module 2] discuss resources to support the nurse’s actions in communicable disease mitigation.