

Management of School Health Staff

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CHAPTER OUTLINE

SCHOOL NURSE LEADERSHIP

STAFF RECRUITMENT

JOB DESCRIPTIONS AND QUALIFICATIONS

School Nurses

Licensed Practical/Vocational Nurses

Unlicensed Assistive Personnel

ORIENTING NEW SCHOOL NURSE HIRES

The Orientation Process

Mentoring and Precepting Employees

Promoting Employee Motivation

SCHOOL HEALTH SERVICES STAFFING

School Nurse Workload

Staffing When the Scheduled School Nurse Is Not Available

Volunteers in the School Health Office

ASSIGNMENT AND DELEGATION

Task Delegation by School Nurses

PERFORMANCE REVIEW AND EVALUATION

School Nurse Performance

The Performance Evaluation Process

Who Evaluates the School Nurse?

Factors Influencing Evaluation Expectations

Evaluation Methods and Tools

MANAGING EMPLOYEE CONFLICT

Employee Corrective Action

Conflict Management

Harassment

HEALTH SERVICE PROGRAM MANAGEMENT AND EVALUATION

Total Quality Management

Measuring Quality

Evidence-Based Practice

Evaluation of School Health Services

Evaluating the Impact of School Nursing Practice

CONCLUSION

REFERENCES

Effective staff management is essential to the productive functioning of all organizations, including schools. School systems are impacted by local and national economic, cultural, legal, business, political, scientific, and health system trends. Consequently, human resource policies and practices, service models, and job performance expectations require regular review. Administrators of school health services must function within the mission, vision, and core values of the organization. The role of school health leadership is to support student health and academic success and to provide high quality, cost effective, and ethical school health services. There are an estimated 132,300 full- or part-time school nurses in the

United States (Willgerodt, Brock, & Maughan, 2018). All school nurses need the support of effective school health leadership.

School budgets, rates of student enrollment, the health acuity of students, the number and skill of available staff, the number of schools, and the values of district administration are important factors that determine school health staffing patterns. There are no national mandates for school nurse staffing, preparation, or credentials. One or more persons in a school district may perform the work of a school health staff manager. School health staff may be directed and managed by various levels of school nurses or non-nurses with titles such as school health

or school nursing administrator, director, supervisor, or manager. Therefore, this chapter addresses multiple audiences:

- School nurse administrators responsible for developing school health services policies and supervising multiple school nurses and other personnel in multiple schools
- Non-nurse school system administrators responsible for overseeing school health programs and staff
- School nurse supervisors responsible for monitoring the job performance of other school nurses, staff nurses, unlicensed assistive personnel (UAPs), and volunteers.

The purpose of this chapter is to provide guidance on the roles and responsibilities of being an effective school health services leader.

SCHOOL NURSE LEADERSHIP

Many school districts hire school nurse managers or supervisors to assume the responsibility of overseeing, coordinating, and providing leadership for the school health services program. It is important for nurses in this role to consider the job description and the scope of the role when planning, implementing, and evaluating the position. A leader who acts as liaison and spokesperson improves communication within, about, and for school nursing practice. School nurses, due to their positional power as the only or one of few health experts in an educational setting, are often called upon to lead, even if they are not in a formal management position (Weismuller, Willgerodt, McClanahan, & Helm-Remund, 2016). Leaders engage in practices that challenge the status quo and help others realize and work toward collective goals that improve circumstances for school nurses, enabling the delivery of care that positively impacts the health and safety of students and staff.

Leadership plays a vital role in the management of effective school health services, programs, and staff. The theory of management has shifted from making certain that staff perform as directed to achieving organizational goals through people. Managers are accountable for aligning the use of human resources with the organization's strategic plan. Organizational support for the school health services workforce is required from the top down. Challenges include oversight of budgets, policies and protocols, quality, efficiency, risk management, and measurable outcomes. These demands may cause health and education systems to evaluate their systems, restructure, downsize or upsize, and engage in community partnerships. Leadership skills include sensitive listening and professional communication, as well as empowering professional staff to have more control over their

work through participatory management. See Box 4.8 in Chapter 4 for the 7 C's of Leadership.

The job performance of staff benefits from school nurse leadership that facilitates practice competencies, task prioritization, time management, and self-evaluation. Evaluation is a key component of effective school health services. School nurse supervisors orchestrate, support, and budget the work of others. According to *Nursing Administration: Scope and Standards of Practice* (American Nurses Association [ANA], 2016, pp. 8–18), core elements of the nursing staff manager's role include:

- *Safety, quality, and risk management:* Create environments that take into account nursing ethics as well as the goals and legal obligations of the organization, while providing processes that drive quality nursing practice.
- *Patient and population health advocacy:* Focus on client centered policy development, nursing care delivery, and decision making in addressing the needs of individual patients and/or communities.
- *Clinical care delivery and optimal patient outcomes:* Establish policies and procedures that drive the provision of quality clinical services, hold nursing staff accountable to the scope and standards of nursing practice, and promote nursing professionalism.
- *Healthy work environment:* Emphasize diversity and inclusion; a healthy physical, emotional and interpersonal work environment; safe staffing; and appropriate recognition.
- *Strategic, financial, and human resources management:* Participate in strategic planning to identify the organization's mission and vision. Translate the strategic focus into patient care activities, recruitment and retention of quality staff, and efficient financial resource management.
- *Legal and regulatory compliance:* Administer nursing services within the legal mandates of local, state, and federal statutes that regulate client confidentiality, employee rights, nursing practices, financial practices, service reimbursement, and other institutional standards.
- *Networking, collaborating, and partnering:* Network both within and outside of healthcare organizations to enhance understanding of nursing roles and objectives. Cultivate partnerships that facilitate patient services and transitions. Collaborate to advance health outcomes.

Clinical supervision and evaluation of school nurses is based on the *School Nursing Scope and Standards of Practice* (ANA & National Association of School Nurses [NASN], 2017) and NASN's *Framework for 21st Century School Nursing Practice* (NASN, 2016a). School nurses should be managed by school nurses. However, this is not the reality for all school health programs; school nurses are often supervised by non-nurse school administrators.

STAFF RECRUITMENT

The goal of the school nurse supervisor is the advancement of student health and learning through the hiring and development of highly qualified school nursing staff. Every school district should have a strategic goal to recruit the *best* qualified candidates for all school health positions. High-performing and diverse individuals with the right professional knowledge and skills to fit the culture and mission of the organization should be identified. The ability to attract qualified applicants is challenged when nurses have to cover multiple schools in large geographic districts or are not adequately compensated. It is important that school nursing positions are proactively advertised and that candidates are interviewed by someone with experience in school health services.

School nursing or school health services personnel openings can be advertised through a variety of venues that target qualified candidates, such as nursing journals, specialty practice newsletters or websites, NASN affiliate or state school nursing listservs, or through social media. An attractive and informative district school health services or campus school nursing website contributes to making open positions desirable. Staffing recruitment tables at nursing job fairs or conferences can be an effective way to attract applicants. Collaborating with local colleges of nursing to establish community health clinical rotations in schools is an excellent way to create a pipeline of new talent for future openings.

State and federal laws direct the types of information employers can use for employment decisions. The legal hiring guidelines can generally be found through the state and federal departments of labor.

The U.S. Equal Employment Opportunity Commission (USEEOC/EEOC) is responsible for enforcing federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information (USEEOC, n.d.a, para.1).

Employers are not allowed to inquire about physical or mental conditions or impairments that affect an applicant's ability to perform the job, or ask if an applicant needs a reasonable accommodation to do the job (USEEOC, 2010). Even if the applicant has an obvious disability, the Americans with Disabilities Act (ADA) prohibits questions about the nature and extent of the disability. In other words, applicants cannot be asked to divulge personal protected health information. However, employers may evaluate whether an applicant is qualified for the job by asking if the applicant has the ability to perform the specific job functions described in the job description. For example, an employer may state the physical requirements of a job (such as the ability to lift a certain amount of weight) and ask if an applicant can satisfy such requirements. As long

as the question is asked of all candidates, the nurse might be asked how she/he would respond if a student had a cardiac arrest on the stairway.

Once a conditional job offer is made, the employer may ask disability-related questions and require medical examinations as long as this is done for all entering employees in that job category. If the employer rejects the applicant after a disability-related question or medical examination, the case should be examined closely as to whether the rejection was based on the results of that question or examination. If the question or examination screens out an individual because of a disability, the employer must demonstrate that the reason for the rejection is job-related and consistent with business practices (USEEOC, 2000). The candidate's healthcare provider may disclose only the conclusions about the employee's ability to work with or without restrictions. All medical or disability-related information must be kept confidential in accordance with EEOC regulations. Under these regulations, such information must be collected and maintained on separate forms, kept in separate files, and treated as confidential medical records (USEEOC, 2003).

Employers can require job applicants to submit to drug testing, but there are restrictions on the right to drug test current employees. The ADA prohibits discrimination based on past drug and alcohol problems. It is, however, permissible to check that drug use is not recurring. Illegal use of drugs means the use of one or more drugs, the possession or distribution of which is unlawful under the *Controlled Substances Act* (U.S. Department of Justice, Drug Enforcement Administration, 2016). This does not include use of controlled substances pursuant to a valid prescription or other uses that are authorized by the Controlled Substances Act or other federal law. Alcohol is not considered a controlled substance, but alcoholism is a disability. Questions asking whether an applicant has participated in an alcohol rehabilitation program are forbidden (USEEOC, 1995).

An employer can refuse to hire someone with a history of alcoholism or illegal drug use if it can be shown that the person currently poses a direct threat to health or safety. This means that the employer can demonstrate that there is a high probability that the person will return to the illegal drug use or alcohol abuse, resulting in substantial harm to the person or others. Harm infers that something cannot be reduced or eliminated through what the ADA deems a reasonable accommodation, such as changing the employee's job duties to eliminate triggers to the addictive behavior (USEEOC, 1995). This would include working with the medications available in the health office. Guidance from the human resources department or legal counsel is appropriate in regards to medical or disability-related questions and drug testing requirements.

Increasing the diversity of the school nurse workforce is integral to having a workforce that represents the diverse school communities served and should be kept in mind when making hiring decisions (see Chapter 13). All

managers, supervisors, and recruiters should be well versed on the EEOC's Best Practices in *How to Prevent Race and Color Discrimination* (n.d.b) in recruitment, hiring, and promotion to create an inclusive professional workplace environment:

- Recruit, hire, and promote with EEO principles in mind, by implementing practices designed to widen and diversify the pool of candidates considered for employment openings, including openings in upper level management.
- Monitor for EEO compliance by conducting self-analyses to determine whether current employment practices disadvantage people of color, treat them differently, or leave uncorrected the effects of historical discrimination in the company.
- Analyze the duties, functions, and competencies relevant to jobs. Then create objective, job-related qualification standards related to those duties, functions, and competencies. Make sure they are consistently applied when choosing among candidates.
- Ensure selection criteria do not disproportionately exclude certain racial groups unless the criteria are valid predictors of successful job performance and meet the employer's business needs. For example, if educational requirements disproportionately exclude certain minority or racial groups, they may be illegal if not important for job performance or business needs.
- Make sure promotion criteria are made known, and that job openings are communicated to all eligible employees.
- When using an outside agency for recruitment, make sure the agency does not search for candidates of a particular race or color. Both the employer that made the request and the employment agency that honored it would be liable (USEEOC, n.d.b).

JOB DESCRIPTIONS AND QUALIFICATIONS

Job descriptions are concise lists of expected credentials, certifications, qualifications, roles, and responsibilities (McDaniel, Overman, Guttu, & Engleke, 2012). Job descriptions indicate the knowledge, skills, and abilities required of the person filling the position and to whom they report. Accurate job descriptions help potential candidates to determine interest in the position and may deter unqualified individuals from applying. The school health manager should make a copy of the job description available to each applicant and employee. Job descriptions should be thoroughly reviewed with each employee to highlight the work priorities, competencies, and duties. Employees' signatures on the job description are important acknowledgments of work expectations.

Well-written job descriptions provide a sound basis for performance evaluations. Action verbs (i.e., assesses,

provides, manages) provide measurable descriptions of the job performance. Job descriptions are also important tools when disputes arise between the employer and the employee about the scope or quality of the work performed. Accurate job descriptions may be used to support management decisions to remediate or remove an employee from a position. Conversely, job descriptions can benefit employees should they be asked to perform duties outside the parameters of the job description.

Job descriptions, in concert with performance evaluations and state nurse practice acts, set the expectations of the school health services nursing workforce (McDaniel et al., 2012). These expectations help to determine the legal standard of care (i.e., what a reasonable school nurse would do). These expectations are based upon school nurse competencies. *Professional Competency* is the "expected level of performance that integrates knowledge, skills, abilities and judgement" (ANA & NASN, 2017, p. 31). The nurse's actions may be judged against the standard of care if a nurse is accused of breach of duty, such as in a malpractice case, civil lawsuit, criminal indictment, or investigation by the State Board of Nursing (Brous, 2017).

Job descriptions of school health service employees will vary depending on the roles and responsibilities determined by the school population characteristics, size, and grade levels, as well as local needs and expectations, and state regulations. Many school districts hire different levels of nursing staff, including school nurses who are registered nurses (associate or baccalaureate, certified or uncertified), and licensed practical nurses/vocational nurses. Additionally, unlicensed assistive personnel may support school health services by performing routine non-nursing duties.

School Nurses

Managers are tasked with ensuring that school nurse job descriptions allow nurses to work at the top of their licenses in this specialty practice. School nurse job descriptions should align with NASN's foundational documents: the definition of school nursing (NASN, 2017), the *Framework for 21st Century School Nursing Practice* (2016a), and the *School Nursing Scope and Standards of Practice* (ANA & NASN, 2017). It is essential that school nurse job descriptions align with the scope of registered nurse practice according to the given state's nurse practice act. The role of the school nurse in promoting population health and in the health education of students should also be highlighted.

Because of the complexity and autonomy of school nursing practice, NASN recommends that every school nurse be licensed by their state of residence as a Registered Nurse (RN) and have the minimum qualification of a bachelor of science in nursing degree (BSN). In addition, NASN supports state certification, where required, and promotes national certification of school nurses (NCSN) through the National Board for Certification of School Nurses (ANA & NASN, 2017). Box 39-1 has a sample school nurse job description.

BOX 39-1**Sample School Nurse Job Description**

POSITION TITLE: School Nurse, District Health Services

POSITION FUNCTION/PURPOSE: Enhance the educational process by removing health barriers to learning through planning, implementing, coordinating, monitoring, and evaluating health services in a specific school(s) assignment. Promote the health of the student body, staff, and school community.

ACCOUNTABILITY: Reports dually to health services nursing supervisor and building principal 185 days/10 months.

QUALIFICATIONS: Current state licensure as a registered nurse. Current cardiopulmonary resuscitation (CPR)/automated external defibrillator (AED) certification. Graduate of an accredited school of nursing. A bachelor of science degree in nursing is required. Proficient computer skills: word processing, e-mail, and data entry into software platforms.

Minimum of one year of RN experience required.

MAJOR RESPONSIBILITIES:

Duties include but are not limited to the following:

- Establish and maintain the school health office to deliver comprehensive school health services according to *School Nursing Standards of Practice*, the state nurse practice act, and departmental procedures and protocols.
- Provide case management of students with special healthcare needs, including administration of medications and special procedures according to medical orders. Develop and implement Individualized Healthcare Plans. Develop and train need-to-know school staff on Emergency Action Plans for students with potentially life-threatening conditions.
- Provide episodic and emergency health care to ill or injured students, staff, and visitors.
- Maintain communicable disease prevention and control measures in accordance with state regulations, local health department protocols, and district policies and department protocol. Conduct communicable disease surveillance and reporting. Manage the student immunization compliance program on campus. In case of communicable disease outbreaks, assist the health department in a school level immunization campaign to protect students and others in the school community.
- Conduct state-mandated health and developmental screening. Participate in Child Find.
- Serve as a member of the interprofessional student support team: assess the impact of students' physical and mental health needs on learning and school participation; develop and implement individualized health goals and interventions for students receiving special education services or Section 504 Plan accommodations.
- Serve as a member of the school emergency and disaster preparedness and response team.

- Serve as a member of the school wellness committee.
- Communicate with students and families in culturally sensitive exchanges. Provide health information and resources for students, families, and staff at appropriate health literacy and reading levels. Demonstrate professional conduct and effective written, verbal, and nonverbal communication. Remain calm in emergency situations.
- Document all student health information in the electronic health record according to department guidelines and procedures. Maintain student confidentiality and privacy according to HIPAA and FERPA.
- Assist with professional and paraprofessional educational growth activities in areas of nursing, health, and communication skills.
- Collaborate with other school professionals, family, caregivers, community, and healthcare providers to maximize communication and deliver health and social services to students.
- Assist students, families, and employees to achieve optimal levels of wellness through health assessments, medical referrals, interpretation of medical data, and health counseling.
- Promote a safe and healthy school environment and climate of school connectedness.
- Promote health and wellness education by serving as a health information resource to students and teachers, provide classroom teaching activities as requested or approved by the principal, and conduct district- and state-mandated health training for school staff.
- Identify and clarify the role of the school nurse in community health and continuous quality improvement. Pursue professional development and communicate self-identified learning needs to nursing supervisor.
- Perform duties of child abuse and neglect mandated reporting.
- Perform other tasks and duties as assigned.

SUPERVISORY RESPONSIBILITIES:

- Supervise and monitor LPN/LVN assigned to campus according to the scope of licensure under the state nurse practice act. Delegate nursing duties to LVN/LPN as indicated and maintain clear lines of responsibility and communication. Participate in evaluation of LVNs/LPNs under assignment.
- Supervise and monitor clinic attendants. Delegate health care tasks that can be conducted by or delegated to unlicensed assistive personnel according to district policy and the state nurse practice act. Participate in formal and or informal evaluation of paraprofessionals under assignment.
- Communicate and monitor agency nurses (RNs or LVNs/LPNs) contracted to care for individual students on campus.

BOX 39-1**Sample School Nurse Job Description—cont'd****PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations will be made if necessary:

While performing the duties of this job, the employee is regularly required to sit; stand; walk, bend, climb stairs and move throughout the facility; communicate verbally and electronically; use hands to finger, handle, or feel objects, tools, or controls; and reach with hands and arms. May be required to drive between school buildings.

Occasionally required to stoop, kneel, crouch, and or crawl. While performing the duties of this job, the employee is regularly required to lift or exert force of up to 10 pounds, and occasionally may be required to lift or exert force of up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, and the ability to adjust focus. May be exposed to bacteria and communicable diseases.

Source: Adapted from Klein Independent School District. Klein, TX (2018).

Some districts have health service delivery models with distinct job descriptions for the expanded role of the professional school nurse and the role of the RN. In other words, there is a difference between a school nurse and a nurse in a school. For example, the school nurse might be responsible for case management and contributing to the special education process, whereas the staff RN may only be responsible for direct nursing care in the health office or in a classroom for students with special healthcare needs.

Licensed Practical/Vocational Nurses

Licensed Practical/ Vocational Nurses (LPNs/LVNs) function to assist the school nurse with providing care in a school clinic or within a classroom to care for students with special healthcare needs. The direct supervision of the LPN/LVN may be the responsibility of the school nurse or nursing supervisor (or agency supervisor). It is important to note that in most states, LPN/LVNs need to be supervised by an RN. However, LPNs/LVNs do not practice under the RN's license; they practice within the scope of their own license (Brous, 2017). Job descriptions for licensed nurses should require and support these licensed responsibilities as outlined in the state's nurse practice act.

Licensed nurses who accept paraprofessional job roles may create legal conflict between the state's nurse practice act standards and the employer's job description (Brous, 2017). Some school districts designate that LPNs/LVNs assigned to care for students with special medical needs in the classroom serve a dual role as the student's educational paraprofessional. Box 39-2 has an example of a LPN/LVN job description.

Unlicensed Assistive Personnel

NASN holds that where legally permitted by law or school board policy, "unlicensed assistive personnel [UAPs] can have valuable and necessary roles as assistants to school nurses" (NASN, 2016a, para. 1). UAPs are *not* healthcare professionals, but rather individuals hired by the school, school district, public health department, or a private entity to provide very limited elements of care to students. UAPs

are trained by the supervising school nurse to provide care in conjunction with or in the absence of the school nurse. Appropriate titles for UAPs include health office attendant, health office assistant, health clerk, health aide, health tech, or health UAP. They should *never* refer to themselves as the school nurse. Nor should they answer the phone with the salutation, "Nurse's Office," which leads the caller to believe they are speaking to the school nurse. Similarly, the office space should be called the *health office* rather than the nurse's office. Transparency about school health office staffing allows parents to make informed decisions regarding their child's health care during the school day. The health office staffing schedule, including job titles, should be clearly posted. Box 39-3 shows an example of a UAP job description.

In some school districts, the non-nurse administrator or principal is legally responsible for hiring or designating a lay staff person to help in the health office. However, the school nurse should be involved in hiring decisions to affirm that the UAP demonstrates the competence and willingness to accept responsibility for carrying out the assigned tasks (NASN, 2014). School nurse delegation to UAPs is discussed later in this chapter.

ORIENTING NEW SCHOOL NURSE HIRES

Nurses enter the specialty practice of school nursing from various healthcare areas and often are not aware of the autonomous role and unique responsibilities of practicing nursing in the community setting of schools. A comprehensive orientation program and mentorship for new employees is crucial to develop an understanding and acceptance of their new job responsibilities, competencies, and organizational relationships. New members to any group generally have some level of anxiety and uncertainty about expectations and processes. It is the responsibility of the organization, supervisor, and preceptor to provide an orientation

BOX 39-2**Sample LPN/LVN Job Description**

POSITION TITLE: Licensed Practical/Vocational Nurse, District Health Services

POSITION FUNCTION/PURPOSE: Assist the school nurse in providing episodic and daily care of students in the health office and or students with special medical needs in the classroom as assigned.

ACCOUNTABILITY: Reports to health services nursing supervisor, school nurse and building principal 185 days/10 months.

QUALIFICATIONS: Current state licensure as an LPN/LVN. Current CPR/AED certification. Proficient computer skills: word processing, e-mail, and data entry into software platforms. Minimum of 1 year of LPN/LVN experience required.

MAJOR RESPONSIBILITIES:

Duties include but are not limited to the following:

- Function under the scope of LPN/LVN practice according to the state nurse practice act under the supervision of the registered professional school nurse.
- Monitor student health and report findings to campus registered nurse on a regular basis, including in emergencies, after emergencies, and as changes in student health conditions warrant.
- Provide daily health care for students with special healthcare needs, including medication and special procedure administration after initial assessment of the student by the campus registered nurse.
- Carry out first aid and emergency procedures according to school district policy.
- Assist with health screening programs as directed by the health services coordinator.

- Assist the nurse with individual student health education after observing the nurse teaching and demonstrating knowledge of the subject.
- Document all student health information in the electronic health record according to department guidelines and procedures. Maintain student confidentiality and privacy according to HIPAA and FERPA.
- Monitor inventory of necessary medical equipment and notify parent/campus nurse if supplies need replenishment.
- For LPNs/LVNs assigned to a classroom: assist the classroom teacher in the implementation of Individualized Education Program goals and objectives or Section 504 Accommodation plan for assigned student; implement classroom management strategies and techniques as directed by classroom teacher; lift and position students as needed, with assistance if necessary. Perform duties as assigned by the district's health services coordinator when primary student is absent.
- Assist with health screening programs as directed by the health services coordinator.
- Perform duties of child abuse and neglect mandated reporting.
- Perform other duties assigned by principal or school nurse.

PHYSICAL DEMANDS:*

**Same as school nurse work conditions (see Box 39-1).*

Source: Adapted from Klein Independent School District. Klein, TX (2018).

process to address and allay these anxieties (Peltokoski, Vehviläinen-Julkunen, & Miettinen, 2016). A direct correlation exists between a comprehensive orientation and employee retention (Peltokoski et al., 2016).

A business case can be made for a standardized orientation approach that focuses on developing school nurse case management skills for students with chronic conditions (Blackmon-Jones, 2016). Potential outcomes for students include expanded care coordination, improved follow-up, increased student attendance, reduced emergency department use and hospitalization, prevention of complications, and improved academic achievement. School nurse orientees build case coordination skills that foster trust and communication with families.

The Orientation Process

Orientation should address the uniqueness of the school nurse's role and interprofessional relationships that are vital to delivering care in the educational system (Hootman,

2013a). Orientation course content should be based upon the principles of adult learning theory, considering different learning styles and generational differences. A personalized orientation plan that considers previous employment experiences increases the level of knowledge transfer and improves practice outcomes (Blevins, 2014). Effective school nurse orientation programs:

- Foster an understanding of the organizational culture, its values, mission, and goals
- Help new employees understand the responsibilities of their role and fit within the organization, including development of strategic relationships
- Clarify the evaluation process and its relation to the job description, policies, procedures, and the nurse practice act
- Verify nurse competency in essential skills.

School nurse orientation should be based upon a needs assessment of the student population and school community, as well as the size of the district and number of school

BOX 39-3**Sample Unlicensed Health Office Assistant Job Description**

POSITION TITLE: Health Office Attendant, District Health Services

POSITION FUNCTION/PURPOSE: Assist the school nurse in providing first aid to students and staff. Perform routine delegated healthcare tasks for students as delegated and trained by the school nurse. Assist in clerical duties of the school health office.

ACCOUNTABILITY: Reports to health services nursing supervisor, school nurse, and building principal, 185 days/10 months.

QUALIFICATIONS: High school diploma. Current CPR/AED certification. Proficient computer skills: word processing, email, and data entry into software platforms. Experience working with children. Basic verbal, written, and nonverbal communication skills.

MAJOR RESPONSIBILITIES:

- Administer first aid and emergency procedures as directed by the school nurse and according to school district policy.
- Administer care to the sick and injured in the nurse's absence, including administration of medication

according to school district policy and as permitted by the State Nurse Practice Act.

- Perform tasks required in the routine maintenance of school health records on individual students, including school health office visit and immunization data entry into the electronic health record.
- Assist the school nurse with mandated screening programs.
- Participate in staff development as designated by the administrator in charge of health services and approved by the building principal.
- Perform duties of child abuse and neglect mandated reporting.
- Perform other duties as determined by the school principal, school nurse, and district administrator in charge of health services.

PHYSICAL DEMANDS:*

**Same as school nurse work conditions. See Box 39.1.*

Source: Adapted from Klein Independent School District. Klein, TX (2018).

nurses employed. Larger, more resourced school districts that regularly hire new cohorts of school nurses each year can benefit from offering a standardized, blended orientation approach that includes different learning strategies, such as traditional classes, computer documentation training, and skill labs (Blackmon-Jones, 2016).

A measured approach should be adopted when presenting orientation content, as too much information too quickly can be overwhelming and have a negative effect on material retention (Hootman, 2013a). Initial content should include information needed immediately to successfully complete the most essential activities of caring for students with special healthcare needs and ensuring student safety. Priority topics include students with diabetes, asthma, anaphylaxis, catheterizations, tube feedings, seizures, oxygen/ventilators, tracheostomy care, mental health and/or social issues, and risky behaviors (Blackmon-Jones, 2016; Wisconsin Department of Public Instruction, n.d.).

Mentoring and Precepting Employees

The complexity and scope of school nursing practice make it imperative that adequate clinical practice training and support and mentoring be provided to each school nurse. Research by the National Council of State Boards of Nursing (NCSBN) recommends a structured preceptor transition program to ensure nurse competency, improve patient safety, and increase retention (Spector et al., 2015).

Partnering a new school nurse with a more experienced one is an effective way to reinforce the orientation concepts

Practice Connection

Explore websites for valuable school nurse orientation information available online through these state departments of education and public health.

- Delaware Department of Education. (2018a). *Delaware School Nurse Manual*.
- Oklahoma State Department of Health. (2017). *School Nurse Orientation Manual*.
- Wisconsin Department of Public Instruction. (n.d.). *New School Nurse Training*.

and provide ongoing support. A *mentor* is a coach or advisor that assists the employee in determining professional actions through a shared relationship. Mentors are not typically responsible for skill development. A *preceptor* is an assigned position focused on orienting the employee to competencies, task completion, and organizational culture. Preceptors may also be responsible for evaluating the employee (Somerville, 2013). A good mentor or preceptor is a source of accurate organizational knowledge who provides a positive perspective, actively listens, and promotes lasting peer connections.

Effective orientation strategies used by preceptors include case presentations, coaching, direct questioning, directed readings, modeling, and simulation. Preceptors should also ensure that orientees have learning opportunities across various practice settings. Through these strategies, mentors and preceptors can assist the employee with socialization,

facilitation of critical thinking, and task and assignment management (Somerville, 2013).

Substitute nurses, who fill in when the school nurse or staff nurse is absent, should also be oriented to school procedures and how to work in the school health office, including retrieving and inputting information into the electronic health record (EHR) using their own password. The core components of substitute school nurse orientation include an overview of job descriptions, preparation, pertinent school policies, state and county resources and laws, FERPA and student confidentiality, and departmental forms (Galemore, 2011).

Promoting Employee Motivation

Job satisfaction has a direct correlation on staff retention; lack of appreciation is a major factor contributing to why employees leave a position. When staff members leave, they take with them institutional knowledge and work experience that cannot be immediately replaced. This places a strain on the remaining staff and contributes to secondary turnover (Buffington, Zwink, Fink, DeVine, & Sanders, 2012). Therefore, it is the role of the supervisor, on behalf of the organization, to provide and instill confidence, trust, and satisfaction in employees to increase their motivational drive and intent to stay.

Job satisfaction can come from both intrinsic and extrinsic sources. Intrinsic or internal rewards or motivators include satisfaction that is self-initiated, such as a feeling of accomplishment or importance and pride in one's work. Extrinsic or external motivators are incentives, such as rewards, job perks, promotions, and money coming from outside the employee. Motivational methods include, but are not limited to:

- Empowerment—Give staff more responsibility and decision-making authority to encourage ownership in the work.
- Interesting, creative work—Align assignments with natural interests and talents; encourage creativity, problem-solving, and change.
- Learning—Encourage commitment to perpetual enhancement of knowledge and skills.
- Appreciation and recognition—Recognize performance and demonstrate appreciation for the value that staff bring to the organization in a way that is meaningful to each employee (Chapman & White, 2012).
- Solicit ideas—Make it easy for staff to offer suggestions. Involve staff in creating processes.
- Quality work environment—Facilitate a safe and sanitary work environment.
- Enhance trust and communication—Demonstrate reliability through actions consistent with organizational values. Consistently follow through with promises. Listen to what employees say, giving them full attention. Connect to and talk with employees.

The school nurse supervisor is responsible for ensuring that new hires understand their value to the organization.

New school nurses may be demotivated without the right quality, quantity, and accessibility of supplies, equipment, space, and tools. Likewise, inconsistent supervision, inadequate school district practices, confusing information, and unclear expectations can also be demotivators. This is especially important to the school nurse as the lone health-care provider in the school who may feel that administrators and educational staff have little awareness and recognition of the complexity and significance of the role of the school nurse.

Strategies to demonstrate employee appreciation should be individualized, genuine, and performed regularly (Chapman & White, 2012). School nurse supervisors should:

- Never assume the school health service staff knows their work is appreciated. Not complaining is not the same as showing appreciation.
- Catch people doing the right things and acknowledge their positive actions.
- Find various ways to acknowledge and appreciate staff's work, such as saying thanks, giving recognition at a board meeting or in newsletters, and sharing accomplishments when announcing staff promotions.
- Celebrate staff and organization successes.

Conveying to employees that what they do matters is important and contributes to staff retention and job satisfaction.

SCHOOL HEALTH SERVICES STAFFING

School Nurse Workload

Student success is supported by appropriate school nurse staffing (Grabel & Shull, 2013). School health service delivery models and staffing formulas may vary within and across school districts. Staffing depends on the number and distance between schools, the different types of employees, and how school districts are funded. Some schools are staffed by health department or hospital system nurses. Only the state of Delaware has a legal mandate for a bachelor's degree-prepared school nurse in every school (Delaware Department of Education, 2018b).

Some districts outsource school health to private companies or children's hospitals; therefore, these school nurses are employees of those agencies. In these situations, the school nurse must adhere to all programmatic and professional legal expectations of both agencies. Incongruent policies and practices must be negotiated before initiating services with memoranda of agreement or memoranda of understanding. However, because the individual is functioning as a school nurse, all federal and state laws regarding school health must be followed.

Previously, the American Academy of Pediatrics, ANA, and NASN had recommended minimum school nurse-to-student ratios. However, since 2015, it has been recognized

that school nurse staffing should be based on workload rather than rigid, predetermined caseload ratios that were not evidence-based (Combe et al., 2015; NASN, 2015b). Staffing patterns must take into account federal, state, and local statutes, rules, regulations, and policies. Optimal school health services staffing considers:

1. The acuity, predictability, and stability of student health;
2. Numbers of new student enrollments, transfers, and withdrawals;
3. Skill, expertise, and licensure level of the school health staff;
4. Availability of institutional resources; and
5. Prevalence of social determinants of health in the student body and access to community resources (ANA, 2015b; Combe et al., 2015; NASN, 2015b).

Ideally, each school health office should be staffed with a full-time RN supported by additional staff as determined by the criteria described previously. The school health staff manager has an ethical, legal and professional responsibility to provide safe staffing to meet the students' health needs (ANA, 2015a, 2016; ANA & NASN, 2017).

Many state, regional, and or local school boards of education require regular nursing and health program service reports that include data, such as the number and type of student and staff visits to the nurse over a period of time, the types of care provided by the school nurse, the acuity levels of the student population, and other mandated activities performed by the school nurse. If the current staffing plan does *not* safely meet workload demands, the school nurse manager should present workload data and concerns to school district administrative staff and/or the district's school board to request more staff. School health staff managers also need to identify the maximum number of staff one can oversee safely based on the multiple supervisory responsibilities.

Staffing When the Scheduled School Nurse Is Not Available

Each school should have a staffing plan for occasions when the scheduled school nurse is out of the school building (Galemore, 2011). School nurses should advocate for a

system that includes hiring a pool of school nurse substitutes who can work on days when the nurse is not available, much like what occurs in the absence of a teacher. Unfortunately, substitute school nurses are generally in short supply because of minimal stipends paid for substituting, lack of credentialing for substitute nurses in some regions, and general lack of knowledge of the school nursing specialty and the need for substitute positions. In some districts, a nurse from another school may cover specific procedures or emergencies, leaving the school from which the nurse was initially assigned without a nurse. If no school nurse substitutes are available, parents of students who require daily health care provided by the school nurse must be informed about how care will be delivered when the assigned nurse is not available. Without a qualified substitute nurse pool from which to draw, school health services and the students receiving care will have to endure inadequate staffing levels. School administrators must understand that failure to provide students with needed health care at school may constitute a denial of a student's right to a free and appropriate public education (Individuals with Disabilities Education Improvement Act of 2004 [IDEA], 2004).

Each school health office should have a folder or binder that includes information needed by the substitute school nurse to provide services. This information should be kept in an easy-access place, and the location of the information should also be known to school staff who will greet the substitute nurse. Information needed by the substitute school nurse should include school and student emergency phone numbers and addresses in case emergency services need to be activated, a list of daily medications and treatments, individualized healthcare plans (IHPs) and emergency action plans (EAPs), a map of the school, and information about delegated care. Substitute school nurses should have access to all student health records (paper and electronic) to assure that care can be provided in the absence of the school nurse.

The process for obtaining and orienting substitute school nurses is critical to ensure seamless delivery of services (Galemore, 2011). Optimally, orientation should include time spent in the school health office with the school nurse so that the substitute can become familiar with students' needs, gain awareness of the layout of the office, and observe where daily and emergency medications, supplies, and plans are kept. Follow-up between the substitute school nurse and the regular school nurse is important to be sure necessary information related to student health is communicated.

Volunteers in the School Health Office

Caution is warranted when using volunteers for the delivery of school health services or to help in the school health office. Volunteers may interact with the children of their neighbors and friends, creating a conflict of interest when gaining access to protected student health information. Regardless of a volunteer's relationship with students or their families, the mandates of the Family Educational Rights and Privacy Act (FERPA) and Health Insurance

Practice Connection

The Cost of Covering Multiple Schools

If a nurse is asked to cover multiple schools, it is prudent to calculate the amount of time it takes to travel between schools (from leaving one's office and arriving at another), including during high traffic periods or bad weather. Then calculate how much of the nurse's salary is spent during that time in the car providing service to NO students. Add the cost of mileage reimbursement. Present the total cost of these inefficiencies to district administration to make the case for more school nurses.

Portability and Accountability Act (HIPAA) must be considered when allowing such activity in the school health office. Consultation with the school's legal counsel is advisable before initiating new commitments with volunteers. Schools should develop policies for the use of volunteers that coincide with state legal requirements for school volunteers, conduct thorough background checks of volunteer prospects, and provide training and written acknowledgment regarding legal protections afforded all forms of student information under the principles of privacy and confidentiality. Volunteers, whether licensed or unlicensed, should only be used to assist the school nurse, not to act in the place of the school nurse.

All professionals providing professional services are obligated to provide the service within the relevant standard of care, including volunteers. Failure to do so could create malpractice exposure for the person and the school (Association of State and Territorial Health Officials [ASTHO], n.d.). Good Samaritan laws apply only during emergency situations and apply only when the person rendering assistance does not have a duty or preexisting professional relationship with the client (ASTHO, n.d.). The school nurse must use volunteers in accordance with state nurse practice acts, must verify the competency of the volunteer in providing assigned tasks, and is accountable for training and supervising the volunteer.

ASSIGNMENT AND DELEGATION

For the purposes of the following discussion, the term *assignment* is used to describe nurse and non-nurse administrators' general task transfer to school staff. The term *delegation* is used to describe *RN transfer of nursing tasks to a UAP*. Non-nurse administrators, such as a principal, can *identify and designate* the staff member to be a delegatee. The delegatee must agree to accept the responsibility for the delegated tasks. It is important that school administrators understand that only the nursing profession, via state nurse practice acts, defines the scope of nursing practice, and that only RNs can delegate nursing tasks. Delegation requires nursing judgment, and therefore lay administrators who delegate nursing tasks to a UAP might be considered by courts and state boards of nursing to be practicing nursing without a license (*Mitts v. Hillsboro Union High School District*, 1987). Consequently, non-nurse administrators should restrict their assignments to those duties outside the realm of nursing practice.

Task Delegation by School Nurses

NASN holds that "Delegation is a valuable tool for meeting the healthcare needs of students in a challenging healthcare environment and in assuring that resources are managed both safely and effectively" (2014, p. 3). Many schools use non-nurses to *assist* the school nurse with the daily management of students presenting with acute illnesses

and injuries, providing health-related functions and clerical assistance. If state laws allow, UAPs may also be asked to fill in for routine health tasks in the absence of a nurse, such as administration of oral medication or daily procedures.

School health services must be provided as a related service or as an accommodation for all eligible students under the Americans with Disabilities Act, IDEA (2004), and Section 504 of the *Rehabilitation Act of 1973* (U.S. Department of Education, Office of Civil Rights, 2016). Where allowed by state nurse practice acts, school districts may meet this mandate, in part, by school nurse delegation of healthcare tasks to UAPs.

The rules and regulations of each state's nurse practice act define the guidelines and standards of the delegation of nursing tasks. Some states and territories restrict the procedures that can be delegated; others do not allow delegation at all. Some states consider that RNs can delegate to LPN/LVNs, whereas other states recognize the LPN/LVN license as independently accountable for care, with RNs making assignments to the LPN/LVN. School nurses must know and understand their state's laws and regulations, as well as the principles of safe delegation of healthcare tasks in the school setting.

When making the decision to delegate, the school nurse retains authority, responsibility, and accountability for delegated nursing functions (ANA, 2012; NASN, 2014). The school nurse must follow the National Council of State Boards of Nursing *Five Rights of Delegation* (2016) throughout the entire process (see Box 8-2 in Chapter 8). This means that the school nurse can only delegate a healthcare task at school when it is safe and appropriate to do so. A thorough nursing assessment determines that the student's health condition is stable and predictable and allows delegation. The task must **not** require that the UAP use nursing judgment. The UAP must be willing and competent to complete the delegated task safely and be provided with student-specific training by the school nurse. The UAP may not transfer the responsibility for the delegated task to another individual. The UAP should be provided with written guidance and training for reporting changes in the student's health status. Additionally, the National Council of State Boards of Nursing (2016) Delegation Model depicts the responsibilities of the employer, nurse delegator, and the UAP delegate (Fig. 39-1).

Delegation is not without risks. The school nurse must take every precaution to reduce those risks for the safety of the student. *The training for one student may not be generalized to the care of another student*. The school nurse provides and documents the correct task training via detailed skills checklists, demonstration, and repeated return demonstration to ensure safe delivery of care (Shannon & Kubelka, 2013). Table 39-1 shows a sample delegation skills checklist.

The school nurse delegator must be available to the UAP for consultation either in person, close proximity or via telephone. Periodic supervision of the delegated task is a necessity, with higher frequency at the onset of delegation and decreasing frequency as competent skill in delivery of the task is observed and documented. As the skill of the



FIGURE 39-1. National Council of State Boards of Nursing Delegation Model. (From National Council of State Boards of Nursing. [2016]. National guidelines for nursing delegation. Retrieved from https://www.ncsbn.org/NCSBN_Delegation_Guidelines.pdf)

UAP increases, the frequency of supervision may decrease; however, regular supervision must continue throughout the entire period of delegation.

The school nurse decides when delegation is not safe. Parents and school staff may be confused about why tasks they do at home are held to a different standard in schools (Resha, 2010). The school nurse must be ready to describe that the principles of delegation must be followed to protect the health and safety of their child during the school day. Even if the state's nurse practice act allows delegation, nurses retain the authority to decline delegation to a UAP based on legal standards of delegation and local policy. Delegation should *not* be used as rationale for reducing the hours of a school nurse (Block, 2009).

PERFORMANCE REVIEW AND EVALUATION

It is the position of NASN that the practice of the registered professional school nurse "be supervised and evaluated by a registered nurse knowledgeable of school nurse practice and the scope and standards of practice for school nursing" (NASN, 2018b, para. 1). Performance review and evaluation is a quality management process that provides employees with recognition for good performance and specific guidance for needed performance improvements. An effective performance review system motivates, gives direction, establishes expected contributions, and identifies educational needs. It is a mechanism for school nurses to identify strengths and opportunities for growth, as well as a way to recognize accomplishments and establish future professional goals (Southall et al., 2017).

By providing a standardized and objective method of documentation, the performance review serves as a quality assurance tool for employers responsible for decisions regarding employee promotion or termination. Performance review includes competency assessment as well as formal performance evaluation. A competency assessment is completed before conducting a performance evaluation to evaluate whether an individual has the competency to perform assigned responsibilities. Self-assessment by the employee is also an important component. A performance evaluation assesses how well employees actually perform their responsibilities.

School Nurse Performance

School nurse performance should be measured by competencies, standards, performance indicators, and outcome measures as determined by the school or hiring organization (ANA & NASN, 2017). ANA defines competency as "an expected level of performance that integrates knowledge, skills, abilities, and judgment" (ANA, 2016, p. 3). Competence in nursing practice must be evaluated by the individual school nurse (self-assessment), nurse peers, and nurses in the roles of supervisor, coach, mentor, or preceptor. Competency assessment includes not only assessment of knowledge and skills, but also the impact, relevance, necessity, and appropriateness of the nurse's interventions in meeting the local standard of care.

The Performance Evaluation Process

Performance evaluation is a supervisory responsibility that cannot be delegated to another staff person. It should be conducted using established agency or school district

TABLE 39-1 Sample UAP Procedure Skills Checklist

Epinephrine Pen Administration for Anaphylaxis*

*Individualize procedure according to medical orders from licensed prescriber

SKILLS CHECKLIST for UNLICENSED ASSISTIVE PERSONNEL (UAP)

Student Name: _____ ID# _____ DOB _____

Date initiated: _____

The RN will demonstrate the procedure and review a return demonstration by the paraprofessional upon student admission or diagnoses and at the beginning of each school year. Monitoring should be done at least once each semester and as indicated in response to changes in health status, prescriber orders, scheduling, or staffing.

Important Reminders:

- Observe proper hand-washing technique and practice universal precautions.
- Epinephrine pen must always be immediately available for use throughout the school day and on field trips.
- Observes the five rights for medication administration:
 - Right student
 - Right medication
 - Right dosage
 - Right route
 - Right time
- School nurse will document training in EHR.

Record performance as "S" satisfactory or "U" unsatisfactory. Unsatisfactory will need further demonstration and practice to bring to satisfactory level.

Demonstration by RN	UAP Return Demonstration	RN Observation	RN Observation	RN Observation	RN Observation
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

Essential Knowledge

1. Identify causes of anaphylaxis specific to student
 - Foods: peanuts, tree nuts, shellfish, fish. Common in children (sometimes outgrow): milk, egg, soy, wheat
 - Insect venom: wasps, fire ants, bees, hornets, yellowjackets
 - Latex (gloves, balloons)
 - Medications
 - Idiopathic (cause unknown)
2. Identify student (know who student is). Include student schedule.
3. Identify anaphylaxis prevention measures at school according to Individualized Health Plan (IHP). Example: peanut-free classroom or lunch table
4. Identify signs and symptoms of anaphylaxis:
 - Mouth: itching & swelling of lips, tongue, or mouth
 - Skin: hives, itchy rash and or swelling about face or arms/legs
 - Gut: nausea, abdominal cramps, vomiting, diarrhea
 - Throat*: tightening of throat, hoarseness, hacking cough
 - Lungs*: shortness of breath, repetitive coughing, wheezing
 - Heart*: weak pulse, low blood pressure, fainting, pale or blue skin
 - Other: _____ (specific to student)

*Potentially life-threatening. Severity of symptoms can quickly worsen.

5. Identify emergency action plan (EAP) location and steps. Identify location of epinephrine pen (and antihistamine if ordered)

TABLE 39-1 Sample UAP Procedure Skills Checklist—cont'd

	Demonstration by RN Date:	UAP Return Demonstration Date:	RN Observation Date:	RN Observation Date:	RN Observation Date:	RN Observation Date:
Demonstrate Steps of EAP						
6. Call 911. Call for nurse. Notify office to notify family. 7. Reassure student. 8. Place student in safe position of comfort. 9. Administer medication according to EAP. <ul style="list-style-type: none"> Administer epinephrine pen if symptoms are major: <ul style="list-style-type: none"> Remove epinephrine pen from carrying case. Pull off safety cap. Jab tip firmly into outer thigh so it “clicks” and hold for 3 seconds (can be given through clothing). Massage injected area for 10 seconds. Student <i>must</i> go to emergency department if epinephrine pen is administered. Monitor and support student until EMS arrives. If needle does not automatically retract, carefully put used epinephrine pen needle point first into plastic storage case and replace cap. Give used epinephrine pen to EMS. Principal designee to accompany student to emergency department with student information (contact and relevant health information). 						
10. Document incident. <ul style="list-style-type: none"> Nonclinic staff complete <i>Major Injury/Incident Report</i> form. 						
Nurse name _____	Signature _____	Date: _____				
UAP name _____	Signature _____	Date: _____				
Parent name* _____	Signature _____	Date: _____				

*Parent signature on file required to approve procedure initially, annually, and for any changes. Parent signature not required to check off performance of unlicensed assistive personnel.

Source: Dallas Independent School District. *Procedure Skills Checklists*, with permission.

policies and guidelines, state laws governing nursing practice, employee job descriptions, and pre-established performance goals. Performance evaluation includes a self-appraisal process, allowing the school nurse to critically evaluate their own performance to enhance professional growth and competency (ANA & NASN, 2017). Evaluations should align with the school nurse job description and the *Framework for 21st Century School Nursing Practice* (NASN, 2016a) (leadership, care coordination, community/public health, and quality improvement). School nurse and non-school nurse administrators can use the *School Nursing Standards of Practice and Professional Performance* (ANA &

NASN, 2017) as the gold standard for evaluation because it outlines the competencies for quality professional school nursing practice (Southall et al., 2017). Just as school nurses may need to educate others about their job roles, they should also advocate for evaluation processes and tools that fairly assess and document the full scope of their role.

Review of employee performance should take place routinely, with formal assessments occurring at least yearly. Both new and experienced employees must be afforded adequate time for meaningful evaluation based on length of employment, level of competency, and complexity of their assignment.

Who Evaluates the School Nurse?

It is best practice that supervision and evaluation of the registered professional school nurse be done by a registered professional school nurse (NASN, 2018b). However, school nursing is unique in that the school nurse is often the only health provider in a school and may be supervised by a professional other than a nurse. Non-nurse administrators must recognize that assuming responsibility for evaluating school nurse competence may create liability risk for themselves and their employer (Hootman, 2013b; McDaniel et al., 2012). In instances when school nurses work in isolation as the only licensed nurse in their district or in remotely located schools, contracted supervisory oversight is recommended. Options for contracted oversight may include a nurse supervisor from the community's public health department, a neighboring school district, state school nurse consultants, or the Department of Education (Southall et al., 2017).

Regardless of the school nurse supervision model, non-nurse administrators should have input into aspects of the school nurse's evaluation that revolve around teamwork, communication skills, and campus employee expectations. For example, a principal would have direct observation and information about universal job indicators such as daily attendance, dress code, timeliness, rapport with students, communications with staff and family, and professional decorum. Development of a school nurse portfolio that demonstrates accomplishment of job description priorities is one manner in which school nurses can assist non-nurse administrators to conduct informed school nurse evaluations (Southall et al., 2017).

Factors Influencing Evaluation Expectations

Evaluations must be objective and job related. They must be based on facts, specific behaviors, and direct observations that are compared to agency policies and procedures, legal mandates, professional practice standards, and established performance benchmarks. School nurse managers must keep in mind that school nurses will differ in how they meet specific job performance indicators depending upon their individual levels of experience and expertise (Somerville, 2013). Factors that may influence performance expectations of the school nurse include the nurse's educational preparation, workload, geographical size of the assignment, number and sizes of schools covered, population demographics, community expectations, supervisory responsibilities, and other duties as assigned (Combe et al., 2015; NASN, 2016b).

Evaluation Methods and Tools

A variety of evaluation approaches may be used, such as one performance rater, multiple raters, and peer evaluations. Evaluation techniques and tools vary depending on the purpose of the evaluation: whether it is for routine quality evaluation

or to address performance concerns. School nurse evaluations have been created to align with teacher evaluations along the four domains outlined in the Danielson Framework for the practice (see Chapter 5). The Virginia School Nurse Institute Partnership developed a concise school nurse evaluation tool that consolidated NASN's *School Nursing Standards of Practice and Professional Performance* (ANA & NASN, 2017) into 5 domains: (1) Assessment, Diagnosis, and Outcomes Identification, (2) Planning, (3) Implementation, (4) Evaluation, and (5) Professionalism (Southall et al., 2017). The form was piloted by school nurses and school administrators and recommended that it be used with input from three professionals: the school nurse (self-evaluation), the school nurse administrator or peer evaluator, and the non-nurse school administrator. The form includes space for narrative documentation for each standard to justify the evaluation rating scale from unacceptable to exemplary (Table 39-2).

The performance evaluation process must be consistent and fair from one employee to another. Although on-site observation is the best mechanism for evaluating employee performance, audits, written reports, electronic and phone communication, and school nurse portfolios (documentation of evidence of effective practice) are important sources of performance information (Southall et al., 2017). Additional performance indicators outlined in the school nurse job description and the *School Nursing Standards of Practice and Professional Performance* (ANA & NASN, 2017) include:

- Number of health office student visits (EHR reports)
- Impact on student attendance or instructional time (number of students sent home or back to class) [This is referred to as disposition.]
- Health and wellness initiatives conducted with outcomes
- Examples of individual healthcare plans, and school nurse contributions to IEPs and Section 504 Accommodation Plans
- Provision of developmentally and culturally appropriate student health resources
- Monies reimbursed to the school district from Medicaid billing
- Decreased absenteeism due to school nurse interventions
- Improved academic performance because of school nurse interventions
- Professional development activities
- Membership on school-wide committees (wellness committee, emergency response team, school improvement committee)
- Parent letters praising expert school nurse care
- Community partnerships
- Quality improvement measures
- Cost efficiencies to budgets.

Following the evaluation, a jointly developed improvement plan should be created to assist the employee to build upon strengths and overcome identified obstacles or limitations. Employees should be informed in person and in writing

TABLE 39-2 Sample School Nurse Self-Evaluation Form

(Name of School Division/District)

School Nurse (Registered Nurse) Self-Evaluation Form

Employee Name: _____ School Year: _____

Position: _____ School: _____

Rating Scale: E=Exemplary P=Proficient D=Developing U=Unacceptable

Standard 1: Assessment, Diagnosis, and Outcomes Identification E P D U

1. Collects and analyzes data to identify student health needs and nursing diagnoses (e.g., health forms, screening results, clinic visits) for the school population.
2. Maintains records and evaluates student health data guided by clinical judgment and current research.
3. Collaborates with family, faculty, and healthcare providers as needed to validate data.
4. Identifies culturally appropriate short- and long-term student health outcome goals to address needs and documents outcomes as measurable goals.
5. Serves as case manager for students with acute or chronic health needs.

Professional evidence or example(s): _____

Standard 2: Planning E P D U

1. Uses evidence-based information to develop student individualized healthcare plans (IHP) to achieve expected outcomes to specific interventions.
2. Collaborates with school staff to plan strategies to promote appropriate use of school clinic.
3. Develops plans for emergency care.
4. Collaborates with school personnel in crisis/disaster planning.
5. Uses an efficient system of documenting care appropriately.
6. Develops plans for other school personnel to handle health situations when the licensed professional nurse is not available.

Professional evidence or example(s): _____

Standard 3: Implementation E P D U

1. Provides competent, evidence-based nursing care.
2. Collaborates with staff to implement student IHPs.
3. Coordinates care with student, family, faculty, and community resources.
4. Uses health promotion, health education, and prevention activities to maintain and improve the health and safety of the school environment.
5. Conducts appropriate health screening programs.
6. Performs effectively in emergency situations.
7. Provides consultation and communicates appropriate recommendations to students, parents, and faculty regarding health-related issues.
8. Documents interventions and activities.

Professional evidence or example(s): _____

Standard 4: Evaluation E P D U

1. Examines effectiveness of the strategies utilized in student IHPs to determine if outcomes were met.
2. Revises student's plan of care as appropriate.
3. Examines effectiveness of health promotion, education, and prevention activities with the school population.
4. Uses data collected from student outcomes and school outcomes to promote school health programs that support student learning and healthy development.
5. Documents results of evaluation by appropriate summary and or annual reports.

Professional evidence or example(s): _____

Standard 5: Professionalism E P D U

1. Demonstrates professionalism in behaviors, time management, dependability, resource use, and ethical practice.
2. Participates in professional development/continuing education as a lifelong learner.
3. Communicates effectively with students, faculty, staff, parents, and community.
4. Provides leadership in the provision of health care to meet health and educational goals.

Professional evidence or example(s): _____

School Nurse Year-End Learning Accomplishments: _____

Continued

TABLE 39-2 Sample School Nurse Self-Evaluation Form—cont'd

(Name of School Division/District)

School Nurse (Registered Nurse) Self-Evaluation Form

Overall Evaluation Summary and Rating Earned

☐ Exemplary
☐ Proficient
☐ Developing
☐ Unacceptable
☐ Recommended for placement on a *Performance Improvement Plan*. (One or more standards are *Unacceptable*, or two or more standards are *Developing*).

School Nurse Administrator/Peer Reviewer (Registered Nurse) Comments:

Site Administrator (Non-Nurse) Comments:

Commendations:

Areas Noted for Improvement:

School Nurse Improvement Goals: _____ Date _____

School Nurse's Name _____ School Nurse Signature _____ Date _____

School Nurse Administrator/Peer Reviewer's Name _____ School Nurse Administrator/Peer Reviewer Signature _____ Date _____

Non-nurse Site Administrator's Name _____ Non-nurse Site Administrator Signature _____

Source: Sample School Nurse Self-evaluation form © 2013 by the Commonwealth of Virginia Department of Education. Reproduced by permission.

about any concerns regarding their job performance in a timely manner following district protocols. Written documentation of all formal evaluations should be retained by the administrator within the personnel file and in accordance with agency or school policies on employee records. Such data support the legal needs of an organization to track employee performance and validate grounds for promotion or termination.

MANAGING EMPLOYEE CONFLICT

Employee Corrective Action

It is legally prudent to have school district policies that address performance concerns, the discipline process, and behaviors for which an employee can be immediately terminated. School nurse managers should work closely with the human resources and legal departments when employee corrective action or discipline is required. At the outset of each employment year, employees should acknowledge in writing their understanding of personnel policies provided via print, online, or both. When school health services staff under union work contracts are recommended for corrective action, they are typically entitled to union representation. It is imperative that union guidelines for disciplinary action are respected and followed to avoid workplace disputes.

Because undesirable behavior is not likely to be resolved via training alone, employee discipline is provided as a means to motivate the correction of undesirable behaviors (Treser, 2016). The more quickly the discipline follows the offense, the more likely it is that the employee will associate

the discipline with the offense rather than with the supervisor. In most instances, advance warning is given in writing before initiating formal disciplinary action. Immediate disciplinary action is warranted when negligent behavior puts students or staff at risk of harm. Guidelines for disciplinary actions include:

- Be consistent when applying disciplinary action.
- Address concerns sooner rather than later through coaching and counseling.
- Objectively evaluate the situation to identify unacceptable behavior.
- Direct the discipline at the behavior and not the individual employee.
- Clearly describe the problem and the expected behavioral changes.
- Collaborate with the employee to find solutions and motivate change.
- Follow up to evaluate for behavior change.
- Be specific, positive when possible, and constructive in your feedback.
- Document each instance of concern in detail and co-sign the written summary along with the employee.
- Advise the employee in advance that failure to correct the behavior will result in termination, and follow through as necessary (Reh, 2017).

Conflict Management

Conflict management is a common challenge for employee managers and supervisors. Conflict is characteristic of human relationships and, in the workplace, can be influenced

by interpersonal relationships, systems change, and management style (McKibben, 2017). Conflicts are often caused by communication failures, either by failing to listen or misinterpretation of intent. The need to be right is a strong drive in all humans and is a primary contributor to any conflict. Conflicts can result from one event or the compilation of many minor issues and incidents. Unresolved conflict can lead to decreased job satisfaction, increased stress, lack of trust, and erosion of communication.

Conflict can have significant negative impact on health outcomes (McKibben, 2017). The *School Nursing: Scope and Standards of Practice* (ANA & NASN, 2017) as well as the *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2015a) emphasize the responsibilities of school nurses to collaborate with colleagues in ways that promote self-growth, positive work environments, and the provision of quality school nursing care. Situations that create conflict between school nurses and other members of the educational team may involve the following:

- Role boundaries—Whose decision is it to send a student home?
- Scope of practice understanding—A teacher sends a student to the health office for a temperature check and is upset when the student misses 30 minutes of class as a result of necessary nursing process activities.
- Accountability—The principal directs the school nurse to take an undesired nursing action and promises to take accountability.

School nurse managers may need to act as a mediator or facilitator in conflict resolution between employees and coach employees through conflict resolution. Barriers to conflict resolution can revolve around workloads that allow little time for conflict identification and resolution, power imbalances that lead to real or perceived intimidation, avoidance of conflict for fear of offending someone, failure to acknowledge conflict, and lack of motivation to resolve the conflict (Brown et al., 2011; Centers for Disease Control & Prevention [CDC], n.d.).

Conflict management is facilitated by formal employer conflict resolution procedures and encompasses a range of activities, including communication, problem-solving, managing emotions, and relationship building. Desirable conflict resolution skills include being accessible; using open, direct communication; focusing on behavior, not personalities; being solution-oriented; being respectful of all voices; and conducting oneself with humility (Brown et al., 2011; McKibben, 2017). Effective staff managers investigate the source of conflict and encourage negotiation, compromise, and acceptance of accountability.

Harassment

Employers, including schools, have an obligation to maintain a workplace free from harassment, and must adhere to written policies that address harassment and hostile work environments. School health administrators should ensure that all employees within their supervision have completed

Practice Connection

Steps to resolve employee conflict include:

- Outline the situation objectively.
- Listen to the other person's view.
- Gain agreement that a problem exists.
- Use questioning (nonaccusatory probing/brainstorming) to identify solutions.
- Negotiate a resolution to the dispute.
- Agree on an action plan, specifying who, what, and when.
- Delineate the follow-up plan.

all required harassment and discrimination trainings. Unlawful “harassment is a form of discrimination that violates Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990” (USEEOC, n.d.c, para. 1). Harassment can be any form of behavior that offends or intimidates, such as:

- Written material
- Verbal comments, intrusive questions, jokes
- Gestures
- Ignoring, isolating, or segregating a person or group
- Staring or leering
- Sexual or physical contact, including pinching, patting, intentional brushing against another's body
- Intrusive questions about sexual activity
- Sexual assault (U.S. Department of Labor [USDOL], n.d.; USEEOC, n.d.c).

Legal consultation is advised for the development of policies that address harassment. District-wide policies should: define *harassment* and *aggression*, outline steps employees must take to report harassment, protect complainants and reporters from retaliation, assure confidentiality when possible, outline investigation protocols, and provide standards for corrective action when it is determined that harassment has occurred. This information should be written into the employee handbook, included in new employee orientation, and reviewed periodically. Additionally, *Title IX of the 1972 Education Amendments* requires schools to adopt and publish grievance procedures to investigate and resolve sexual harassment complaints (U.S. Department of Education, Office of Civil Rights, 1997). Schools are liable for permitting harassment to continue once notice of the behavior is made. Therefore, school nurse administrators must familiarize themselves with these legal statutes and associated school policies, and take prompt action once a report of such behaviors is made.

Workplace violence may present itself in several forms, including incivility, bullying, or overt violence in the workplace (ANA, 2015b; CDC, n.d.). The *General Duty Clause* obligates employers to provide a safe work environment (USDOL, 1970). Incivility presents itself as rudeness, discourteous behavior, gossiping, spreading rumors, and

refusal to assist in completion of work processes; whereas, bullying presents as persistent, systematic attempts to humiliate. These behaviors are toxic to individuals, systems, the nursing profession, and the school environment and can lead to errors in healthcare delivery (ANA, 2015b; CDC, n.d.). Managerial intervention must occur to stop the negative behaviors and to foster safe work environments free of intimidation for students and staff.

School nurse managers also must provide leadership to staff in instances of incivility, bullying, and harassment from family members and sometimes even students. An interprofessional and unified approach from all school administrators is needed to address unacceptable or threatening behavior at school, no matter the source. At any time that the school environment is not safe, school security personnel and law enforcement involvement is warranted.

HEALTH SERVICE PROGRAM MANAGEMENT AND EVALUATION

All school nurses have professional performance accountability for program management as outlined in *School Nursing: Scope and Standards of Practice* (ANA & NASN, 2017). Attention to quality, evidence-based practice (EBP) in the delivery of health care to students is paramount, whether it is the individual school nurse responsible for the health services and health programming within one school or the school health supervisor who is responsible for managing the overall school health program in a district or state.

Total Quality Management

Quality improvement is an important principle within the *Framework for 21st Century School Nursing Practice* that leads to improvements in school nursing outcomes through systematic processes across the other principles of the *Framework: Standards of Practice, Care Coordination, Leadership, and Community/Public Health* (NASN, 2016a). Quality of practice is a professional standard for both nursing administrators and professional school nursing practice (ANA, 2016; ANA & NASN, 2017).

Quality does not just happen; rather it must be intentional and managed. The terms *total quality management* (TQM), *quality improvement*, and *continuous quality improvement* (CQI), are used to identify this activity and connote that quality is a continuous journey rather than an attained event. Quality improvement is a systematic process to analyze and improve practice. TQM is a systematic approach to the development of a favorable organizational culture focused on continuous service improvement by using the principles of focus on the customer, management commitment, employee empowerment, fact-based decision making, and continuous improvement (Hashmi,

n.d.). The primary objectives of quality-control programs include providing:

- A quantitative measure that indicates the level of quality on a continuing basis
- Positive feedback that allows corrective action to be taken
- Quality assurance on implementation of new systems, equipment, or workload revisions.

Measuring Quality

According to the Agency for Healthcare Research and Quality (AHRQ), “a quality measure is a mechanism to assign a quantity to quality of care by comparison with a criterion. Healthcare quality measurement for children is described as the process of using scientifically sound tools to assess the extent to which children are receiving quality health-care . . .” (AHRQ, 2017, para. 4). AHRQ prescribes rigorous and systematic processes to attain quantifiable data using measurement tools that are reliable (obtain the same reading by all persons doing the measurement), valid (measures what it is intended to measure), and standardized (definitions of the data and processes are readily understood and applied in the same way, regardless of who uses them).

Quality measurement can demonstrate the contributions of school nurses and school health programs to the academic success of students. School nurses have ample opportunity to demonstrate effectiveness in managing several quality indicators for the student population, such as educational outcomes, health outcomes, and economic savings. Standardized data is necessary to drive informed decision making for practice and policy development. School health program outcomes include standard data point measurements of school staffing, students with chronic conditions, health office visits, and the related disposition of students (Bergren et al., 2016). The number of students who receive school nursing care for acute, episodic, or chronic conditions, injuries, medications, special procedures, as well as parent or teacher consultations/meetings, and home visits should be documented. Community agency partnerships and preventive services, such as dental and vision services, mental health services, sexually transmitted disease and pregnancy prevention initiatives, perinatal and parenting programs, obesity prevention/reduction programs, and enrollment in federal/state insurance programs are all important data to systematically collect to demonstrate the value of the school health program.

Evidence-Based Practice

All school nurses have professional performance accountability for program management as outlined in *School Nursing: Scope and Standards of Practice* (ANA & NASN, 2017). Regardless of one’s role, attention to quality, evidence-based practice in the delivery of health care to students is paramount. When school nurses and school nurse administrators recognize that evidence indicates that a change in practice is needed, initiatives should begin so that a new

policy or protocol better aligns with the evidence; this process should occur within the constraints of nursing's scope of practice and in consultation with legal counsel (Bultas & McLaughlin, 2013). See Chapter 6 for more information regarding quality improvement, EBP, and school nursing research.

Evaluation of School Health Services

Evaluating school health services programs is an essential standard of practice for school nurse administrators that provides a systematic, outcomes-based assessment of progress toward program goals (ANA, 2016). Evaluation must include pertinent stakeholders, including school nurses, school nurse administrators, non-nurse administrators, UAPs, teachers, parents, and community members (ANA, 2016; Baisch & Murphy, 2013). The evaluation should be designed in accordance with the desired outcomes. Evaluations should have "generalizability, validity and reliability" (Baisch & Murphy, 2013, p. 552).

Design of evaluation models benefit from alignment with a theoretical or conceptual framework (Baisch & Murphy, 2013), such as the *Framework for 21st Century School Nursing Practice* (2016a,) or the *Whole School, Whole Community, Whole Child* model (CDC, 2018a). The CDC Program Performance and Evaluation Office (2015) provides a *Framework for Program Evaluation*, which is useful for public health settings that includes standards of evaluation, stakeholder engagement, description of the program, evaluation design, evidence gathering, conclusion, and sharing of lessons learned. The *School Health Index* is a program evaluation used by many schools to assess a broad range of school health indices (CDC, 2018b). Examples of evaluation methods include questionnaires, surveys, interviews, documentation review, observation, focus groups, and case studies. School health services stakeholders must be involved in selection of program evaluation methods to assure buy-in with response to evaluation results. Accurate and thorough recording of data from program evaluation aids data analysis used to drive process improvements in the school health program in support of student success.

Evaluating the Impact of School Nursing Practice

It is important to move evaluation of school nursing practice beyond merely examining tasks and competencies to evaluating school nursing's impact on student health and educational outcomes. Many school districts are under the misperception that school nurses are an unnecessary expense to the school and that a non-nurse can accomplish their work tasks. It is important to be able to show that quality school nursing services can have a cost-benefit to school districts and to the wider community (Wang et al., 2014) (see Chapter 6). In fact, evidence and examples of school nurse impact abound throughout this textbook.

Outcomes measure change between two points in time and provide objective evaluative evidence of the impact of

the nurse's interventions. The sustainability and quality of school nurse services will become increasingly dependent on the ability to advocate with reliable data about student outcomes. Examples of school nurse outcomes that might impact a student's ability and availability to learn include:

- A school nurse led an initiative to increase awareness of portion sizes and increasing physical activity; the body mass index for the third grade decreased after 1 year from the 75th percentile to the 68th percentile.
- Four families were connected to social services to ensure sufficient food and clothing in the home so that their children could come to school ready to learn.
- A school nurse-initiated antismoking program resulted in a 50% decrease in the number of students who report that they had smoked a cigarette in the past 30 days.
- The school nurse accessed the services of a speaker on cyberbullying free of charge to the school, at a savings to the school of \$1,000.
- One child was referred for symptoms of diabetes and one for symptoms of hypertension; both received early diagnosis and early intervention, thus preventing long-term sequelae.
- Safety recommendations by the school nurse regarding playground ground cover resulted in a 25% decrease in playground injuries.
- An employee exercise and weight management program initiated by the school nurse resulted in significant decreases in staff absences, saving the district thousands of dollars in substitute pay.
- The full-time presence of a school nurse at one school decreased the rate of students being sent home ill by 75% compared with having an aide or secretary handle these cases.

The usefulness of outcome measures is multidimensional. Practitioners need to know that their care makes a difference; taxpayers want to know what they are getting for their money; and organizations and healthcare agencies want to benchmark their performance. It is up to each school nurse or district to determine what measures best reflect the efficacy of school nursing practice and demonstrate the impact of school nursing interventions on individual students and the larger school community.

CONCLUSION

Every employee is entitled to competent supervision. School health supervisors and lead school nursing staff must be continuous learners who are able to accept and implement change through proper use, teaching, and mentorship of the future workforce. Each staff member wants a feeling of connection and respect for and from their administration. Therefore, the school health supervisor's responsibilities include representing the needs, interests, and well-being of their staff. Being effective in a supervisory role is critical to individual employee and organizational successes.

Effective school nursing management includes the ability to recruit, evaluate, supervise, mentor, and motivate. It requires communication and conflict management skills, as well as knowledge of legal statutes, rules, and regulations impacting practice. The school nurse and the school nurse supervisor have important roles in the development of school health policy based on scientific evidence, as well as in evaluation of one's own practice, evaluation of the healthcare program within one's school, and evaluation of the healthcare program and policies within a district or state.

School nurses must systematically measure and evaluate the outcomes of their care. Not only does measurement demonstrate accountability, it also demonstrates cost-effectiveness and the ability to assist the school in its mission to have students in their seats at optimal levels of health, ready to learn. Decisions are based on need and what best serves the entire organization. Effective leadership contributes to improved quality of school nursing care; this impacts the health and education that all students deserve. School nurse leadership can help demonstrate why every child deserves access to a school nurse every day.

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