

L S N O

Part

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of

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from Ansanta Cole

Ventilator Assisted Care Program (VACP)



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OVERVIEW: SCHOOL HEALTH SERVICES FOR THE SCHOOL NURSE

Presenter: Ansanta Cole, RN Nurse Consultant VACP



**OVERVIEW:
School Health Services
for the
SCHOOL NURSE**



THE CERTIFIED SCHOOL NURSE

RS 17:28

§28. Certified school nurses; city and parish school systems; plan development, adoption, and implementation

A. Each city and parish school system shall employ at least one school nurse certified by the State Board of Elementary and Secondary Education but shall not exceed a statewide average of one certified school nurse for each one thousand five hundred students.

Each certified school nurse shall be responsible for performing such health care services as may be required by state law, guidelines established by the Department of Education, or both, provided these services comply with the rules and regulations as established by the Louisiana State Board of Nursing. The school nurse program shall be funded through the state general fund and included within the budget of the Department of Education, office of academic programs, bureau of student services.

B.(1) By not later than November 1, 1995, each city and parish school system may develop and adopt a plan relative to school nurse programs which shall include but not be limited to information as to the number of certified school nurses employed by each system and if not sufficient, the number each system projects is needed, and the cost of employing such nurses including all local, state, and other sources of funding.

(2) By not later than January 30, 1996, each city and parish school system may submit such plans to the state superintendent of education for approval and the superintendent may submit such plans to the Joint Legislative Committee on the Budget prior to the beginning of the 1996 Regular Session of the Legislature.

(3) The state superintendent of education may provide for the implementation by each city and parish school system of such plans beginning with the 1997-1998 school year.

Acts 1985, No. 735, §1, eff. July 17, 1985; Acts 1995, No. 1090, §1, eff. June 29, 1995.



STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
POST OFFICE BOX 94064, BATON ROUGE, LOUISIANA 70804-9064
Toll Free #: 1-877-453-2721
<http://www.louisianaschools.net>

March 20, 2009

MEMORANDUM

TO: Parish/City School Superintendents
State Director of Special School District
Administrators of Type 2 and 5 Charter Schools
Superintendent of Recovery School District

FROM: Donna Nola-Ganey, Assistant Superintendent
Office of School and Community Support

SUBJECT: *School Nurses*

Louisiana Revised Statute 17:28 requires each city and parish school system to employ at least one school nurse certified by the State Board of Elementary and Secondary Education (BESE), but shall not exceed a statewide average of one certified school nurse for each one thousand five hundred students. Each certified school nurse shall be responsible for performing such health care services as may be required by state law, guidelines established by the Department of Education, or both, provided these services comply with the rules and regulations as established by the Louisiana State Board of Nursing.

According to R.S. 17:28 and BESE policy, certification is required for employment as a school nurse. There are three types of school nurse certifications, which all require the applicant to be a *registered nurse*. The certification types are described below. The ancillary certification application packet can be downloaded from the Department of Education's website at the following link: <http://www.louisianaschools.net/lde/uploads/11203.pdf>

School Nurse- Type C (Valid 3 years – renewable)

1. Copy of current Louisiana registered nurse license
2. Verification of two years of service as a *registered nurse*

School Nurse- Type B (Valid 5 years – renewable)

1. Official transcripts showing six (6) semester hours of nursing or health related courses earned at a regionally accredited college or university (If individual already has degree in nursing or health related area, the six (6) hours are not required.)
2. Completed Experience Verification Form verifying three years of service as a Type C School Nurse
3. Copy of current Louisiana registered nurse license

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School Nurses, Con't
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School Nurse- Type A (Valid for life with continuous service)

1. Official transcripts of baccalaureate degree in nursing or health related area earned at a regionally accredited college or university
2. Completed Experience Verification Form verifying five years of service as a Type B School Nurse
3. Copy of current Louisiana registered nurse license

In addition to required certification, schools providing health services must also ensure school nurses are in compliance with the Louisiana State Board of Nurses and the Louisiana Board of Practical Nurse Examiners regarding delegation of certain procedures to Licensed Practical Nurses (LPNs) or unlicensed health personnel.

Per Louisiana R.S. 37:961 and the practical nurses' practice definitions, an LPN must practice under the direction of one of the following: licensed physicians: a) optometrist, b) dentist, c) psychologist, or d) registered nurse; therefore, school districts and/or charter schools who employ LPNs must ensure that adequate supervision is provided.

* Louisiana Revised Statute 17:3971-4001, which is the Charter School Demonstration Programs Law, provides for charter school requirements and exemptions. R.S. 17:3996 provides that charter schools are not exempt from adolescent health initiatives and school health centers, hearing and vision screens, immunizations and health records, and communicable disease prevention. In providing health related services in charter schools, it is imperative that BESE certification is obtained for school nurses and that supervision is provided according to the Louisiana State Board of Nurses and the Louisiana Board of Practical Nurse Examiners regarding delegation of certain procedures to Licensed Practical Nurses (LPNs) or unlicensed health personnel.

If you should have any questions or concerns, please do not hesitate to contact, Raegan Carter Jones at 225-219-0363 or via email at raegan.jones@la.gov. You may also contact the Department of Education's toll free number at 1-877-453-2721.

DNG:MKC:TC:rej

c: Ollie S. Tyler, Deputy Superintendent of Education
Joan Hunt, General Counsel, Louisiana Department of Education
Kenneth Campbell, Charter School Director
Louisiana State Board of Nursing
Louisiana Board of Practical Nursing Examiners
Louisiana School Nurses Organization



**OVERVIEW:
School Health Services
for the
SCHOOL NURSE**



**LEGISLATION:
SCHOOL HEALTH
SERVICES**

SUMMMARY OF LA LAWS CONCERNING SCHOOL HEALTH

References

<https://legis.la.gov/Legis/Law>.

LSBN: Full time (1600 hrs/yr) 5 contact hours; Part time (min 160 hrs/yr) 10 contact hours

- 1 CEU = 10 contact hours

LDOE: LSBN licensure

- Type C – Rn x 2 yrs; renewable; valid 3 yrs
- Type B – Type C x 3 yrs; renewable; valid 5 yrs
- Type A – Type B x 5 yrs; BSN or BS in health; renewable; valid 5 yrs

LDOE Bulletin 135 (2015) – Health & Safety; Replaced Health related content in Bulletin 741

LDOE Bulletin 1508, Title 28, Part C1 – Pupil Appraisal Handbook

School Nurse Reference Handbook

School Nursing

- School Nurse employment in public schools & nurse to student ratio. - **LA R.S. 17:28**
- Charter schools and SBHCs not exempt from LDOE health mandates. - **LA R.S. 17:3971**
- School health forms. - **LA R.S. 40:5.12**

Medication Administration & Procedures

- Catheterization – **LA R.S. 17:435**
- Non-Complex Procedures – **LA R.S. 17:436**
- General Medication administration and training - **LA RS 17:436.1**
- RN/Physician medication approval – **LA R.S. 17:436.1 Section B(3)**
- Self-Administration of Asthma and Anaphylaxis Medication – **LA R.S. 17:436.1 Section J**
- Stock auto-injectable epinephrine administration – **LA R.S. 17:436.1 Section K**
- Psychotropic Medications: prohibits teachers from making recommendations – **LA R.S. 17:436.2**
- Diabetes Management – **LA R.S. 17:436.3**

Health Education/Trainings

- Breast and testicular self- exam instruction to ninth grade students - **LA R.S. 17:275**
- Meningitis education - **LA R.S. 17:170.2**
- HPV education - **LA R.S. 17:170.3**
- Sex education in public schools - **LA R.S. 17:281**
- CPR/AED instruction to high school students - **LA R.S. 17:81**
- Communicable Disease training – **LA R.S. 17:437**
- Suicide training - **LA R.S. 17:437**
- First Aid training for public school employees - **LA R.S. 17:440.1**
- Concussion training – **LA R.S. 40:1089**

Immunizations

- Immunization compliance - **LA R.S. 17:170**
- Meningitis immunization - **LA R.S. 17:170.2**

Screenings

- Vision & Hearing Screenings - **LA R.S. 17:2112 and 17:391.1**
- RTI appraisal screening for vision/hearing - **Bulletin 1508, §305: Screening Activities.**

Communicable Disease

- Communicable disease prevention Employees/students with comm. disease - **Bulletin 135, §309.**

Other

- Coordinated School Health - **LA R.S. 17:17.6**
- Anti Bullying Policy - **LA R.S. 17:416.13**
- Prohibits SBHC from counseling or advocating abortion or abortion, distributing contraception. – **LA R.S. 40:31.3**



The New World of Early Learning in Louisiana: Act 3 The Early Childhood Education Act (Act 3)

In 2012, the Louisiana Legislature passed the Early Childhood Education Act (Act 3) that mandated an overhaul by 2015 of the entire early childhood care and education system in the state—that is, an overhaul of the governance, licensing, accountability, and funding structure of all publicly funded early learning programs for children birth through age four in Louisiana. Act 3 seeks to bring together these programs under one department, the Department of Education and the Board of Elementary and Secondary Education (BESE), and align and raise standards across all funding streams.

The Act declares that it “is the intent of the legislature that a comprehensive and integrated delivery system for early childhood care and education be created to ensure that every child enters kindergarten healthy and ready to learn,” and mandates that BESE create “a comprehensive and integrated network through which to manage and oversee all programs funded through state or federal resources that provide early childhood care and educational services.”

Act 3 provides that to facilitate the creation of this network, BESE shall:

- (1) Establish a definition of kindergarten readiness
- (2) Establish performance targets and academic standards for kindergarten readiness to be used in publicly-funded early childhood education programs.
- (3) Create a uniform assessment and accountability system for publicly funded early childhood education programs that includes a letter grade indicative of student performance.
- (4) Coordinate with the Department of Children and Family Services and the Department of Health and Hospitals to align the standards.
- (5) Establish a timeline for the creation and implementation of the early childhood care and education network that shall be fully implemented by the beginning of the 2015-2016 school year.

What Act 3 Did NOT Do

The greatest flaw in the policies behind Act 3 is that though the law mandates raising standards and accountability for all early care and education programs, it does not call for any increase in funding, and it does not address the current disparity in public funding across the programs, none of which are funded at the cost to provide the services required. This is especially true for the Child Care Assistance Program. The fear is that without addressing these funding issues, Act 3 will set up the Child Care Assistance Program, one of the only programs for children under age four, to fail, and worse, will push more of the state's most vulnerable children under age four into lower quality and possibly unregulated settings.

www.nationalchildrensalliance.org

Act 3 Implementation

The state, with the Department of Education leading the effort, has moved forward with the implementation of Act 3:

For the Framework for Act 3 Implementation [click here](#) (as presented to BESE on December 4, 2012)

For the Implementation Update and Roadmap to 2014 Vision for Act 3 [click here](#) (as presented to BESE on September 12, 2013)

The implementation of Act 3 has included:

- Affirmation of [Louisiana's Kindergarten Readiness Definition](#)
- Development of [Louisiana's Birth to Five Early Learning & Development Standards](#)
- Adoption of two national assessments to be used by Louisiana's publicly funded early childhood programs: [CLASS \(Classroom Assessment Scoring System\)](#) and [Teaching Strategies GOLD](#)
- Implementation of these assessments through local pilots. The pilots must also seek to identify all at-risk infant to age five children in the community attending or in need of publicly funded care and education services and work towards a common enrollment process for all programs. For more information on the pilots [click here](#) and scroll down to "Community Network Pilots." For more information on Common Enrollment also see [Act 717](#) of the 2014 Louisiana Legislative Session
- Redefinition of licensure of child care centers in Louisiana from two classes (Class A and Class B) to three types (Type I, II and III, providing a new level for all licensed programs receiving either Head Start/Early Head Start or Child Care Assistance funding and requiring these programs to participate in the new rating system) and moving the licensure function from the Department of Children and Family Services to the Department of Education, effective October 1, 2014. See [Act 868](#) of the 2014 Louisiana Legislative Session
- Moving the Child Care Development Fund Block Grant (\$82 million of federal funds that supports the Child Care Assistance Program, Quality Start and its supports and other initiatives and staff) from the Department of Children and Family Services to the Department of Education, which must be completed by July 1, 2015. See [Act 868](#) of the 2014 Louisiana Legislative Session.

LA STATUTES REGARDING DELEGATION IN SCHOOL SYSTEM

Act 1048 of 1990 – RS 17:435 – Provides for intermittent catheterization to be performed by school board employees, under certain conditions, for urinary or Neurologic dysfunction.

Assessment of health status of student by physician or RN

Determination of legality of delegation to trained unlicensed personnel in accord with Legal Standards of Nursing Practice.

Training and supervision of unlicensed personnel.

Act 760 of 1991 – RS 17:43

6 – Provides for the performance of noncomplex health procedures by school board employees under certain conditions

Assessment of health status of student by physician or RN

Determination of legality of delegation to trained unlicensed personnel in accord with Legal Standards of Nursing Practice and administrative rules on the delegation of nursing functions.

Training and supervision of unlicensed personnel.

Act 469 of 1992 – RS 17:436 – Amends specific sections of Act 760 of 1991 to define “employee” and to clarify other language.

Act 87 of 1993 – RS 17:436.1 – Provides for administration of medications to students in the public school system. Requires joint policy of BESE and LSBN establishing the procedure to be followed for that administration of medication at each school and which at a minimum provides:

Order of LA licensed physician or dentist and letter of authorization from parent or guardian.

Appropriate container for medication

Clear instructions regarding medication

RN assessment of student

RN determination of safety of delegation

Training and supervision of designated employees by RN

Act 752 of 1995 – RS 17:435.1 – MD from adjacent states may give orders for non-complex procedures and medications in schools.

Act 1181 of 1995 – RS 17:1947.1 at (C) ...including R.S. 17:435, 436, and 436.1 ...teachers in regular education shall not be required to administer ... medication. (May volunteer)

Act 636 of 2001 - Provides for the RN under certain conditions to delegate procedures prescribed by authorized prescribers in Louisiana.

LSBA Legislation Review:

Act 347 effective August 1, 2016:

- Entering into new **contracts** on behalf of the schools or district must comply with board policy.
- School leaders must report plans to enter into contract to district office.
- District tracks all contracts (need system)
- LSBA providing template soon.

Act 482 effective 2017-2018

- **Cursive instruction** introduced by 3rd grade and incorporated in curriculum grades 4-12. School decision on how to implement.

Act 624 effective **August 1, 2016 Achieving Financial Literacy:**

- Mandates personal finance instruction be integrated into existing courses.
- Which courses is left to the district.
- Should include basic principles of earning, spending, saving, and investing

Act 498

- 2016-17 not required to (but may) use **state assessment data in teacher evaluation**
- Continue for one more year distributions of letter grades (**SPS & DPS**)

Act 303

- **Prohibits requiring SPED medical info prior to enrollment**
- Provides awarding **diploma for certain SPED** students previously denied due to exit exam requirements

Act 365 **\$20 inspection fee** for all school vehicles (including buses)

Act 535

- Two-way left turn lanes not considered a divided hwy for the purpose of exemption to **stopping for school buses.**

Act 234 effective **August 1, 2016 Hotline info**

School websites **MUST** include toll-free hotline number for child protection operated by LA Department of Children & Family Services.

✗ Act 425 **Requires Defibrillators at all high schools.** *(Inf-funds are available)*

✗ Act 149 At least one coach for each sports team must be **certified CPR, First Aid, and Defibrillators.**

Act 480 Mandates districts and Type 2 charters enter into MOU for **information sharing** for enrollment verification and residency confirmation

Act 654 Contact information for **Public Records Request** must be publicly accessible

HCR 135 Urges BESE to study **student fees** charged by schools. Schools must keep records in easily accessible (one location) of all fees collected, should they be requested for study.

Act 12/Act 6

- No **sales tax** required @ games
- Schools must keep accurate records of game receipts and report to the LA Dept. of Revenue (due September 1 for the preceding year).

Recommended School Nurse Policy list

- I. School Nurse Services**
 - a. School Nurse
 - i. Definition
 - ii. Mission Statement
 - iii. Organization Chart
 - iv. Job Description/Roles-Responsibilities
 - b. State of Louisiana Certification Requirements for School Nurse Bulletin 746
 - i. Type C
 - ii. Type B
 - iii. Type A
 - c. Guidelines for General School Nurse Program
 - i. Louisiana School Health Guidelines 1983, Bulletin 1707
 - ii. Bulletin 741 - Administrative
 - iii. Bulletin 135 - Health
 - iv. School Policy Manual
- II. Unlicensed Assistive Personnel**
 - a. Roles/Responsibilities
 - b. Delegation
 - c. Training
 - d. Discipline
- III. Screening Programs**
 - a. Overview of Screening
 - b. Vision Screening
 - c. Hearing Screening
 - d. Postural Screening (Scoliosis)
 - e. Pediculosis Detection & Management
 - f. Breast Self-Examination & Annual Pap Test Awareness
- IV. Control Communicable Diseases**
 - a. Policy
 - b. Disease chart
 - c. Immunization law
 - d. Immunization policy
- V. Universal Precautions**
- VI. Emergency Guidelines for Schools**
 - a. Policy
 - b. Disorders/Diseases
 - i. Allergic Reaction
 - ii. Asthma/Wheezing/Difficulty Breathing
 - iii. Bites
 - iv. Bleeding

- v. Blisters
- vi. Bruises
- vii. Burns
- viii. Child Abuse & Neglect
- ix. Communicable Diseases
- x. Cuts (small)/Scratches & Scrapes
- xi. Diarrhea
- xii. Ears
- xiii. Electric Shock
- xiv. Eyes
- xv. Fainting
- xvi. Fever
- xvii. Fractures/Sprains/Strains
- xviii. Frostbite
- xix. Head injury
- xx. Headache
- xxi. Heat Stroke/Heat Exhaustion
- xxii. Hypothermia
- xxiii. Menstrual Difficulties
- xxiv. Mouth & Jaw injuries
- xxv. Neck & Back pain
- xxvi. Nose
- xxvii. Poisoning & Overdose
- xxviii. Pregnancy
- xxix. Puncture Wounds
- xxx. Rashes
- xxxi. Seizures
- xxxii. Splinters or Imbedded Pencil lead
- xxxiii. Stabbing & Gunshots
- xxxiv. Stings
- xxxv. Stomachache
- xxxvi. Teeth
- xxxvii. Tick bites
- xxxviii. Unconsciousness
- xxxix. Vomiting
- c. CPR Policy/Procedure
- d. Glucagon Policy
- e. Insulin Protocol
- f. Diastat Administration

VII. Medication Administration Law and Policy

- a. Unlicensed Assistive Personnel

b. Student Self-Administration

VIII. Non-Complex Procedures Law and Policy

a. Respiratory

- i. Go bag
- ii. Suctioning
- iii. Ventilator
- iv. Tracheostomy tube
- v. Postural drainage

b. Gastrostomy tube feeding

c. Clean intermittent Catheterizations

d. Diapering

IX. Plans

a. Medication Administration Plan

b. Individualized Health Care Plan IHP

c. Emergency Health Plan EHP

d. Individual Education Plan IEP

e. Emergency Plans

- i. Asthma
- ii. Epi-pen
- iii. seizures

f. Transportation Plan

X. Forms

a. School entrance

b. General health examination

c. Physician orders

d. Physician Authorization

e. Health information

f. Consent to release

g. Parent Authorization for med/procedure

h. Lice clearance

i. Notice of exclusion

j. Documentation (Pre-generated forms preferred)

i. Medication administration

1. Oral
2. G-tube
3. Inhalation/aerosol
4. Suppository
 - a. Rectal Diastat
5. Topical
6. Other - Eye

ii. Procedures

1. GT

- 2. CIC
- 3. Suctioning
- iii. Medication Errors
- iv. Medication Count Record
- v. Required trainings and checklists (students and/or employees)
 - 1. Practical training
 - a. Handwashing
 - 2. Medication administration
 - a. Oral
 - b. Liquid
 - c. Topical
 - d. Inhalation
 - e. Emergency
 - 3. Procedures GT, Trach, CIC, etc
- vi. Diabetes
- vii. Seizures
- viii. Catheterization

XI. Letters

- a. Screenings
 - i. Vision
 - ii. Hearing
 - iii. Scoliosis
 - iv. Breast and Pap
 - v. Lice
- b. Parental declination immunization
- c. Immunization request
- d. Injury letter

XII. Legal

- a. DNR
- b. Power of Attorney
- c. Living wills

XIII. Medication Disposal Policy

XIV. Other

- a. Verifying Physician License
- b. School Nurse Handbook
- c. IHP Resource Book
- d. IEP Resource Book
- e. ADA/IDEA/504 PLAN

PARISH SCHOOL BOARD
School Health Services

Orientation Agenda New School Nurse

- **Introduction of Staff and Site Logistics**
- **School Nurse Overview**
- **Mission and Goals**
- **School Nurse Policy Procedure Manual**
- **_____ SB Policies Procedure Manual**
- **Laws Governing School Nursing (Federal, State, Local, LSBN)**
 - FERPA
 - Family Education Rights and Privacy Act (FERPA) (i.e., who can access health records, under what circumstances, and when information may be disclosed appropriately)
 - HIPPA
 - The Health Insurance Portability and Accountability Act (HIPAA) guarantees privacy of health information and requires written consent to share health information among certain parties.
 - IDEA (Bulletin 1508)
 - Individuals with Disabilities Education Act (free and appropriate education)
 - 504 Accommodation/TAP
 - Delegation (LSBN Nurse Practice Act)
 - Medication
 - Chronic
 - Emergency
 - Self-Administration

Orientation Agenda New School Nurse(cont.)

- Diabetes
- Burke-Cobb Law
- State Mandated Staff Online Certifications
- LINKS and Immunization Program
 - Greater New Orleans Immunization Network
 - Communicable Disease Control
 - IMM Program
 - Reporting Communicable Diseases/Charts
- CIC, G-tube, Trach, ADL's
- AED Program/Mock Drills
- District Nurse Staff Development Classes/Identification UAP's
 - Medication Administration
 - CPR/AED/Mock Drills
 - First Aid
- **State Health Screening Requirements by Grade Level**
 - Vision
 - Hearing
 - Dental
 - Scoliosis
 - Growth/Development
 - Puberty Changing Program
 - Sex Education/Pregnancy

Orientation Agenda New School Nurse(cont.)

- **Medication Policies/Procedures**
- **Special Ed Screenings/IHP**
- **Daily School Nurse Program (Calendar)**
 - Class Rolls
 - Health Hx
 - Health Records
 - Green Pockets
 - Health Cards
 - Power School
 - Medically Fragile List
 - First Aid
 - Accident Reports
 - Care of Illness and Injury
 - Forms
 - Case Management
 - Monthly Reports
 - Child Abuse/Neglect
- **Health Education**
 - Dental
 - Nutrition
 - Safety
- **Employee Health**
- **UAP/LPN**
- **Medicaid Billing**
- **Random Moment Sampling**
- **SAT**
- **SBHC**

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as the school nurse) should be clinically supervised and evaluated by a registered nurse knowledgeable of the scope and standards of practice for school nursing. The school nurse job description and performance evaluation should be based on the standards of school nursing practice, the standards of professional performance, and related competencies described in the current version of "School Nursing: Scope and Standards of Practice" (American Nurses Association [ANA] & National Association of School Nurses [NASN], 2011).

BACKGROUND

The school nurse is often the only healthcare provider in a school. However, school nurses may be supervised and evaluated by school administrators who have little or no knowledge and understanding of the school nurse role. Liability exists when school administrators, who do not fully understand the scope and standards of school nursing practice, are responsible for supervising and evaluating the clinical competency of the school nurse (Hootman, 2013; McDaniel et al., 2013).

NASN, in collaboration with the ANA, has developed standards of practice that apply to the specialty practice of school nursing. These standards provide a framework for the expansive scope of practice and authoritative statements of the duties that school nurses are expected to competently perform. To be truly meaningful, the standards statements and the accompanying competencies must be further refined to reflect the context of practice, district policies, and state nurse practice acts. The standards of practice and professional performance for school nursing provide the tools to focus on the tasks that promote the health and academic achievement of all students (McDaniel, Overman, Guttu & Engelke, 2013) and guide the evaluation of competencies needed to meet these standards.

RATIONALE

In order to meet students' health needs and to function effectively with school and community team members, school nurses need supervision and evaluation to maintain and improve competence in this independent practice. Accurate job descriptions and an evaluation process that includes both an administrative and a clinical nursing component are essential and should be based on the standards of practice and professional performance for school nursing practice. School nurses are instrumental in creating and revising job descriptions and the competencies to be included in a performance evaluation (McDaniel et al., 2013).

Clinical Supervision

As the health needs of today's students have increased in the school setting, school nurses have expanded their base of knowledge and skills to safely care for them (Resha, 2009). School nurses need the support provided by clinical supervision, which requires "specialized, professional knowledge, skills and related credentials for the practice of school nursing. It promotes, enhances and updates the professional growth of school nurses in terms of their professional and clinical skills and knowledge" (Connecticut State Department of Education, 2009, p. 20).

The National Association of State School Nurse Consultants' (NASSNC) 2007 position paper supports clinical supervision of school nurses by licensed, experienced registered nurses rather than a non-nurse supervisor. NASN

and the NASSNC recommend that school nurses be supervised and evaluated by a school nurse because the integrity and quality of nursing practice is enhanced when clinical supervision is provided (Somerville, 2013).

If school districts do not have an administrator who is a school nurse, it is recommended that a designated lead school nurse provide clinical supervision.

Performance Evaluations

School nurses function as independent practitioners who are accountable under the scope of their professional license, applicable district policies and procedures and their state's nurse practice act. For this reason, professional accountability through a performance evaluation process is essential to ensure professional competency and growth (Beirne, 2009).

In the 2008 position statement "Professional Role Competence" the ANA states,

The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. ANA believes the registered nurse is individually responsible and accountable for maintaining professional competence. The ANA further believes that it is the nursing profession's responsibility to shape and guide any process for assuring nurse competence. Regulatory agencies define minimal standards for regulation of practice to protect the public. The employer is responsible and accountable to provide an environment conducive to competent practice. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification entities, regulatory agencies, employers, and other key stakeholders (para. 1).

Best practice requires a nurse in the role of supervisor, coach, mentor or preceptor to evaluate the clinical practice of the school nurse, identify the professional competencies outlined in the job description, and determine the need for professional development (Beirne, 2009; Hootman, 2013). Performance evaluations can also be enhanced through a process of self-evaluation and the development of a professional portfolio that documents competencies that meet standards of school nursing practice. Additional performance indicators, not related to the practice of nursing, can be evaluated by educational administrators and others (ANA & NASN, 2011; McDaniel et al., 2013).

In districts without school nurse administrators, a self-evaluation process and use of a professional portfolio become increasingly important. Contracting with a school nurse supervisor in another school district for the nursing component of a performance evaluation is recommended. School nurses without nurse administrators can take a leadership role in assisting their administration in developing a performance evaluation tool that includes a self-evaluation based on scope and standards of school nursing practice and non-nursing performance indicators. Co-development of a performance evaluation tool can increase the administration's understanding of the school nurse role in the school setting (Green & Reffel, 2009).

CONCLUSION

Student health and safety and the continuous improvement of individual school nursing practice is the goal of performance management (Somerville, 2013), supervision and evaluation. The school nurse can "provide valuable, needed services to students if he or she has core skills and knowledge, mastery of competencies, and is supported by a supervisor who offers guidance, encourages professional development and provides evaluation" (Connecticut State Department of Education, 2009, p.25).

As the only healthcare provider in the school setting, the school nurse is often supervised and evaluated by a non-nurse staff member. According to the guidelines developed by the ANA and NASN's (2011) scope and standards of practice, the school nurse's performance evaluation should consist of three components: a self-evaluation completed by the school nurse, a clinical evaluation performed by another registered nurse and a non-clinical evaluation, which may be completed by a non-clinical supervisor.

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- American Nurses Association, Nursing World. (2008). *Position statement: Professional role competence*. Retrieved from <http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html>
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PARISH SCHOOL BOARD

SERVICES OF THE SCHOOL NURSE PROGRAM BY GRADE LEVEL

Elementary Pre-K to 6th

1. Obtain comprehensive health history on Pre-kindergarten, kindergarten, 1st grade and students entering the school district for the 1st time.
2. Check immunization records of Pre-kindergarten, kindergarten, 1st grade students and students entering the school district for the 1st time to assure immunization status as defined by State Law.
3. Vision screening of all Pre-kindergarten, kindergarten, 1st, 3rd, and 5th grade students, including teacher referrals.
4. Audiometric screening of all Pre-kindergarten, kindergarten, 1st, 3rd, and 5th grade students including teacher referrals.
5. Scoliosis screening of all 5th grade students, referral and follow-up when indicated (optional).
6. Nursing health appraisals of kindergarten and second grades. Referral and follow-up
7. Growth and developmental appraisal of first and fourth grades. Referral and follow-up when indicated.
8. Health education for all grades in various subjects.
9. Environmental assessment of school site for safety.
10. Community assessment.
11. Health assessment of staff at request.
12. Home visits when necessary (address required).
13. Referral and follow-up of all identified health problems.

(Elementary Pre-K to 6th)

14. Health counseling at all grade levels.
15. Dental screening (2nd grade dental education program mandatory).
16. Provide emergency care in accident situations. Review school site accident reports for follow-up.
17. Conferences with students, teachers and parents when necessary to follow-up on health concerns (problems).
18. Establish innovative programs with approval.
19. Special Education screenings, participation in the school site evaluation team and development of Health Components of Individualized Education Plans.

Middle School 6th -8th

1. Obtain health history on all new students entering the school district for the first time.
2. Vision screening of all 7th grade students, including teacher referrals and follow-up when indicated.
3. Audiometric screening of all 7th grade students, including teacher referrals and follow-up when indicated.
4. Check immunization records of new students to the school district to assure immunization status as defined by State Law.
5. Physician examination of all students who participate in interscholastic sports.
6. Scoliosis screening of all 5th and 7th grade students, referral and follow-up when indicated. (optional)
7. Growth and developmental appraisal of all 8th grade students, referral and follow-up when indicated.
8. Health education for all grades in various subjects.

(Middle School 6th -8th)

8. Health education for all grades in various subjects.
9. Environmental assessment of school site for safety.
10. Community assessment.
11. Health assessment of staff at request.
12. Make home visits when necessary (address required).
13. Referral and follow-up of all identified health problems.
14. Health counseling at all grade levels.
15. Dental screening. Referral and follow-up when indicated.
16. Provide emergency care in accident situations. Review accident reports for follow-up.
17. Hold conferences with students, teachers and parents when necessary to follow-up on health concerns/problems.
18. Establish innovative programs with approval.
19. Special Education Screenings, participation in school site evaluation team and development of health components of Individualized Education Plans.

Junior High School 7th -9th

1. Obtain comprehensive health history on all students entering the school district for the first time.
2. Check immunization records of students entering the school system for the first time to assure immunization status as defined by State Law.
3. Vision screening of all 7th and 9th grade students, including teacher referrals and follow-up when indicated.
4. Audiometric screening of all 7th and 9th grade students, including teacher referrals and follow-up when indicated.

(Junior High School 7th -9th)

5. Physician examination of all students who participate in interscholastic sports.
6. Scoliosis screening of all 7th grade students, referral and follow-up when indicated. (optional)
7. Growth and developmental appraisal of all 8th grade students, referral and follow-up when indicated.
8. Health education for all grades in various subjects.
9. Environmental assessment of school site for safety.
10. Community assessment.
11. Health assessment of staff at request.
12. Home visits when necessary (address required).
13. Referral and follow-up of all identified health problems.
14. Health counseling at all grade levels.
15. Dental screening. Referral and follow-up when indicated
16. Provide emergency care in accident situations and review accident reports for follow-up.
17. Hold conference with students, teachers, and parents when necessary to follow-up on health concerns/problems.
18. Establish innovative programs with approval.
19. Special Education Screenings, participation in school site evaluation team and development of health components of individualized education plans.

Senior High School 9th - 12th

1. Obtain comprehensive health history on all students entering the school district for the 1st time.
2. Check immunization of students entering the school district for the 1st time and 11th graders to assure immunization status as defined by State Law.
3. Vision screening of all 9th and 11th grade students, including teacher referrals. Referral and follow-up when indicated.
4. Audiometric screening of all 9th and 11th grade students, including teacher referrals. Referral and follow-up when indicated.
5. Physician examination of all students who participate in interscholastic sports.
6. Health education for all grades in various subjects.
7. Environmental assessment of school site for safety.
8. Community assessment.
9. Health assessment of staff upon request.
10. Make home visits when necessary (address required).
11. Referral and follow-up of all observed problems.
12. Health counseling at all grade levels.
13. Dental screening. Referral and follow-up when indicated.
14. Provide emergency care in accident situations. Review accident reports for follow-up.

Senior High School 9th - 12th

15. Hold conferences with students, teachers and parents when necessary to follow-up on health concerns/problems.
16. Establish innovative programs with approval.
17. Special Education Screenings, participation in school site evaluation team and development of health components of Individualized Education Plans.