

ONLINE WORKSHOP
SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

SELF-DIRECTED MODULE 1

Nurse Communicable Disease Mitigation Role in Oregon Schools

This nursing continuing professional development activity was approved by Oregon Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Approval valid through 07/30/2022.

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PRESENTATION TRANSCRIPT

Links to resources are listed at the end of transcript.

[SLIDE 1.1] Welcome to the online workshop School Nurse Role in Communicable Disease Mitigation. This workshop is presented in partnership between the Oregon School Nurses' Association and the State School Nurse Consultant in the Public Health Division of the Oregon Health Authority.

[SLIDE 1.2] This workshop covers three main topics. The first is nurse role in schools, considering laws, guidance, 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 1.3] Module 1 will focus on the first of those three topics: the nurse role in Oregon schools as it relates to communicable disease mitigation.

[SLIDE 1.4] The school nurse role here in Oregon is influenced by multiple factors. The first we will consider is Oregon laws. The second is guidance for school settings. And last but not least the local context, the setting in which the school nurse works and the population the nurse serves. The role the school nurse plays in communicable disease mitigation may vary from one school to the next, but laws, guidance, and common expectations apply to nurses in schools across the state.

[SLIDE 1.5] Oregon laws define the nurse's scope and standard of practice, and some of the actions that are allowable within the school setting. They also establish the requirement for schools to provide health services and communicable disease mitigation.

[SLIDE 1.6] Oregon's Nurse Practice Act is the set of state laws which define nursing licensure and to 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. While both

ONLINE WORKSHOP
SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

provide licensed nursing care, an RN has the scope to practice independently, while an LPN's legal scope requires that they practice under direction and supervision of a Registered Nurse. Division 47 establishes the legal foundation for the Registered Nurse to delegate special care tasks and teach for anticipated emergencies, and establishes standards related to these licensed nursing processes.

[SLIDE 1.7] In addition to the Nurse Practice Act, the nurse's actions are guided by Oregon education laws. Education laws establish the responsibility for school districts to provide health services and also establish some of the ways the registered nurse should be involved in supporting school health. While the nurse holds a valuable role in communicable disease mitigation, education laws make it clear that nurses are important partners in standard education for all students, and are critical to support students with disabilities and special health-care needs. Two laws in particular establish that nurses are expected to play specific roles in Oregon schools. Oregon Revised Statutes Chapter 336 Section 201 outlines our state's mandated school nurse-to-student ratios based on medical acuity. Chapter 336 establishes that "a registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student." And to clarify, the legal definition of school nurse is a registered nurse who, in addition to be licensed in the state of Oregon, has been certified by Oregon's Teacher's Standards and Practices Commission, or TSPC, to conduct and coordinate school health services. [ORS 342.455]. A registered nurse without TSPC certification may provide services in the school setting but is not a school nurse by Oregon's definition. 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 establishes that 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 describes health services beyond communicable disease management, including "services for students who are medically fragile or have special health care needs." Division 22 directs districts to "hire RNs, or LPNs under the supervision of RNs, to practice nursing in the school setting." These two laws make it clear that, while it is the nurse's role to conduct and coordinate school nursing services, it is not the nurse's role to ensure all students receive sufficient nursing support. Rather, that is the role of the district to ensure adequate nurse staffing.

[SLIDE 1.8] Additional education laws further establish the nurse role within schools, above and beyond communicable disease mitigation. 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 or special health-care need. Division 21, Medication Administration, describes how medications may be provided to students. One condition is that training for school staff must be conducted by approved licensed providers, such as a registered nurse practicing in the

ONLINE WORKSHOP
SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

school setting. Division 21 also lists providing school health services as a requirement to provide a standard education for Oregon students.

[SLIDE 1.9] In addition to education laws and the Nurse Practice Act, the role of the school nurse is impacted by Oregon's Public Health laws. Two laws most specific to communicable disease are Division 19, Disease-Related to School, Childcare, and Worksite Restrictions, and Chapter 433, laws about immunization of school children. Division 19 outlines those diseases which are considered school-restrictable. As of September 2021, this list includes 15 diagnoses listed for which students and staff must be excluded, including COVID-19, chickenpox, hepatitis A, E, and sometimes B, pertussis, rubella, measles, and more. Division 19 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. As with laws previously mentioned, the nurse does not hold sole responsibility for these actions. The nurse contributes health expertise as they work to support all students, but the school administrator maintains responsibility for ensuring these laws are upheld.

[SLIDE 1.10] Laws establish legal parameters of the nurse role. Guidance for schools helps establish ways in which laws are enacted, and considerations beyond the laws to better support students. Ready Schools Safe Learners Resiliency Framework is Oregon's re-opening guidance. It outlines key practices for reducing the spread of COVID-19 in schools and provides guidance for reestablishing in-person learning. The Resiliency Framework focuses on equity and social-emotional needs, as well as health and safety. This guidance links to numerous supplemental documents. Throughout the Resiliency Framework, there are specific references to the role of the school nurse to support student access to education, and contribute to communicable disease prevention, planning, and mitigation.

[SLIDE 1.11] For example, OHA and ODE strongly advise that schools involve school nurses in development of communicable disease management plans and OHA and ODE strongly advise that schools develop plans for communicating health and safety protocols. Oregon school nurses provided trainings to school staff throughout the 2020-2021 school year, with COVID-19 as the most common training topic.

[SLIDE 1.12] Schools are also advised to consult the school nurse as they develop specific aspects of these plans, such as a system for maintaining daily logs and other protocols, as well as directly assessing symptoms. Guidance refers to other individuals as well, such as local public health authority, or other school staff with expertise. It is not the RN's role to take on all COVID-19 responsibilities. However, the guidance is clear that the school nurse should be consulted and should share their expertise as a school health professional.

ONLINE WORKSHOP
SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

[SLIDE 1.13] Resiliency Framework gives us COVID-specific guidance. Another important source of guidance is the OHA/ODE Communicable Disease Guidance for Schools. This document outlines important actions to reduce the spread of communicable disease in schools, including but not limited to COVID-19. It includes sections on key regulations, collaboration strategies, and prevention measures, as well as identifying when school exclusions are necessary. The document includes tools for partnership and education across the school community; guidance for school staff about exclusions based on symptoms; a template letter about staying out of school when ill, to share with families and members of the school community; and disease-specific guidance. This document describes the role of the school nurse in multiple areas.

[SLIDE 1.14] For example, it talks about the nurse's role providing school health services, collaborating with the local public health authority, and responding to health issues that arise during the school day. It talks about the nurse role developing health policy and procedures. It talks about the nurse role developing specific protocols.

[SLIDE 1.15] This guidance also talks about the nurse role supporting students with special health needs during times of communicable disease concern, as well as communicating with parents and guardians about health concerns, risks, and control measures.

[SLIDE 1.16] Those state laws inform state guidance. 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, and to provide health education. Where guidance recommends consulting the school nurse for assessing symptoms and individual students, we see in state laws that the district is required to provide health services that are "appropriately supervised" and to provide nursing services for students with special needs. Guidance recommends the nurse be consulted to collaborate with the LPHA, in order to support the school administrator's efforts to uphold public health laws. These laws and lines of guidance lay a strong foundation for the school nurse role in communicable disease mitigation. We're going to shift now from talking about laws and guidance, to talking about local context.

[SLIDE 1.17] State laws and state guidance impact the nurses' role, but local context also impact the nurse's role in communicable disease mitigation, as well as the nurse's role in other areas of school health and student support. Effective school nurse practice will depend partly on the nurse's knowledge, skill, and abilities. But school and district factors also impact the nurse's practice. These factors include community resources, care partners, and caseload, as well as specific types of needs among the student population. Both medical needs and social determinants of health impact the role a nurse may need to play.

[SLIDE 1.18] While the nurse is recognized as a vital health provider in the school setting, they are not the sole person responsible for school health. The concept of *coordinated school health* is important as we are describing the school nurse role, especially as it relates to

ONLINE WORKSHOP

SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

communicable disease mitigation. The image on the screen is a model of coordinated school health; this is the CDC's Whole School, Whole Community, Whole Child model. The WSCC model outlines 10 components of school wellness, which appear around the blue circle. The components of school wellness include everything from health services 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. The school components represented in a blue circle support students to be healthy, safe, supported, challenged, and engaged. Looking at the blue circle, the nurse is working within a school team. They circle the wheel with the support they provide, and they depend on their school teams and local systems in order to provide that support effectively. The next few slides describe some of the school teams and local context that nurses experience across Oregon.

[SLIDE 1.20] OHA's 2021 School Nurse Survey asked about aspects of local context that influence the school nurse role. The survey asked about school health teams – who are the personnel supporting students? The survey also asked nurses about the population and community they served; their nursing teams including individual nurse experience and nurse-to-nurse support in their setting; and common duties and roles in their setting, including how COVID-19 impacted their work and their ability to serve students. The next few slides highlight responses from across the state and consider how these aspects of local context impacts the school nurse role.

[SLIDE 1.19] School health is supported by nurses and other licensed providers, as well as unlicensed staff and outside providers. This graph shows registered nurses as the most common health provider, since they were the ones responding to the survey, but when we survey schools - such as through ODE's annual reports – we find about a third of Oregon school districts have no access to registered nurses. We asked nurses who else was providing health services in the schools they served. The most common response was unlicensed staff trained by the RN who held other roles- such as a school secretary or classroom teacher. The majority of nurses also reported their schools had mental health specialists, licensed therapists such as PT, OT, and speech, as well as unlicensed staff such as education assistants who work with individual students and provided health support. About 37% of nurses stated that outside volunteers support school health, such as Lion's Club providing vision screening for students. About 35% of nurses reported they had access to support from a School-Based Health Center medical clinic in their school or district. Less than a third of nurses stated there were LPNs supporting student health, and even fewer had support from community liaisons such as community health workers or promotoras.

[SLIDE 1.21] School health teams may vary based on whether the setting is urban or rural. In Oregon, slightly more nurses reported serving rural communities than urban ones. The setting impacts resources and culture related to communicable disease mitigation. Some students and

ONLINE WORKSHOP
SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

families have easy access to testing and vaccines for communicable diseases. In some settings there are local groups to offer support in the language and culture of students. If capacity allows, the nurse may take on roles that address community needs, such as offering onsite testing, supporting vaccine events, or providing information in languages other than English, as well as developing working relationships with local providers and local community-based organizations, to offer students referrals and connections to the support they need.

[SLIDE 1.22] According to our 2021 survey, most nurses are serving students in kindergarten through 12th grade, with slightly more nurses in elementary settings, but over a third of those nurses also served very young students – infant, toddler, or pre-K populations – and another third were serving students 18-21 in transitions programs. In addition to age, students' developmental abilities vary. Some nurses serve schools where most students have special needs; others serve these students as members of the larger general population. Depending on the community or individuals they are serving – the nurse may carry out their role in different ways, more of a direct support role for some, and more of an educator or advocate for others.

[SLIDE 1.23] The number of schools served also impacts the nurse's role. In Oregon, the average full-time nurse serves 4 schools. Across all respondents, 10% of nurses serve full-time at a single school while 20% serve 6 or more schools. Most nurses oversee caseloads between 1500 to 3000 students. These aspects of local context impact whether the nurse is available to collaborate with school teams and respond to communicable disease issues.

[SLIDE 1.24] School nursing requires a wide range of knowledge, skills, and abilities. Not surprisingly, most nurses reported many years of nursing experience – over 20 years of nursing practice, on average. The level of experience, overall and in a specific school setting, impact the nurse's professional relationships and role in communicable disease mitigation. Looking at the yellow bar on the far left, less than a quarter of nurses started in Oregon schools with 0-3 years prior nursing experience. Instead, looking to the right, nearly half reported they 10 or more years of prior nursing experience before coming to the school setting. At the same time, almost a third of nurses have been in Oregon schools for 10 years or more, which suggests there are school communities where nurses are well-integrated. However, looking to the left side, a greater proportion of nurses have been in schools for 0-3 years. Overall, these responses indicate that nurses stay in Oregon schools for less time than they stay in other professional nurse practice settings.

[SLIDE 1.25] While nurses typically report many years of professional experience, most nurses also reported that in the school setting, they are supervised by non-nurse – that was the case in 83% of the nurses' districts. In addition, across the state, about 1 in 5 nurses were practicing as the only nurse in the school district. Nurses in rural areas were more likely to report practicing solo. If that's the context the nurse is working in, effective student support may require the nurse to take a greater role synthesizing and communicating health needs, from explaining the

ONLINE WORKSHOP
SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

requirements of care for an individual student to implementing public health guidance in their school setting.

[SLIDE 1.26] In terms of the duties nurses reported, the majority were offering a range of health support. Most nurses were supporting both physical and mental health needs of students. First and foremost, school nurses support students with chronic conditions, providing services such as skill building and coordinating care. Nurses provide staff training for lifesaving treatment protocols like how to administer epinephrine or glucagon in a medical emergency. Nurses also provide education and messaging for students and families. Beyond teaching or training to support individual students, the most common trainings nurses gave in 2020-2021 related to COVID-19 mitigation protocols. In many cases, those nurses helped develop the health protocols for their school or district.

[SLIDE 1.27] Considering all of those duties, which most nurses carried out across multiple schools while covering large caseloads, it's not surprising that most nurses also reported relying on delegated care to meet students needs. Nursing care delegation is a licensed process by which the nurse transfers skills and knowledge to another person. Most school nurses in Oregon delegate special care tasks to unlicensed personnel. Delegations include supportive care for students with diabetes, asthma, seizures, trach care, tube feeds, and many other health conditions and daily needs. Most nurses indicated that additional students on their caseload were likely to required delegated care, once everyone returned to in-person learning. Even during times when most students were learning remotely, school nurses were providing essential services.

[SLIDE 1.28] During the school year 2020-2021, 88% of nurses reported they provided at least some of their services remotely. The beginning of the school year, in yellow, most nurses were providing most school nursing services remotely. End of the school year, in blue, as more students returned to buildings, most nurses were providing more services onsite. Still, at the end of the school year, over 50% continued to provide at least some of their nursing services from home or non-work locations. Remote work may include most of the duties shared previously - reviewing care plans, contacting families and providers, giving virtual trainings, and - for many - remote work related to COVID-19 mitigation. The next slide highlights a few of the ways COVID impacted school nurse role across Oregon.

[SLIDE 1.29] Health protocols and planning for COVID-19 mitigation was an evolving process throughout the school year 2020-2021. Above and beyond routine school duties, many school nurses were involved in planning specific COVID protocols for their schools, such as helping to write the Ready Schools, Safe Learners (RSSL) Operational Blueprints that our state required for each school site as part of planning for in-person learning. In 2021, 80% of school nurses reported some level of involvement in re-entry planning, and over half reported an active or leadership role in their school setting processes. For some, they were not involved but other nurses in the district held active or leadership roles. Linking this back to the laws and guidance,

ONLINE WORKSHOP
SCHOOL NURSE ROLE IN COMMUNICABLE DISEASE MITIGATION

the scope of practice for an RN in Oregon includes developing health policy. That's a role most nurses played to support COVID-19 mitigation in Oregon schools.

[SLIDE 1.30] COVID-19 mitigation required ongoing planning as well as day-to-day response. By the end of the school year, most nurses – over 70% -- reported that the demands of COVID-19 pandemic required 50% of their time, or more. Examples of the specific tasks, duties, and services the nurse role supported included onsite testing, case reporting, identification of close contacts in classrooms or school cohorts; notification to impacted families and staff, collaboration with the local public health authority to determine when school exclusions were necessary, and the timeline of quarantine and isolation, as well as training and re-training staff and students on updated COVID-19 protocols.

[SLIDE 1.31] Some nurses hold designated roles as health and safety leads, or COVID response coordinators, but for many nurses across the state, the school nurse role related to communicable disease mitigation must be balanced with other nursing care tasks and duties. First and foremost for many nurses, their role centers on supporting students with disabilities and special health-care needs. In 2020-2021, 4 out of 5 nurses across the state reported that one or more students on their caseload had unmet needs, such as lack of care planning or lack of staff training related to the student's health condition. . As we're talking about school nurse role in communicable disease mitigation, it's important to recall that addressing COVID and other communicable diseases is just a portion of the service school nurses provide.

[SLIDE 1.32] To sum up, school nurses balance many tasks and duties. Local context impacts how the nurse is able to take on specific roles connected to communicable disease guidance. Some of the common duties and tasks that align with our state guidance and state laws include developing plans and protocols for communicable disease mitigation; communicating about health and safety protocols through staff training and other education, collaborating with the local public health authority to uphold public health recommendations, as well as providing licensed nursing assessment and support for students with special health-care needs.

[SLIDE 1.33] Module 1 reviewed some of the state laws, guidance, and context that impact the school nurse's role. To support nurses taking on that role in different communities across the state, Module 2 offers more discussion about resources to support the nurse's actions in communicable disease mitigation, and Module 3 offers more discussion about using evidence to guide practice.

[SLIDE 1.34] This concludes Module 1 of the workshop, School Nurse Role in Communicable Disease Mitigation.