



*National  
Association of  
School Nurses*

# **Position Statements, Position Briefs, and Joint Statements**

*Revised March 2024*

## NASN Position Statements

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Absenteeism, Addressing Chronic (June 2023)  
Behavioral Health and Wellness of Students (June 2021)  
Bullying and Cyberbullying in Schools, Prevention and Intervention of (June 2023)  
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School Nurse Workload: Staffing for Safe Care (June 2020)  
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Telehealth: Equitable Student Access to Health Services (June 2022)  
Transition Planning for Students with Healthcare Needs (January 2024)

## NASN Position Briefs

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NO ACTIVE POSITION BRIEFS AT THIS TIME

## NASN Joint Statements

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Early School Start Times (June 2018)

# **Position Statements**

# Addressing Chronic Absenteeism

## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that attendance at school is essential to student learning and success. The registered professional school nurse (hereinafter referred to as school nurse) is an integral member of the interprofessional school team, promoting regular school attendance and addressing chronic absenteeism by supporting students' physical and emotional health and well-being.

### **BACKGROUND AND RATIONALE**

School attendance is essential for academic success. Significant loss of learning time due to chronic absenteeism critically impacts academic attainment and places students at risk for school dropout and potentially negative life-long effects on health, education, employment opportunities, and financial stability (Healthy Schools Campaign, 2019). Chronic absenteeism is defined by Attendance Works (2018a) as missing 10% or more of school days within one academic year for any reason (excused or unexcused). Absenteeism can start out insidiously as when a student misses just two or more days of school a month. Poor attendance patterns may begin in kindergarten and can contribute to lack of achieving sufficient reading ability which is a critical skill to accomplish by third grade. This is when students typically transition from learning to read to reading to learn. (Weyers & Casares, 2019).

Each school district sets attendance policies based on individual state regulations, though legislation varies from state to state. Some states have enacted laws that allow an excused absence for a mental health day (Ingalls, 2022; Jacobson, 2022; Styx, 2022). School nurses are essential collaborators in addressing evolving complex issues to meet district and state goals for student attendance and health (NASN, 2020a).

To resolve chronic absenteeism, it is critical to first identify underlying root causes. "Absenteeism is a cross-cutting issue and cannot be solved alone by any one person, department or agency" (Attendance Works, 2020, para 7). Many complex factors contribute to chronic absenteeism. Causes are often related to health, academic, school, family, community, or structural factors (Allison et al., 2019). Students who have been diagnosed with chronic physical or mental health conditions tend to miss more days of school, as do students affected by the multiple effects of living in poverty. Unaddressed health and behavioral health issues may also play a role in school attendance patterns (Attendance Works & Everyone Graduates Center, 2021). To successfully decrease chronic absenteeism, it is essential that "school nurses routinely be included as integral members of school attendance teams" (Rankine et al., 2021, para 38). Research shows that the "presence of a school nurse is associated with reduced absenteeism and missed class time" (Yoder, 2020, p. 49).

Appropriate systemic strategies to address the diverse needs of individual student absenteeism require proactive approaches by school attendance teams that identify and build on protective and restorative factors, rather than punitive approaches (Attendance Works, 2018b). Comprehensive, multi-tiered support system approaches to absence prevention, early and consistent interventions, and individualized remediation plans have been shown to be the most effective and equitable ways to address chronic absenteeism (Attendance Works, 2018c). Settings that facilitate a positive school climate and a sense of belonging and connectedness help students to feel engaged with, and committed to learning (Korpershoek et al., 2020; Garcia & Weiss, 2018). Linking students and families with community resources to mitigate barriers to school attendance, such as transportation, housing, and childcare, promotes student and family engagement in school and can positively impact school attendance (Attendance Works, 2018d).

As members of school attendance teams, school nurses provide expert guidance on student health, safety, and social-emotional factors. School nurses contribute critical health perspectives to the development of individualized attendance intervention plans, school programs, restorative practices, and equitable policies that address chronic absenteeism (NASN, 2020b). These school nursing actions align with the Framework for 21st Century School

Nursing Practice domains of care coordination, leadership, quality improvement, and community and public health, and contribute to decreasing absenteeism (Rankine et al., 2021; NASN, 2016; NASN, 2020a). “Studies of school nurse case management, infection prevention, and evaluation of illness all demonstrated reduced absenteeism or missed class time” (Yoder, 2020, p. 59).

When school nurses have access to accurate, up to date, and consistent attendance data, they can identify, and address absences related to health issues. A standardized state minimum data set with uniform data points that includes absenteeism data is important in collecting information about student attendance trends and monitoring improvement efforts or unmet needs (NASN, 2022; Rankine et al., 2021; Yoder, 2020; Attendance Works & Everyone Graduates Center, 2021). School nurses can also provide valuable insights to help address chronic tardiness and early dismissals related to health or social concerns that also cause missed learning time. The importance of using a data informed approach is essential as “what gets monitored is what gets addressed” (Attendance Works & Everyone Graduates Center, 2021, p. 14).

For students with ongoing health challenges requiring formal educational plans for academic support, school nursing expertise is crucial in developing 504 plan accommodations or individualized healthcare plans as part of special education individualized education plans (IEP). These documents, developed with school nursing input, should detail school nursing care interventions needed to support school attendance and student learning (Rankine et al., 2021). Investing in the health and well-being of students, particularly those with chronic health conditions, increases the potential for students to attend school regularly, experience academic success, graduate, and thrive as healthy adults. Local, state, and federal policies that support resource allocations for sufficient numbers of school nurses in school all day, every day, and that provide infrastructure supports for evidence-based school nursing practice delivery, are necessary for equitably improving student health and academic outcomes (Yoder, 2020; Doremus, 2021). These fundamental elements are “key prerequisites to school nurses’ effective engagement in activities proposed to reduce chronic absenteeism” (Rankine et al., 2021, p. 7).

Student academic success is dependent upon regular school attendance. As professionals who bridge education and health, school nurses are vital school team members in supporting student attendance and addressing chronic absenteeism. School nursing interventions enhance student health, well-being, and educational achievement and prepare students for technical skills training or college, careers, and lives as healthy productive citizens.

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**Acknowledgment of Authors:**

Wendy A. Doremus, DNP, RN, FNP-BC (retired), PHNA-BC (retired)

**Review Team:**

Teri Schloss, MSN, RN, NCSN

Lou Ann Gleason, MSN, RN

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[www.nasn.org](http://www.nasn.org)  
National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

# The Behavioral Health and Wellness of Students

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that student behavioral health and wellness must be prioritized for students to successfully access and engage in educational opportunities. It is imperative that school systems respond to, and address, student behavioral health and wellness to ameliorate disparities related to the social determinants of health (Combe, 2019). School nurses are often the initial access point to identify concerns, determine interventions, and link families to school and/or community resources.

### **BACKGROUND AND RATIONALE**

Behavioral health is defined by the promotion of mental health, resilience and wellbeing; treatment of disorders; and support of individuals and families who experience these disorders. Families and community partners are crucial in the effort to address these unmet needs (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).

COVID-19 has highlighted the need for enhanced monitoring of children's mental health during public health crises (Leeb et al., 2020). The length of loneliness and social isolation imposed by disease mitigation measures can predict later mental health problems for up to nine years post-event (Loades et al., 2020). A population health perspective examines multiple determinants of health outcomes such as access to healthcare, public health interventions, social and physical environment, genetics, and individual behavior (Kindig & Stoddart, 2003). Applying a population health perspective will be critical to determine the actual effects of the pandemic in the absence or presence of other known risk factors that impact mental health (Boden et al., 2021).

A myriad of family, community, and environmental factors that often begin in childhood affect mental health, wellness, and access to care (Kaushik et al., 2016). Age, poverty, living in a rural area, a shortage of providers, an increased distance to services, and lack of transportation are frequently identified as causes of inadequate treatment for behavioral health concerns including anxiety, depression, and behavior problems (Ghandour et al., 2019). These problems are prevalent among US children with significant disparities in treatment. In the US, 13% to 20% of children, especially ages 12-17, have a mental, emotional, or behavioral disorder. Behavioral/conduct problems affect more than twice the number of boys as girls ages 6 – 11. Overall, children who are in poor health have a higher prevalence of each of these disorders (Ghandour et al., 2019). The school nurse is in a unique position to identify and assist students in obtaining appropriate referral and access to community resources.

Adverse Childhood Experiences (ACES) include physical, emotional, and sexual abuse as well as other childhood traumatic experiences. ACES are known to have negative and prolonged effects on children's mental health (Larson et al., 2017). Multiple studies show a risk of mental health disorders and academic failure when children are exposed to trauma. Students at poverty level and from minority racial/ ethnic groups have amplified exposure to trauma, yet these same students have reduced access to mental health services (Larson et al., 2017). Twenty-two percent of children living below the federal poverty level have a mental, behavioral, and/or developmental disorder (CDC, 2020a).

According to the CDC, "mental disorders among children are described as serious changes in the way children typically learn, behave, or handle their emotions, causing distress and problems getting through the day" (2020a). The percentage of children diagnosed with mental health disorders has increased, with 49.5% of adolescents having some form of mental health disorder and 22% experiencing severe impairment (National Institute of Mental



Health [NIMH], 2020). The CDC reports that ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed childhood disorders.

- 9.4% of children aged 2-17 years have received an ADHD diagnosis.
- 7.4% of children aged 3-17 years have a diagnosed behavior problem.
- 7.1% of children aged 3-17 years have diagnosed anxiety.
- 3.2% of children aged 3-17 years have diagnosed depression (CDC, 2020a).

Suicide is the second leading cause of death in youth age 10-24 (Curtain & Heron, 2019). Data obtained from United States students in grades 9-12 from the CDC 2019 Youth Risk Behavior Surveillance Survey (YRBS) reveals:

- 37% of adolescents persistently felt sad or hopeless to a point where they did not engage in normal activities,
- 18.8% of students reported having seriously considered suicide, and
- 8.9% reported having attempted suicide (CDC, 2020b).

School nurses are frequently the first to identify and address behavioral health concerns and connect students and families with systems of support. Hoagwood et al (2018) determined programs that include children, families and the community have a greater influence on positive health outcomes, especially when dealing with those from lower socioeconomic status. Positive child experiences (PCE) can offset the effects of ACES (Bethel et al., 2019). School nurse referral options to support student needs include comprehensive school mental health systems as well as primary care providers, mental health specialists, telemedicine, and school-based health centers (National Center for School Mental Health, 2019; CDC, 2018).

*The Framework for 21st Century School Nursing Practice™* (NASN, 2016) is aligned with the Whole School, Whole Community, Whole Child model (CDC, 2014). School nurses apply these practice components to address social, mental, and physical health concerns at the individual student and population level. Given the early onset of emotional, mental health and substance use disorders and their subsequent costs, investments in prevention and early intervention programs are necessary (Starkey, 2019). Proactive school nursing practice encompasses the principles of community and public health nursing. School nurse services address access to care, cultural competency, health education, health equity, outreach, risk reduction, social determinants of health, and surveillance (NASN, 2020).

Student behavioral and mental wellness is essential for students to be healthy, safe, and ready to learn. The incidence of behavioral health concerns is on the rise and negatively impacts educational achievement (Rosvall, 2020). The school nurse is the bridge between health and education in the school setting, promoting positive behavioral health and using assessment skills to identify children at risk for behavioral health needs. School nurses, in collaboration with the interdisciplinary education team, provide critical links to prevention, early identification, intervention, and referral for behavioral/mental health concerns (Ramirez, 2018).

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#### Acknowledgement of Authors:

Andrea Ferguson, RN, CSN  
Cindy Begley, BSN, RN, NCSN  
Kimberly Bartholomew, BSN, RN, BA, CSN  
MaryAnn Strawhacker, MPH, BSN, RN, SEN  
Julie Hudson, MSN, RN, NCSN

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*“To optimize student health, safety and learning, it is the position of the National Association of School Nurses that a professional registered school nurse is present in every school all day, every day.”*

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# Prevention and Intervention of Bullying and Cyberbullying in Schools

## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that student health, well-being, and academic achievement are dependent upon a safe, supportive, and equitable school environment that protects students from in-person bullying and cyberbullying. The registered professional school nurse (hereinafter referred to as school nurse) is an essential member of the school team that works collaboratively to prevent bullying, to identify students involved in bullying, and to provide sustained, systemic interventions that halt bullying.

### **BACKGROUND AND RATIONALE**

Bullying is a significant issue in schools and in the lives of students. By definition, bullying is unwanted and repeated aggressive and intentionally harmful behavior involving a perceived or real imbalance of power among school age youth (U.S. Department of Health and Human Services [HHS], 2022a). Bullying behaviors are peer abuse that can be physical, verbal, social/relational, or involve damage to personal property. Bullying that occurs during students' years in school can result in school absenteeism, academic difficulties, social problems, and poor physical or mental health, with potentially lasting negative effects into adulthood (Armitage, 2021; Zhu et al., 2021; Patchin & Hinduja, 2022). This public health problem encompasses both traditional, direct in-person bullying and cyberbullying, also called electronic or internet bullying or harassment. Some students may be involved with bullying in both contexts and others may experience bullying as bystanders or witnesses (Armitage, 2021; Li et al., 2022; HHS, 2021c).

Cyberbullying is a type of bullying that involves the use of digital devices such as computers or cell phones to electronically transmit harmful written material or images, often through various forms of social media (HHS, 2021a). With increasing online internet access and use by youth, cyberbullying is on the rise. Individuals responsible for cyberbullying can act anonymously and may infringe upon others' personal privacy or security (Hinduja & Patchin, 2022; Zhu et al., 2021). Though cyberbullying can take place anytime, anywhere, when it interferes with a safe school learning experience, schools have a duty to make sustained efforts to ensure that it stops (HHS, 2021a; Byrne et al., 2018).

Currently, federal laws do not specifically address bullying, nor are there national mandates for bullying prevention curricula in schools. However, schools that receive federal funding are obligated to address and resolve incidences of bullying, including discriminatory harassment based on race, national origin, color, sex (including sexual orientation and gender identity), age, disability, or religion. States address bullying to varying degrees, in accordance with their own laws, regulations, or policies (HHS, 2022b).

At district and school levels, addressing bullying requires cohesive efforts by school personnel inclusive of school nurses, and also involves students, families, and community members (Gordon & Selekman, 2019; Zhu et al., 2021). School nurses bridge health and education and thus, are well-positioned to lead and facilitate collaboration to address bullying. These efforts can include applying the Whole School, Whole Community, Whole Child (WSCC) model that advances collaborative approaches to learning and health (Advancing IDEAS for Health & RMC Health, 2020; ASCD & CDC, 2014).

The presence of a school nurse every day, all day during school hours enables student access to a trusted adult with whom students can share concerns about bullying. For students who do not disclose bullying, school nurses provide specialized expertise in assessment, screening, surveillance, and monitoring to identify students who may show physical or emotional signs and symptoms indicative of involvement in bullying.

Effective interventions that can reduce bullying include comprehensive evidence-based bullying prevention training, curricula, and programs, along with consistently implemented evidence-based policies (Gordon & Selekman, 2019; Gaffney et al., 2021). Aligning with the Framework for 21<sup>st</sup> Century Nursing Practice, school nurses engage in continuous quality improvement and as lifelong learners, can keep current on evidence related to bullying through timely professional development and up-to-date peer-reviewed literature ((NASN, 2016; NASN, 2020; NASN, 2022). With this knowledge, school nurses are able to provide best practice prevention and intervention training and programs as well as support for curricular and policy development and implementation.

A safe, supportive, and equitable school community is fundamental to preventing bullying and supporting student learning and academic achievement (ASCD & CDC, 2014; Korpershoek et al., 2020; Gordon & Selekman, 2019). “Schools must begin to incorporate skill specific interventions, such as empathy training and social-emotional learning (SEL) programming to reduce the levels of relational aggression among school-aged youth” (Kim et al., 2022, p. 293). Restorative justice practices that repair and rebuild relationships can effectively reduce bullying by strengthening students’ communication and problem-solving skills, for both those who bully or are bullied (Acosta et al., 2019; Reyneke, 2019). Other important educational objectives include promoting the importance of bystander support and guiding youth towards constructive messaging when using social media (HHS, 2021c; HHS, 2018). School nursing advocacy is vital for integrating evidence based SEL curricula that help build a school climate that fosters school connectedness, belonging, positive peer interactions, and a culture of respect (Long & Dowdell, 2021).

School nurses are essential members of the school community who make important contributions to multifaceted efforts to protect students from bullying, so that every student can be free to learn in a safe, supportive, and equitable environment.

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**Acknowledgement of Authors:**

Wendy A. Doremus, DNP, RN, FNP-BC (retired), PHNA-BC (retired)

**Review Team:**

Hope Luong, MSN, RN, NCSN

Julia Lechtenberg, MSN, RN, NCSN-Emeritus

Karen S Elliot, ADN, RN

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National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, Maryland 20910  
1-240-821-1130

# Prevention and Management of Child Maltreatment

## Position Statement

### NASN POSITION

It is the position of the National Association of School Nurses (NASN) that prevention, early identification, intervention, and care of child maltreatment are critical to the physical/emotional well-being and academic success of students. As professionals who bridge education and health, registered professional school nurses (hereinafter referred to as school nurses) are vital team members in collaborating to prevent and manage child maltreatment.

### BACKGROUND AND RATIONALE

Child maltreatment, also known as child abuse or neglect involving infants, children, or adolescents up to age 18, is defined by the U.S. Government under the Child Abuse Protection and Treatment act (CAPTA) as, at a minimum:

“Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm” (U.S. Department of Health & Human Services [HHS], 2022, p. ix).

Recent additions to classifications of child maltreatment include child sex trafficking and addiction at birth (Child Welfare Information Gateway, 2019). Failure to act, also referred to as neglect, is the most commonly reported type of child maltreatment in the U.S. (HHS, 2022).

Each state defines child maltreatment in its own statutes and policies, based on Federal legislation. Specific state statutes can be found at <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>. All parts of the U.S. and its jurisdictions have mandatory child maltreatment reporting laws that require professionals who have contact with children to report suspected maltreatment to a Child Protective Services agency. In nearly all states, educational professionals, including school nurses, are legally designated as mandatory reporters when there is suspicion of abuse or neglect (Brous, 2019; Gordon & Selekman, 2019). It is best practice for members of interprofessional teams that address child maltreatment to include school nurses, other school personnel, community stakeholders, and healthcare professionals, to work together in a timely manner to protect and promote the safety of each student (Bednarz, 2017). Collaboration is necessary to harness the expertise needed to effectively address risk factors and to determine appropriate actions (Roygardner et al., 2020; CDC, 2019a).

Maltreatment events occur mostly in homes, with household stress as a significant predictor, but these events can also take place in settings such as schools or childcare facilities (Rothstein & Olympia, 2020). In addition to the immediate harm of child maltreatment, the long-term negative consequences can cause damaging effects on physical and mental health that can also impact academic functioning (Robles et al., 2019). These effects, classified as adverse childhood experiences (ACEs), call for the implementation of trauma-informed care (CDC, 2019b; Gordon & Selekman, 2019; Bartlett & Steber, 2019).

School nurses practice within the National Association of School Nurses (NASN) *Framework for 21<sup>st</sup> Century School Nurse Practice™* and have the expertise to recognize early signs of child maltreatment and to assess, identify, intervene, report, refer, and follow-up on children in need (NASN, 2016; NASN, 2020). The presence of a school nurse in every school all day, every day allows opportunities for the nurse to know the students and for the students to form trusting relationships with the nurse. This is particularly important for students who may experience maltreatment (Haas, 2021).

To avert the conditions that lead to the causes of child maltreatment, interprofessional collaboration on prevention and education efforts should include public health upstream efforts and policies that support families and communities (Roygardner et al., 2020; Stratford et al., 2020; Temkin et al., 2020). Evidence-based prevention programs, practices, and policies that focus on promoting strengths, resiliency, and protective factors can be effective (Child Welfare Information Gateway, 2020; Prevent Child Abuse America, 2022).



As a society, everyone has a share of responsibility in protecting the well-being of children and supporting families in providing safe, stable, nurturing relationships and environments (CDC, 2019a). While acknowledging that family and community stressors of all kinds exist, a cultural shift is needed to elevate and prioritize the social norm that holds that violence towards children (and violence, in general) is unacceptable and that children's needs for protection are paramount (CDC, 2019b). It is imperative to recognize that child maltreatment is "linked to other forms of violence through shared risk and protective factors. Addressing and preventing one form of violence may have an impact on preventing other forms of violence" (CDC, 2022, para 9).

Every child needs a safe, stable family in which to live and grow, and prevention and management of child maltreatment are critical to the physical and emotional development of all youth. School nurses are key contributors to supporting the health, well-being, and academic achievement of students by striving to keep them healthy, safe, and able to learn. Team efforts to prevent, address, and reduce child maltreatment and to provide proactive support for families to assure secure, nurturing relationships and environments have important implications for all children and families, and for a healthy society (CDC, 2022).

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#### **Acknowledgment of Authors:**

Wendy A. Doremus, DNP, RN, FNP-BC (retired), PHNA-BC (retired)

#### **Review Team:**

Amy Roark, BSN, RN

Sharon Bailey, MSN, RN, NCSN

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National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

## Complementary and Integrative Therapies

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### Position Statement

#### NASN POSITION

When integrating complementary and integrative therapies into the school setting, the nurse steps beyond allopathic (conventional) treatments into therapies that may not be accepted as traditional. It is the position of the National Association of School Nurses (NASN) that the registered, professional school nurse (hereafter referred to as school nurse) advocates for evidence-based strategies that promote positive outcomes. It is important that when doing so, nurses familiarize themselves with the treatment requested and potential practice implications in light of federal and state regulations, district policy, and their state nurse practice act.

#### BACKGROUND AND RATIONALE

The use of complementary, integrative, and alternative approaches to health and healing is growing across the United States. Complementary and integrative medicine is an unconventional modality that is used in addition to standard Western medical treatments, while alternative medicine is used in place of standard medical treatments and is not usually evidence-based (McClafferty, 2017; Centers for Disease Control and Prevention, 2020; National Center for Complementary and Integrative Health (NCCIH), 2021). Use of complementary therapies is most often associated with adults; however, more parents and guardians are using integrative approaches as treatment modalities for their children (Beltz, 2018; NCCIH, 2021). Approximately 12% of children in the United States use complementary, integrative, and alternative medicine (Esparham, 2018; NCCIH, 2021).

The nursing profession has a long history of viewing and caring for individuals in a holistic manner. School nurses recognize cultural, psychosocial, and spiritual needs that can impact parents' decisions about health care practices, as well as choices and preferences for traditional, complementary, or integrative treatments, or non-intervention for their child. School nurses interface with parents and guardians to understand and support their child in school, including the use of non-traditional complementary or integrative therapies (Nathenson, 2021; NCCIH, 2021).

When deciding whether or not to incorporate the use of non-FDA approved therapies or dietary supplements into school nurse practice, it is important that the school nurse first determine what is known about the product, such as ingredients, precautions, recommended dose, and any potential adverse effects. Secondly, determine whether administration is allowable under federal and state law, including applicable state nurse practice acts, and district policy. Additionally, complementary and integrative therapies in the school setting should not disrupt the educational process.

School nurses should familiarize themselves with complementary and integrative therapies that may be used to treat the students under their care, whether at home or in school. NASN supports the use of evidence-based complementary and integrative therapies in the school setting when the school nurse follows their state nurse practice act and the *School Nursing: Scope and Standards of Practice*, and when requested treatments are allowed under federal and state regulations and district policy.

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### Acknowledgment of Authors:

Julia Lechtenberg, MSN, RN, NCSN  
Joshua Landry, MSN, RN, NCSN  
Karen S. Elliott, ADN, RN  
Char Kizior, BSN, RN, NCSN  
Sharon Morris, MSN, RN

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*“To optimize student health, safety and learning, it is the position of the National Association of School Nurses that a professional registered school nurse is present in every school all day, every day.”*

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# Comprehensive Health Education in Schools

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that a comprehensive, developmentally appropriate, and evidence-based health education program be implemented for all students. NASN recognizes the vital role of parents and families as an integral source of health education. The registered school nurse (hereinafter referred to as the school nurse) is a valuable resource to parents and educators. NASN supports the implementation of comprehensive health education that promotes healthy development for all students.

### **BACKGROUND AND RATIONALE**

Comprehensive health education should begin upon entry into school, continue through grade 12, and be inclusive and equitable. National Health Education standards provide a framework for schools to use to facilitate the mastery of knowledge and skills regarding health topics and promote healthy behaviors and outcomes for school-age youth (CDC, 2018).

The Global School-Based Student Health Survey indicates priorities for health education as follows: alcohol, drug and tobacco use, dietary behaviors, hygiene, mental health, physical activity, protective factors, sexual behaviors, violence, and unintentional injury (WHO, 2021). An ideal curriculum supports the Whole School, Whole Community, Whole Child model (CDC, 2014). It provides students with education about their physical bodies, their emotions, their behaviors, and their relationships within their social and cultural environment, stressing the importance of personal responsibility and community standards for emerging adult responsibilities (CDC, 2014).

Social and health risk-taking behaviors by adolescents account for 6% of the world's disease and injury (WHO, 2017). Preventable health risk behaviors established in adolescence may persist into adulthood and can lead to serious social, emotional, and physical health problems that are costly burdens on individuals, families, and the world. At the same time, the School Health Policy and Practices Study of K- 12 schools found that there has been a decrease in the amount of instructional time allotted for health topics such as alcohol and other drug use prevention, HIV prevention, infectious disease prevention, and tobacco use prevention (CDC, 2017).

According to the 2019 Youth Risk Behavior Surveillance System Report of 9th-12th grade students in the United States (CDC, 2019):

- 46% played video or computer games 3 hours or more a day
- 40% had engaged in sexual intercourse
- 39% texted or emailed while driving
- 37 % had experienced persistent feelings of sadness or hopelessness
- 32% used an electronic vapor product
- 30% used alcohol
- 21% used marijuana
- 16% did not eat breakfast
- 15% had obesity
- 15% inappropriately used prescription pain medicine
- 9% had attempted suicide
- 8% experienced dating violence
- 7% smoked cigarettes

Special consideration must be given to the 14% of students who receive special education services under the Individuals with Disabilities Education Act (IDEA, 2016; DeBrey et al., 2021). Schools often fail to deliver comprehensive health education to special education students, who experience a higher incidence of sexual abuse and exploitation, innate impairments to learning, and social vulnerability (Treacy et al., 2018). Health education for students with disabilities should be tailored to their ability, learning style, and maturity, in addition to parent values and beliefs (Nelson et al., 2020).

School nurses advocate for evidence-based health curriculums while accounting for existing laws and regulations that provide guidelines for the planning and implementation of health education (SIECUS, 2020). They use the principles of Community/Public Health from the Framework for 21st Century School Nursing Practice™ to guide teaching about health and safety in the health office, in the classroom, and with the entire school population (NASN, 2016). Parents and other family members play a crucial role in nurturing the education and health of their children. Research indicates that when parents are engaged in school health education efforts, students exhibit better behavior, better social skills, fewer health risk behaviors, and higher academic achievement (Kolbe, 2019).

Comprehensive health education empowers students to make appropriate decisions that may improve attendance and academic outcomes and ultimately contribute to their overall quality of life (Kolbe, 2019). School nurses are qualified and uniquely positioned in schools to advocate for and implement comprehensive health education that is available, inclusive, developmentally, and culturally appropriate, and evidenced to result in healthy behaviors.

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#### **Acknowledgment of Authors**

Karen Graf MSN, RN-BC, APHN  
Anupama Gowda BSN, RN  
Julie Hudson MSN, RN, NCSN  
Breana Taylor MSN, BSN, RN  
Cathy Yonkaitis, DNP, RN, NCSN, PHNA-BC

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*“To optimize student health, safety, and learning, it is the position of the National Association of School Nurses that a professional registered school nurse is present in every school all day, every day.”*

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National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130



## Concussions: School-Based Management

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) provides leadership/care coordination in collaboration with the school-based team to manage student concussion. The school nurse has the healthcare knowledge and skills to provide concussion prevention education to parents/guardians, students, and school staff; identify suspected concussions; and help guide students as they return to academics/learning, physical activities, and sports.

#### **BACKGROUND and RATIONALE**

"A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells" (CDC, 2019a). The CDC has a checklist for initial assessment of possible concussion as well as danger signs for when the person should immediately be seen in an emergency department (CDC, 2019b). It should be noted that the initial assessment severity of TBI does not necessarily predict the extent of disability arising from TBI (NASEM, 2019). Approximately 2.5 million or 15.1% of United States high school students reported having at least one concussion on the 2017 Youth Risk Behavior Survey (DePadiia et al., 2017). All 50 states have enacted a sports concussion law, establishing protocols such as removal from play, return to play protocols, and concussion information for student athletes and their parents (Green, 2018). However, many states do not have return to school / return to learning laws or guidelines. The 5th International Consensus Statement on Concussion recommended that children with concussion should be managed conservatively, with the emphasis on return to learn before returning to sports. (McCrory, Meeuwisse & Dvorak et al., 2017). Concussion in children and adolescents can also occur outside of sports, such as motor vehicle accidents, a fall or collision from riding a bicycle (Haarbauer-Krupa et al., 2018). Regardless of where or how a concussion occurs, it is vital to properly recognize and respond to a suspected concussion to prevent further injury and to help with recovery (CDC, 2019a).

Schools must identify and support the educational and emotional needs of students by offering ascending levels of academic interventions (McAvoy et al., 2018). To assist students returning to school after a concussion, the school-based concussion management team led by the school nurse should consist of the school guidance counselor, school psychologist/counselor, athletic trainer, primary care physician, teachers, and parents. The team should counsel the student and family regarding the process of gradually increasing the duration and intensity of academic activities as tolerated, with the goal of increasing participation and learning without exacerbating symptoms (Lumba-Brown et al., 2018).

Recovery from concussion is different for each student. Most students only require short-term academic adjustments as they recover. The school nurse coordinates concussion care by taking the lead between the medical and educational teams. Based on the severity and symptoms the student is experiencing, the school nurse, in consultation with the concussion management team, creates "a plan of care written by the school nurse for students with or at risk for physical or mental health needs" called an Individualized Healthcare Plan (IHP) (ANA & NASN, 2017, p 90; McNeal & Selekman, 2017). When planning the student's return to academics/learning the school team also considers the effect of comorbid conditions, such as Attention Deficit Hyperactivity Disorder, depression, migraine headaches, sleep disorders, or other learning disabilities (McNeal & Selekman, 2017). When a concussion is prolonged or severe, a more formal 504 plan of accommodations is the next ascending support to be used. (McAvoy, et al., 2018). If the student's learning cannot be supported by an IHP or 504, an individualized education plan may be warranted for students with more chronic cognitive or emotional disabilities.

The school nurse, individually or as a member of a collaborative school committee, identifies students with possible concussion, makes appropriate referrals, and by way of care coordination leads students and families through the return to academics/learning and eventually a gradual return to physical activity including sports.

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## Acknowledgement of Authors:

Linda Neumann, RN  
Joshua Landry, BSN, RN, NCSN  
Lori Haapala, BSN, RN, NCSN  
Constance Griffin, BS, RN, NCSN, AE-C

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Nurses 1100 Wayne Avenue,  
Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

# Do Not Attempt Resuscitation (Orders) in School

## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that schools and districts should establish DNAR policies, protocols, and practices that enable each student to receive best practice care, as designated by clear and specific directives for the individual, throughout the entire course of their condition while they are in school. Each student with a Do Not Attempt Resuscitation (DNAR) order benefits from having an Individualized Healthcare Plan (IHP) and an Emergency Action Plan (EAP), developed by the registered professional school nurse (hereinafter referred to as school nurse). As professionals who bridge education and health and who advocate for students, school nurses work closely with school teams, families, and students' healthcare providers to appropriately meet the special healthcare needs of students with a DNAR.

### **BACKGROUND AND RATIONALE**

Growing populations of students with terminal, life-limiting, or incurable illnesses attend school full or part-time. Several federal statutes support the legal right for students with special healthcare needs to participate in school (Westbrook et al., 2020; Mikula, 2019). For some of these students, families may make the difficult decision, on behalf of their child or when appropriate, with their child, to withhold medical interventions that would be ineffective for sustaining life or if the risks of such treatment would outweigh the benefits. This decision requires a written medical order in the form of a DNAR document which specifies that attempts to resuscitate an individual using CPR should not be attempted when a person stops breathing or their heart stops beating (Selekman & Ness, 2019). Having a DNAR plan in place ensures that family preferences regarding medical treatment for their child are accommodated, should a medical crisis occur at school (Weiler et al., 2022; Mikula, 2019).

Depending on locale, other terminology with similar directives may be used in place of DNAR. These terms include Do Not Resuscitate (DNR), Allow Natural Death (AND), or Medical Orders for Life Sustaining Treatment (MOLST or POLST). For this position statement, the term DNAR is applied. In each case, these are medical orders, not legal documents, that are written by a primary care provider as permitted by state laws (physician, authorized nurse practitioner, or authorized physician assistant). The DNAR is one component of a broader healthcare plan encompassed within palliative healthcare and advanced care planning.

School nurses need to be aware of school district/local education agency (LEA) policies as well as local and state laws, regulations, and statutes that pertain to DNAR orders for students in schools (Weiler et al., 2022; Putman, 2017). The American Nurses Association (ANA) Center for Ethics and Human Rights states that "nurses are encouraged to take an active role in developing do-not-resuscitate policies within the institutions where they work" (2020, p. 4). School nurses, in collaboration with the LEA, can proactively advocate for and formulate clear, written policies and procedures for DNARs in schools that align with state laws and specific requirements.

Though it is not common for a student to die at school, if a student has a DNAR order, it is critical that the order becomes a part of the student school health record and that the DNAR order is incorporated into the student's IHP at school (Weiler et al., 2022; Selekman & Ness, 2019; Mikula, 2019). School nurses are exclusively responsible for the development, writing, and implementation of student healthcare plans (Yonkaitis & Shannon, 2019). IHPs for students with DNAR orders should specify comfort care provisions that may help to alleviate suffering. These therapeutic measures should address as appropriate, managing physical pain and symptoms and supporting the emotional, psychological, developmental, and spiritual needs of the student (Selekman & Ness, 2019; Mikula, 2019). Each IHP is a dynamic document that is adjusted as needed, according to the changing health status of the student. Under the direction of the school nurse, an IHP should be reviewed at least annually with the student's family and healthcare provider (Yonkaitis & Shannon, 2019). Because the DNAR is embedded as part of the IHP, the DNAR should also undergo review at the same time. The LEA should also conduct legal review of the DNAR

simultaneously, for compliance with any changes in district policy or state regulations. Additionally, an EAP may be created to outline child-specific guidance and training requirements for non-medical educational staff so that they know how to respond appropriately to emergent needs of a student with a DNAR (Yonkaitis & Shannon, 2019; NASN, 2022). Together, these interventions help to ensure that students receive the best care possible while in school (Yonkaitis & Shannon, 2019; Westbrook et al., 2020).

Where there is a school nurse in school every day, all day, that individual can provide the ongoing expertise needed for in-school care and support of students with a DNAR order, as guided by the principles of the Framework for 21<sup>st</sup> Century School Nursing Practice (NASN, 2016; NASN, 2020). Through effective care coordination and communication, the school nurse facilitates accommodating the healthcare preferences of families and students, in collaboration with other healthcare providers, and plans school linkages with community resources and support systems such as emergency medical responders that may be needed (Selekman & Ness, 2019; Mikula, 2019). School nurses enable informed and shared decision-making for students with a DNAR, with the goal of providing ethical, student-centered healthcare and the best possible quality of life for students.

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## Acknowledgement of Authors:

Wendy A. Doremus, DNP, RN, FNP-BC (retired), PHNA-BC (retired)

**Review Team:**

Stacey Whitney, MSN, RN, NCSN  
Clayton S. Wetzel III, BSN, RN, NCSN  
Mary Nasuta, MS, BSN, RN, NCSN

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## Education, Licensure, and Certification of School Nurses

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that every school-age child should have access to a registered professional school nurse (hereinafter referred to as the school nurse) who has a *minimum* of a baccalaureate degree in nursing from an accredited college or university and is licensed as a registered nurse through a board of nursing. These requirements constitute minimal preparation needed to practice at the entry level of school nursing (American Nurses Association [ANA] & NASN, 2017). Additionally, NASN (n.d.) supports state school nurse certification/licensure and endorses national certification of school nurses through the National Board for Certification of School Nurses.

#### **BACKGROUND AND RATIONALE**

To respond to the increasing demands for public health nursing, the American Academy of Nursing (Kub et al., 2017) and the National Advisory Council of Nurse Education and Practice (2016) recommends that nurses attain advanced education. The *Public Health Nursing: Scope and Standards of Practice* states that the minimum preparation for beginning professional nursing practice in public health is a baccalaureate degree in nursing (ANA, 2013). School nursing is founded in public health nursing and is defined as follows:

[A] specialized practice of nursing [which] protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potentials (ANA & NASN, 2017).

School nursing is further outlined in the *Framework for 21<sup>st</sup> Century School Nursing Practice* emphasizing evidence-based, clinically competent, quality care (NASN, 2016). A nursing baccalaureate degree best prepares nurses for school nursing practice, including the ability to lead school health programs, advocate for students and families, and provide individual and population-based care (ANA & NASN, 2017).

To enter professional registered nurse practice, nursing graduates must pass the National Council Licensure Examination for the Registered Nurse (NCLEX-RN). Licensure protects the public by indicating that a nurse successfully completed an examination that demonstrated a minimal level of competency to practice.

In addition to nursing licensure, post-baccalaureate education, including school nurse licensure or certification, may be required by state departments of education to practice school nursing. Specialty certification demonstrates expertise in a focused area of practice (Coelho, 2019). Requirements for state certification and the certifying bodies vary by individual state or territory in which a school nurse practices. In 1984, NASN developed a national certification examination and established the National Board for Certification of School Nurses (2018) to promote and recognize quality practice in school nursing and to assure that certification criteria and examinations in school nursing are determined by school nurse experts.

Registered nurses in the specialty practice of school nursing require advanced skills to competently address the complex health needs of students within a school community setting (ANA & NASN, 2017). These skills are attained through a minimum of a baccalaureate degree in nursing and validated by specialized certification in school nursing.

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<https://doi.org/1097/NCQ.0000000000000397>
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- National Board for Certification of School Nurses. (2018). *School nursing certification*. <https://www.nbcsn.org/about/history/>

## Acknowledgement of Authors:

Catherine Yonkaitis, DNP, RN, NCSN, PHNA-BC  
Patricia Barker, BSN, RN, NCSN  
Julia Lechtenberg, MSN, RN, NCSN  
Mary Nasuta, MS, BSN, RN, NCSN

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Silver Spring, MD 20910  
1-240-821-1130



## Electronic Health Records: An Essential School Nursing Tool for Supporting Student Health

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that electronic health records software platforms (EHRs) are essential tools for all registered professional school nurses (hereinafter referred to as school nurses). EHRs that align with standards of 21<sup>st</sup> century nursing practice support school nurses' capacity to improve healthcare coordination, quality, safety, efficiency, effectiveness, and equity. These provisions enhance the potential for school-age youth to reach their full educational potential.

#### **BACKGROUND AND RATIONALE**

For the purposes of this position statement, the term EHR refers only to software platform systems designed specifically for school nursing that use the nursing process, standardized nursing language and data points, and established standards of confidentiality, security, and privacy set by the Health Information Portability and Accountability Act (HIPAA) and the Family Rights Educational Privacy Act (FERPA) (U.S. Department of Health & Human Services & U.S. Department of Education, 2019).

School nurses are accountable for recording and maintaining student health information and documenting nursing care in a manner that is timely, accurate, legible, complete, retrievable, and securely protected (NASN, 2020; Nicholson & Johnson, 2020). Documentation should follow the nursing process using standardized nursing language and data points, adhering to the same rigorous state-specific and federal standards of practice for professional nursing as in any other nursing setting (NASN, 2022). The most efficient, effective, safe, and secure method for managing student health information is through EHR utilization (Bergren & Maughan, 2019).

An effective EHR maintains secure legal student health records and enables efficient school nursing workflow, organized record keeping, error prevention, and information retrieval. Documentation that school nurses enter into an EHR produces usable data which can be monitored, gathered, extracted, compared, analyzed, and leveraged to track and measure trends and outcomes (Bergren & Maughan, 2019). EHR data can serve as the foundation for reports, program evaluation, quality improvement projects, evidence-based decision making, best practices implementation, advocacy, policy development, grants, and research (Bergren & Maughan, 2019; Guthrie, 2019; NASN, 2020). Translating EHR data into measurable evidence leads to more effective care to improve student health, reduce health-related barriers to learning, and support educational achievement (Centers for Medicare and Medicaid Services [CMS], 2023; Maughan et al., 2021; Nicholson & Johnson, 2020; Office of the National Coordinator for Health Information Technology [ONC], 2022; Stanislo, 2023).

Use of EHRs in the school setting is also advantageous in case management and care coordination efforts, particularly for students with complex health needs and chronic conditions (Dandridge, 2019; Davis et al., 2021; NASN, 2019; Nicholson & Johnson, 2020). With bidirectional interoperative EHRs, school nurses can efficiently retrieve student health information compiled in EHRs for exchange and communication with other healthcare professionals and healthcare institutions to meet the shared goal of improving student health (Nicholson & Johnson, 2020). As of 2021, most medical offices in the U.S. had adopted EHRs, with increasing rates of electronic information exchange with healthcare professionals outside of their practice (O'Donnell & Suresh, 2020; ONC, n.d.-a; ONC, n.d.-b). As integral members of the healthcare system serving school-age youth, school nurses must also have EHR functionality to efficiently send and receive health information with other healthcare professionals (NASN, 2019). This type of interprofessional communication and collaboration supports better clinical decision-

making and continuity of care that can potentially prevent health complications and related emergencies and hospitalization, thus improving health outcomes while lowering healthcare costs (Atasoy, 2019; Baker & Gance-Cleveland, 2021; Lowrey, 2020; ONC, 2022). EHR capabilities may also facilitate insurance and Medicaid coding, claiming, billing, and reimbursement to school districts for school nursing services, making EHRs a cost-effective investment (Lowrey, 2020; CMS, 2019).

School nursing participation on school district information technology committees is vital for determining school health EHR quality, usability, functionality, security, interoperability, and related policy, procedures, and professional development needs (NASN, 2019). EHR interoperability linkages can increase the ease of sharing school health data with state information exchange systems (HIE) and other public and population health entities (Dandridge, 2019; ONC, 2019a; ONC, 2019b). Community and broader population health monitoring and surveillance are enhanced through reporting aggregate school EHR data such as health screenings, immunization and vaccination status, communicable illness rates, chronic health disease prevalence, environmental exposures, and the impact of school nursing interventions (Baker et al., 2022; Dandridge, 2019; Davis et al., 2021; Kruse et al., 2018; Lowrey, 2020; Nicholson & Johnson, 2020; ONC, 2020). This information exchange is particularly critical during a pandemic or other public health emergencies (Baker et al., 2020). EHRs are a necessary tool for gathering robust national school health data to inform local, state, and national student health policy regarding school health best practices and equitable access to school nursing care (Bergren & Maughan, 2019; Nicholson & Johnson, 2020; Maughan et al., 2022; NASN, 2018; NASN, 2023a; NASN, 2023b).

Some school districts' educational/academic student information/management systems offer integrated health data modules for school nursing documentation. However, these systems are inadequate for school nursing clinical use when they do not apply the nursing process, do not use standardized nursing language and data points, and do not uphold requirements for student health information confidentiality, privacy, and security (Dandridge, 2019). It is unlikely that academic student information/management systems have the potential for secure interoperability with students' community-based healthcare professionals or public health agency EHRs (Dandridge, 2019).

EHRs are an essential tool for school nurses to efficiently and effectively manage health information to optimize student healthcare quality, safety, coordination, and to improve student population health. EHRs enhance 21<sup>st</sup> century school nursing practices to provide equitable, evidence-based, student-centered healthcare that enables school-age youth to reach their full educational potential.

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### **Acknowledgment of Authors**

Wendy Doremus DNP, RN  
Wendy Niskanen MEd, RN  
Kim Berry BSN, RN  
Robin Cogan MEd, RN, NCSN, FNASN, FAAN  
Alicia Jordan BSN, RN, NCSN

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[www.nasn.org](http://www.nasn.org)

National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

# Emergency Preparedness

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) provides expertise in school health and is a vital member of the school team who collaborates with community agencies to develop comprehensive emergency response procedures. The school nurse knowledgeable about the pathophysiology of physical and psychological trauma and is a valuable resource for the provision of health care and support in emergencies. (Kalekas, 2017).

### **BACKGROUND AND RATIONALE**

“School nurses have a unique role to protect and serve the nation’s children whenever disaster strikes during the school day” (Kalekas, 2017, p. 458). Every day approximately 60 million primary and secondary aged students attend public, charter, or private schools in the United States (U. S. Department of Education [USDE], 2018). It is fundamentally important that school administration, school staff, parents, and students work together to promote and maintain a safe environment for students (Accredited Schools Online, n.d.; American Academy of Pediatrics [AAP], 2015). While emergencies in the school setting are often unpredictable, those involved in the care of students should prepare to meet the needs of those students before, during, and after an event. Emergencies that may occur at school include:

- Student, staff and visitor health-related emergencies or injuries;
- Mass casualty incidents;
- Weather-related emergencies; and
- Hazardous materials emergencies (Cowell & McDonald, 2018; Kalekas, 2017).

Preparedness in schools is a process designed to protect students and staff from harm, minimize disruption, ensure the continuity of education for students, and develop and maintain a culture of safety. (National Integration Center, 2018). To maximize success, effective management of school emergencies requires training, preparation, and planning for best practices (Trust for America’s Health [TFAH], 2017).

Utilizing their expertise in assessment, planning, implementation and evaluation, school nurses provide valuable insights for the four phases of school campus/district emergency management: Prevention/Mitigation, Preparedness, Response, Recovery (Doyle, 2013). The school nurse is a leader and integral partner with school staff and outside agencies in developing comprehensive school plans/procedures for injury prevention and first aid, facilitating evacuation, caring for students with special needs, performing triage, educating and training staff, providing surveillance, reporting (Doyle, 2013; Kalekas, 2017), and assisting survivors with their immediate psychological and emotional needs; and referral to appropriate mental health services for long-term support (Brymer et al., 2012; National Association of School Psychologists, 2017). School nurses recognize and respond to both minor and mass emergent situations thereby minimizing unnecessary delay in initiating an effective response (Cowell & McDonald, 2018; Hoffman & Silverberg, 2018). School nurses advocate for mass casualty triage and training that effectively addresses children’s unique physiology and psychological development (AAP, 2015).

## SUMMARY

To optimize student health, safety, and learning, NASN advocates for a school nurse to be present in school all day, every day, and this presence is especially beneficial in planning for and responding to emergency situations. School nurses, as healthcare providers, are an essential member of the leadership team, bringing their unique perspective to optimization of all phases of school emergency preparedness (Davis-Aldritt, 2017).

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**Acknowledgment of Authors:**

Pam Allsbrook, MSN, RN, NCSN

Cindy Begley, BSN, RN, NCSN

Karen Graf, MSN, RN-BC, APHN-BC

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National Association of School Nurses

1100 Wayne Avenue, Suite 925

Silver Spring, MD 20910

1-240-821-1130



## Environmental Health

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### Position Statement

#### NASN POSITION

It is the position of the National Association of School Nurses (NASN) that to protect and promote the health of all children, robust environmental health protections must be in place, and the inequities that lead to environmental injustice must be eliminated. The environment is a powerful social determinant of health and a critical factor in our children's development, academic performance, and future socioeconomic status. The registered professional school nurse (hereinafter referred to as school nurse) assesses for environmental health hazards, implements and coordinates individual health and social interventions, and addresses social determinants of health based on the National Association of School Nurses (NASN) *Framework for 21<sup>st</sup> Century School Nursing™* (NASN, 2016), to positively influence children's environmental health (Campbell & Anderko, 2020).

#### BACKGROUND AND RATIONALE

The National Environmental Health Partnership Council defines *environmental health* as the branch of public health that focuses on the relationships between people and their environment, promotes human health and well-being, and fosters healthy and safe communities (American Public Health Association [APHA], 2020a, para. #1). Children are particularly vulnerable to the effects of the environment on their health (APHA, 2020b; World Health Organization [WHO], 2020a). Exposures to environmental hazards can occur at school, at home, or in the community (Firestone, Berger, Foos, & Etzel, 2016; Jones, Anderko, & Davies-Cole, 2020). Therefore, to protect and promote children's environmental health--prevention, intervention, and mitigation efforts must focus on all of these settings. The vast majority of U.S. children and youth, 56.6 million in 2019, (National Center for Education Statistics, n.d.) attend public or private schools. Unhealthy school environments compromise health, attendance, concentration, and academic performance (Paulson & Barnett, 2016). School nurses are often the primary health professionals who protect and promote child health and focus much of their attention and interventions in the school setting (NASN, 2018). School nurses are also ideally situated to advocate for policies and programs that improve community environmental health, particularly in under-resourced communities (Chalupka & Anderko, 2019; Kranjac, Denney, Kimbro, Moffett, & Lopez, 2018; Jones, Anderko, & Davies-Cole, 2020; Campbell & Anderko, 2020). School nurses, as change agents, advocate for healthy communities and seek to build health equity into policy and school nursing practice.

The World Health Organization estimates that 24% of all global deaths and 26% of all deaths among children are linked to the environment (WHO, 2019). While most of the deaths occur in low- and middle-income countries, the United States has the highest environmental burden of disease compared to other high-income countries (Peterson-Kaiser Health System Tracker, 2017). Children are more highly exposed and vulnerable to environmental health hazards compared to other age groups due to a variety of physiological and behavioral factors (APHA, 2019; APHA, 2020b; Firestone et al., 2016; WHO, 2020b). While all children are disproportionately affected by environmental exposures, children living in under-resourced, minority communities are at even higher risk (Mohai & Saha, 2015; Bagby, Martin, Chung, & Rajapakse, 2019). In addition, rates of developmental disorders and other non-communicable diseases in children are rising, leading to additional concerns about the effects of the environment on child health (Koehler et al., 2018; Kranjac et al., 2018; Moffett, & Lopez, 2018; Landrigan, Sly, Ruchirawat, Silva, Huo, Diaz-Barriga et al., 2016; Naviaux, 2020). As cited in Galvez et al. (2019), associations have been identified between environmental exposures and increasing rates in the incidence and prevalence of pediatric asthma, birth defects, dyslexia, mental retardation, attention-deficit/hyperactivity disorder, autism, childhood leukemia, brain cancer, preterm birth, and obesity.

Key assessment areas to consider in order to identify potential environmental risks within the school, home, and community environment include

- Indoor and outdoor air quality (Jones, Anderko & Davies-Cole, 2020; Payne-Sturges et al., 2019; Everett-Jones, Foster & Berens, 2019),
- Water quality (Schneider, Swetschinski, Campbell, & Rudel, 2019),
- Building materials, cleaning products (Abrams, 2020),
- Chemical exposures (e.g. agricultural products, pesticides, radon, lead, mercury, arsenic) (Anderko, 2018; Anderson, Eure, Orr, Kolbe & Woolf, 2017; Hanna-Attisha, M., 2017; Tinney, Denton, Sciallo-Tyler, Paulson, 2016),
- Mold (Polyzoi, Polyzois, Koulis, 2017),
- Waste exposure, anthropogenic climate change (Chalupka & Anderko, 2019), and
- Environmental disasters, and energy use (U.S. Environmental Protection Agency [EPA], 2020a).

In the nursing profession, recognition that human health is inextricably dependent on the health of the environment is foundational (American Nurses Association [ANA], 2007). In a call to action, ANA (2007) set out principles and implementation strategies for all nurses to assess and address environmental issues in their practice. Nationally, the 1993 publication of the National Academy of Sciences Report, *Pesticides in the Diets of Infants and Children*, was a seminal event in the recognition of the unique vulnerabilities of children to environmental hazards (Galvez et al, 2019). Firestone et al., (2016) cites this report leading to the EPA's increased consideration of environmental health risks to children. Despite this recognition, currently no federal, state, or local agency is authorized, funded, or staffed to protect children in the school setting from environmental health hazards (Paulson & Barnett, 2016). Voluntary guidelines do exist, notably the EPA State School Guidelines developed to assist states in establishing and implementing environmental health programs for schools (EPA, 2019).

A report from APHA (2019) recognized that there is no federal agency that guarantees the safety of school environments to protect school-age children from environmental hazards and risks. To address this deficiency, funding should be provided to federal agencies, including the Centers for Disease Control and Prevention and the EPA, to develop a coordinated strategy to address healthy school environments for all children. In addition, NASN supports

- Inclusion of EPA's Healthy Schools Grant Program (EPA, 2019b), in yearly federal budgets.
- Passage of the Rebuild American Schools Act (GovTrack.us, 2021).
- Adequate funding of the EPA's Green and Healthy Schools Initiative, Indoor Air Quality Tools (IAQ) for Schools, Integrated Pest Management (IPM), School Chemical Cleanout, Air Now/EPA Air Quality Flag, and Reducing Lead in Drinking Water programs.
- Robust environmental health protections in schools, for example, mandatory IAQ monitoring, use of green cleaning products, and annual drinking water testing.
- Timely data from the Government Accounting Office for use in America's schools through the Condition of America's Public School Facilities Report.
- Protection of the Clean Air Act and Safe Drinking Water Act to ensure that these safeguards remain in place and are enforced.
- Disaster preparedness plans that include climate change-related extreme weather events.

The health and welfare of our nation's children and youth are dependent upon the quality of the environment in which they live, learn, play, and work. NASN recognizes that increasing numbers of environmental hazards are contributing to a rise in the incidence of developmental disorders and non-communicable diseases. While all children are uniquely vulnerable to the negative effects of an unhealthy environment and require special protection, low income minority children are more likely to experience adverse effects from disparities in exposures, including unhealthy air, water, and toxic hazards (EPA, 2020a). To enable equitable environmental protections and support for the healthy development of all children, funding must be adequate and federal, state, and local agencies must coordinate efforts in data collection, communication, and enforcement of existing laws, rules, and regulations.

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**Acknowledgment of Authors:**

Kathy L. Reiner, MPH, BA, BSN, RN

Linda Compton, MS RN

Mary B. Heiman, MS, RN, NCSN, CNS-BC

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1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

## Equitable Reimbursement for School Nursing Services

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### *Position Statement*

#### **NASN POSITION**

The National Association of School Nurses (NASN) believes school nursing services that are reimbursed in other healthcare environments should also be reimbursed in the school setting. The registered professional school nurse (hereinafter referred to as the school nurse) bridges education and healthcare and delivers quality, cost-effective healthcare in the school setting that is vital to supporting student learning and academic achievement (Maughan et al., 2018). Ensuring sufficient funding so that all children have access to necessary healthcare services provided by a school nurse is a matter of equity (Department of Health and Human Services and Centers for Medicare and Medicaid Services, 2022a).

#### **BACKGROUND AND RATIONALE**

When there is a school nurse present in school, all students have access to healthcare without the need for an appointment, referral, fees, insurance, or transportation (Gratz et al., 2020). However, over half of public school students in the U.S. do not have access to a school nurse all day, every day (Willgerodt et al., 2018). Funding school nursing positions is not always a priority in educational budgets. However, the types of public health services provided by school nurses have demonstrated significant positive returns on investment ( McCullough, 2018; Minnesota Management and Budget, 2017). “Spending on school nurses ought to be viewed as an investment, not a cost ... Supporting local school nurses is a sound investment not just for students and schools, but for the entire community” (Maughan, 2018, paras 17-18). Beyond a financial justification, evidence supports meeting the societal values of doing what is best for children, with benefits that are often realized over the lifetime of a child (McCullough, 2018).

For school-age youth, schools are an appropriate, safe, and least restrictive setting where school nurses can provide medically necessary care that will “improve health or lessen the impact of a condition, prevent a condition, or restore health” (National Academy for State Health Policy, 2021, para 4). However, both public and private insurer reimbursements for school nursing services are typically not commensurate with reimbursement for nursing services provided in other settings such as hospitals, clinics, and home care. For all students to have access to sustainable, quality school nursing services, sufficient funding for school nursing services should be supported by reimbursement through public and private insurers at levels equivalent to nursing services in other healthcare settings. The setting for the provision of needed healthcare should not determine payment or rates for a reimbursable service.

The Future of Nursing 2020-2030 specifically calls attention to the reality that school nurses are “inadequately supported by current funding mechanisms” (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021, p. 176). In order for all students to have equitable access to quality school nursing services, there must be sufficient funding to cover the cost of providing full-time school nursing services (Weeks et al., 2021). “School and public health nurses play a vital role in advancing health equity. Adequate funding for these nurses is essential” (NASEM, 2021, p.10). The American Academy of Nursing asserts that “all students must have daily access to a full-time school nurse who is part of a comprehensive health-care and education system and is supported financially by health and education dollars” (Maughan et al., 2018, para 1).

Decision-makers and stakeholders from education, health, and governmental sectors need to collaborate to create and sustain “adequate and equitable funding models at the federal, state, and local levels” (National Healthy Schools Collaborative, 2022, para 4). Efforts to achieve equitable standards of care for all school-age youth require sustainable and flexible payment mechanism reforms that support school nursing (NASEM, 2021). “Adequate funding would enable these nurses to expand their reach and help improve population health and health equity” (NASEM, 2021, pp. 176-177).

With over half of children in the U.S. enrolled in Medicaid and/or Children's Health Insurance Program (CHIP) for children in families that do not qualify for Medicaid and cannot afford private insurance, these public programs provide health insurance for a significant number of school-age youth. Medicaid reimburses certain aspects of school health services for enrolled children when a qualified provider provides a service approved by Medicaid guidelines (Department of Health and Human Services and Centers for Medicare and Medicaid Services, 2022b). Complicating matters, each state has different methods for applying Medicaid coverage for school nursing services. In some states, regulations are misaligned, precluding these states from taking advantage of expanded Medicaid coverage to reimburse school nursing and other health services (Mays & O'Rourke, 2022; Weeks et al., 2021; Hoke & McGowen, 2019).

Economic fluctuations and multiple priorities create competition for limited financial resources in school district budgets. Sustainable payment systems to sufficiently support school nursing services are necessary to equitably help all youth address health barriers to learning, to be able to meet their full educational potential. Insurance reimbursement for school nursing services comparable to other nursing settings can provide additional funding to support and strengthen the provision of essential, quality school nursing care for all children.

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#### **Acknowledgment of Authors:**

Wendy A. Doremus, DNP, RN, FNP-BC (retired), PHNA-BC (retired)

#### **Review Team:**

Carilyn Raines, MEd, BSN, RN

Linda Compton, MS, RN

Angella Hamer, BSN, RN

Andrea Ferguson, BSN, RN, CSN

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National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130



# Head Lice Management in Schools

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the management of head lice (*Pediculus humanus capitis*) infestations in school settings should not disrupt the educational process, including but not limited to the elimination of classroom screening, forced absences from school for nits and/or live lice and broad notification that a case of head lice has been found. As the leader who bridges health care and education, the registered professional school nurse (hereinafter referred to as school nurse) advocates for evidence-based head lice management strategies that eliminate exclusionary practices and promote positive student outcomes, including reduced absenteeism.

### **BACKGROUND AND RATIONALE**

Head lice infestation is a common concern worldwide, with both social and medical implications. In the United States it is estimated that 6-12 million head lice infestations occur in children 3-11 years of age each year. The infestations are most likely to occur in preschool and elementary age students and their household members, regardless of socioeconomic status or geographic region (Centers for Disease Control and Prevention [CDC], 2019, Who Is at Risk section, para. 1).

The cost of treatment in the United States has been estimated to be \$500 million dollars per year (Cummings et al., 2018). A head lice infestation is not a communicable disease and no health risks have been associated with head lice (Pontius, 2014; CDC, 2015, para. 2; CDC, 2019, Do Head Lice Spread Disease section). Current research indicates that families are over- or incorrectly treating pediculosis, which may be a contributing factor in lice resistance (Cummings et al., 2018; Koch et al., 2016). Head lice infestation, including “no live lice” and “no nit” policies, causes unnecessary school absences for students and loss of parent workdays and family wages. Exclusion from school can adversely affect students emotionally, socially and academically (Devore et al., 2015; Pontius, 2014).

Both the American Academy of Pediatrics (AAP) and the CDC advocate for the following practices to be **discontinued**:

- whole classroom screening,
- exclusion for nits or live lice,
- notification to others except for parents/guardians of students with head lice infestations (Devore et al., 2015; CDC, 2015b, para. 3).

Classroom screenings are often inaccurate, not cost-effective, and notification to others may be a breach of confidentiality (Pontius, 2014). Schools **should not** exclude students for active infestation or when nits remain after appropriate lice treatment. School nurses should advocate for evidence-based prevention measures that include assisting parents with identification of lice/nits and teaching students, parents, staff and community effective prevention measures.

Both AAP and CDC assert that treatment should only be initiated when at least one live louse has been identified (Devore et al., 2015; CDC, 2015, para. 3). Since it is likely that a child's infestation has been present for 30 days or more prior to the identification of live lice, the affected child in school poses little risk of transmission to others and should remain in class (Devore et al., 2015). Health care providers and their staff should collaborate with school nurses and families to provide safe, affordable, evidence-based treatment recommendations that ensure effective management of head lice infestations and promotion of regular school attendance (Devore et al., 2015).

*Children with nits and live lice continue to be excluded from school by “no nit” and “no live lice” policies due to myths and misinformation. Parent and school staff education and re-education on the topic is the best mechanism to dispel the myths around the transmission of lice (Pontius, 2014).* According to the CDC (2015), “The burden of unnecessary absenteeism to the students, families and communities far outweighs the risks associated with head lice” (para. 6). *Improved attendance for children who were formerly excluded along with the decrease in stigmatism of these children and families can positively impact student learning and the school environment.*

NASN recommends school nurses take an active role in the education of parents, students, providers, and school communities to promote proper evidence-based practices in the treatment and management of head lice. These actions include clarifying misinformation about how head lice are transmitted and advocating for a more supportive, less exclusionary approach to head lice management that does not disrupt the educational environment and promotes student attendance and academic success.

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## Acknowledgment of Authors:

Lisa Kern, MSN, RN, NCSN  
Clayton S. Wetzel III, BSN, RN, NSCN  
Karen Kerley, BSN, RN, NCSN  
Karen Elliott, RN  
Sharon Bailey, MSN, RN

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# Healthy Communities

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## Position Statement

### NASN POSITION

It is the position of the National Association of School Nurses (NASN) that healthy and safe communities are essential for the optimal health, well-being, academic success, and lifelong achievement of all school age youth (NASN, 2022a). Bridging education and healthcare, the registered professional school nurse (hereinafter referred to as school nurse), is uniquely situated to protect and promote student and community health, to work collaboratively to respond to public and population health needs, and to contribute to building an equitable culture of health that places “well-being at the center of every life, decision and policy” (NASN, 2022b, p. 100).

### BACKGROUND/RATIONALE

Healthy communities strive to provide safe, healthy, and supportive physical and social environments that enable all people to develop and thrive (Cassells, 2019). An actionable blueprint for healthy communities in the U.S is articulated in Healthy People 2030, a national healthcare framework that is updated every decade. This plan is comprised of evidence-based measurable goals and objectives to build a “society in which all people can achieve their full potential for health and well-being across the lifespan” (Office of Disease Prevention and Health Promotion, n.d., para 4).

The circumstances in which people are born, grow, work, live, and age are often referred to as social determinants of health (SDOH) (World Health Organization, 2022). These non-medical, upstream population-level social, political, and structural factors shape the conditions of daily existence and impact the opportunities and choices people have to lead healthy lives. Examples of SDOH include education, housing, transportation, employment, access to health care services, and food (Centers for Disease Control and Prevention, 2021). The availability and quality of SDOH in a community have a greater impact on long term health than clinical healthcare and are responsible for about 80% of health outcomes (County Health Rankings, 2022). A data map from the Centers for Disease Control and Prevention vividly demonstrates that life expectancy, a health status indicator (Li et al., 2018), differs depending on the communities where people live (Tejada-Vera et al., 2020).

School nursing addresses the health and social needs of individual students and their families and also incorporates a population and public health approach along a continuum of care that includes upstream prevention and system-level interventions (Campbell & Anderko, 2020; Ackerman-Barger et al., 2022). Community/public health is a key principle of NASN’s *Framework for 21st Century School Nursing Practice™* (NASN, 2016; NASN, 2020) and school nurses are vital partners in “the complex work of integrating the social and health sectors in support of the health and well-being of individuals, families, and communities” (National Academies of Sciences, Engineering, and Medicine, 2021, p. xv). Data-informed evidence-based interventions that address barriers to health and learning, and that help build community conditions that create a healthy place to live, can lead to better lifetime educational and health outcomes for school-age youth (Rattermann et al., 2021). Health issues can pose significant barriers to learning that “affect children’s ability to see, hear and pay attention in the classroom, their ability and motivation to learn, their attendance, their academic performance, and even their chances of graduating from high school” (National Academies of Sciences, Engineering, and Medicine, 2019, p. 2-3). Children who encounter these types of health barriers to learning can benefit greatly from school nursing expertise and intervention. School nurses may also attend to population-level student health concerns, driven by social and economic conditions in communities by supporting the development of policies, regulations, and laws that foster the health of school age youth and families (Castrucci & Auerbach, 2019).

Each community uniquely possesses strengths as well as challenges in handling preventable risks and harm that can lead to obesity, chronic diseases, substance misuse, mental health disorders, violence, injury, and the spread of infectious illnesses. By striving to provide clean air and water, sanitation services, and access to healthy foods,

recreation, transportation, adequate healthcare, and quality education, including a full time school nurse, communities contribute to the foundation of health for the nation's youth, which enables children to learn better (Selekman, et al., 2019). Fostering the circumstances in which children achieve better academically supports the development of a stronger, more productive citizenry (Maughan et al., 2018; Kolbe, 2019). Healthy People 2030 affirms that "the health and well-being of all people and communities is essential to a thriving, equitable society" (Office of Disease Prevention and Health Promotion, n.d., para 11). In addition to the benefits for society, the Whole School, Whole Community, Whole Child (WSCC) model for addressing student health in schools brings the focus back to the long-term development and success of the whole child so that all children can be healthy, safe, supported, engaged, and academically challenged (ASCD, 2022).

The communities where children and families live, learn, work, and play strongly influence many aspects of physical and emotional health and well-being. Healthy communities provide the infrastructure and resources that create the conditions and opportunities to support healthy lifestyles. School nurses are indispensable partners in improving and enhancing school and community health by effectively collaborating across sectors to address barriers to health and learning and improving health processes and outcomes. School nursing is vitally integral to helping advance and sustain healthier, more equitable places to live (Schroeder et al., 2018). These efforts align with a vision where all students can be optimally healthy, safe, and ready to learn (NASN, 2022a).

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#### **Acknowledgment of Authors:**

Wendy A. Doremus, DNP, RN, FNP-BC (retired), PHNA-BC (retired)

#### **Review Team:**

Mary Heiman, MS, RN, LSN, NCSN

Char Kizior, BSN, RN, NCSN

Camille Wheeler, MA, BSN, RN

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National Association of School Nurses  
1100 Wayne Ave. Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

# Human Trafficking

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## Position Statement

### NASN POSITION

It is the position of the National Association of School Nurses (NASN) that prevention, early identification, and intercession on behalf of the child/youth beset by human trafficking are essential to the student's psychological and physical well-being, as well as academic success. The registered professional school nurse (hereinafter referred to as school nurse), utilizing astute clinical skills, is well-positioned to recognize signs and symptoms exhibited by a child/youth ensnared within the grooming/human trafficking process. Working in partnership with the school community, law enforcement, child protective services, community-based providers and social services, the school nurse serves a pivotal role by increasing public awareness of human trafficking and assisting with developing protocols for intervention.

### BACKGROUND AND RATIONALE

Human trafficking, also termed trafficking-in-persons (TIP), and modern-day slavery is a multi-billion dollar per year criminal industry that involves exploiting a human being for labor, services, or commercial sex (U.S. Department of State Trafficking in Persons Report, 2020). It is a heinous global health crisis violating human rights (United Nations Office on Drugs and Crime [UNODC], 2020). The Trafficking Victims Protection Act of 2000 defines human trafficking as:

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- Forced labor which is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

The Office of Juvenile Justice and Delinquency Prevention (2021) terms sex trafficking of children as Commercial Sexual Exploitation of Children (CSEC). CSEC comprises the commercial sex industry and coerced employment in sexualized jobs. Sexual exploitation includes survival sex - trading sexual acts for shelter, food, or drugs (Costa, 2019). The threat for sex trafficking is highest when both individual risk factors and societal challenges meld in a young person's life, including poverty, homelessness, a history of maltreatment, low educational attainment, migration, identifying as gender nonconforming or sexual minority, lack of work opportunities, lack of family support, lack of connection to caring adults, and in the United States specifically, English as a second language (Miller-Perrin & Wurtele, 2017; Moore et al., 2017; Toney-Butler et al., 2021; UNODC, 2020).

Within the United States, TIP has been reported in all 50 states (National Human Trafficking Hotline [NHTH], 2019). There has been increasing recognition of a previously unidentified population of children who are US citizens/residents and have fallen prey to sex trafficking, accordingly, identified as Domestic Minor Sex Trafficking (DMST) (Moore et al., 2017). TIP including DMST permeates all communities, socioeconomic groups, and student demographics (National Center of Safe Supportive Learning Environments, 2020), albeit women and girls are disproportionately affected (UNODC, 2020). Any person, regardless of gender, race or age, may succumb to human trafficking (NHTH, 2019). Major victim risk factors driving the trafficking industry are poverty, social injustice, natural disasters, substance abuse, family breakdown, and homelessness (Okech et al., 2018; UNODC, 2020; Wolfe et al., 2018).

LGBTQ individuals are most vulnerable to DMST due to experiencing higher rates of adverse childhood experiences versus their cis-gender counterparts (Toney-Butler et al., 2021). LGBTQ youth face considerable challenges including discrimination, misconceptions, and abuse by peers, family members and the community (Polaris Project,



2016). This subset of youth is at highest risk of being targeted by traffickers if homeless as compared to other homeless youth (National Coalition for the Homeless, 2020). Forty percent of homeless youth identify as LGBTQ and are more likely to engage in survival sex to meet basic needs such as shelter, food, toiletry and medication (Polaris Project, 2016). Minors engaged in commercial sex are considered to be trafficking victims regardless of the use of force, fraud, or coercion (Rothman et al., 2017).

Schools are one of the many settings traffickers use to recruit children (National Center on Safe, Supportive Learning Environments, 2020). The trafficker may in fact be another student (Toney-Butler et al., 2021). Social media websites, chat rooms, after-school programs, and house parties are other venues traffickers exploit to accrue victims (Moore et al., 2017; Toney-Butler et al., 2021; UNODC, 2020).

Signs of child trafficking at minimum may include unexplained absences, poor attendance, runaway behavior, boasting about frequent travel to other cities, inappropriate dress for the current weather, hunger, malnourishment, falling asleep in class, impairment from drugs and/or alcohol, poor compliance with general medical or dental care, and transitory lifestyle (Moore et al., 2017; Toney-Butler et al., 2021). Negative health consequences may involve neurologic, gastrointestinal, cardiovascular, musculoskeletal, dermatological, reproductive, sexual, dental, and mental health problems (Rothman et al., 2017). Specifically, mental health disorders such as anxiety, depression, attempted suicide and life-threatening infections are manifestations of those exploited (Charteris et al., 2018; Cockbain et al., 2018; Hemmings et al., 2016; Henry & Grodin, 2018; Ottisova et al., 2016; Ottisova et al., 2018). Trafficked persons often seek medical services at some point during their exploitation (Schwarz et al., 2016), creating an opportune time for intervention.

School nurses and other specialized instructional support professionals are well positioned to help with identification of and intervention for this concealed crime. Schools strive to create a safety net for students by building healthy environments, ensuring student safety, promoting health, and assuring readiness to learn (NASN, 2017). School nurse assessment skills provide proactive surveillance critical to the identification of signs and symptoms associated with human trafficking. Effective response to child trafficking requires a clearly defined course of action, supported by collaboration with child protective services, law enforcement, social services, and community-based service providers (Moore et al., 2017).

Utilizing NASN's *Framework for 21st Century School Nursing Practice™* (NASN, 2016) the school nurse, mobilizing the key principles of leadership and community/public health, serves as health expert for the school community to augment awareness of human trafficking by promoting education and assisting in the development of district protocols for identifying a suspected victim or responding to a disclosure from a victim. School nurses interact with children/youth daily. Understanding how TIP can manifest on school grounds as well as in the community is imperative for prevention, early recognition and intervention.

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Acknowledgment of Authors:

Gina Emge, MSN, RN, NJ-CSN  
Janet Thornton, MSN Ed., BSN, RN  
Sharon L. Bailey, MSN, RN  
Lisa Kern, MSN, RN, NCSN  
Linda Neumann, RN  
Patrice Lambert, MSN, RN, SNC  
Brenda Lindahl, RN  
Elizabeth McDermott, BSN, RN, NCSN  
Susan Morgan, MEd, RN, NCSN

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National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

# IDEIA and Section 504 Teams - The School Nurse as an Essential Team Member

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as a school nurse) is an essential member of a multidisciplinary education team that identifies, evaluates, and monitors students who may be eligible for services through the Individuals with Disabilities Education Improvement Act (IDEIA; 2004) or Section 504 of the Rehabilitation Act of 1973.

### **BACKGROUND & RATIONALE**

Federal and state laws define and protect a student's right to education. Two, in particular, define how and what schools must do to support student learning when general education methods and supports are not enough. These are Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Improvement Act of 2004.

Section 504 of the Rehabilitation Act of 1973 as amended through the Americans with Disabilities Amendment Act (ADAA) in 2008 established legal support for individuals with disabilities, including students in federally funded programs and activities such as schools. This federal civil rights law ensures that every student is entitled to a free and appropriate public education (FAPE; U.S. Department of Education, 2020). Under Section 504, FAPE provides a student with a physical or mental impairment that impacts one or more major life activities with related services and accommodations in the general education classroom. These services address the student's individual educational needs to achieve equity with nondisabled students. A physical or mental impairment under Section 504 standards can be from a chronic disease or condition, a disability, or an injury and necessitates an evaluation by and input from a school nurse to determine if access to learning is impacted.

In 1975, Congress enacted the Education for All Handicapped Children Act, with numerous amendments that further define and effect the meaning of disability as it relates to learning. The latest amendment titled the Individuals with Disabilities Education Improvement Act (2004) often referred to as IDEIA or IDEA includes specific provisions for identifying and evaluating students who may need special education services, its components, as well as procedural safeguards for implementation.

School districts are mandated to identify and evaluate all children who experience difficulty in accessing their education, regardless of severity, to determine if they qualify for education accommodations (with a 504 plan) or special education services (with an individual education program). This mandate includes the related service of school nursing and health services as needed. IDEIA (2004) mandates that students receive a comprehensive, multidisciplinary evaluation conducted by individuals with the appropriate expertise in the areas of concern.

The school nurse is the team member qualified to evaluate the health needs of the student, many of which may not be apparent without a thorough health assessment. If health-related barriers are not recognized, appropriately interpreted, and addressed those students risk academic failure. Caution must be taken when an education team chooses not to evaluate a student's health or chooses to have non-nurse conduct the evaluation. Under IDEIA, the student's federal civil right to a nondiscriminatory comprehensive evaluation is not upheld if non-nursing educational professionals who are unqualified to conduct a health assessment assume this role. (Alfano et al., 2017; Halbert & Yonkaitis, 2019)

The school nurse is the recognized healthcare expert in the school setting (AAP, 2016). School nurses have the unique knowledge and experience essential to evaluate the health of students in order to identify health-related

barriers to learning and the accommodations necessary to provide students proper access to education (ESSA, 2015). School nurses work collaboratively with other team members to identify, evaluate, and develop plans for students in need of educational accommodations and special education services. School nurses are integral to ensuring the civil rights of all students so that they can achieve optimal educational success and well-being at school (Halbert & Yonkaitis, 2019).

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## Acknowledgment of Authors:

Catherine F. Yonkaitis DNP, RN, NCSN, PHNA-BC  
JoDe Kinnaman, MA, BA, RN, NCSN  
Adalia Del Bosque, MSN, RN, NCSN  
Sharon-rose Gargula, MSN, RN, NCSN  
Diane Copas, BSN, RN

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# Immunizations

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that immunizations are essential to primary prevention of disease from infancy through adulthood and that childhood vaccinations are an effective way of preventing serious childhood illnesses (U.S. Department of Health and Human Services [USDHHS], 2017). NASN supports elimination of all exemptions except those necessary for valid medical contraindications.

School nurses are leaders who use evidence-based immunization strategies, such as School Located Vaccine (SLV) clinics, parent/guardian reminders about vaccine schedules, state immunization information systems (IIS), i.e., state registries, strong support of vaccination recommendations, and vaccine education for students, staff, and families.

### **BACKGROUND AND RATIONALE**

The CDC (2019a) currently recommends that U.S. children and adolescents be vaccinated against 17 diseases. Childhood immunizations have reduced the incidence of Vaccine Preventable Diseases (VPD) by more than 90%, and, in some cases, have spurred reductions as high as 99%. Smallpox, the only human disease ever eradicated, was eradicated through vaccination. Similarly, polio is near eradication as a result of widespread vaccination programs (American Academy of Pediatrics [AAP], 2018; Orenstein & Ahmed, 2017). In addition to reducing disease, disability and death, vaccines are credited with saving almost \$69 billion in healthcare costs in the United States alone (Orenstein et al., 2017). Vaccines not only provide protection to those who are vaccinated, but also provide community protection or “herd immunity” where vaccination rates are above 95% (Eby, 2017). Herd immunity reduces the spread of disease to those who cannot be vaccinated, from the youngest infants to immunocompromised individuals of any age.

Childhood immunization has been so effective in preventing death and disease that many parents today have not encountered diseases that were common years ago. As a result, increasing numbers of parents believe that vaccine-preventable diseases are mild or “natural,” and that vaccines are no longer necessary (Navin, 2018). In the past 10 years, the number of parents refusing vaccinations or choosing alternate vaccination schedules has increased (Eby, 2017). In addition to their lack of concern about VPD, some parents cite worries about vaccine safety, fear of discomfort, and religious objections as reasons for not adhering to vaccination schedules (Navin, Wasserman, Amhmad, & Bies, 2019; Kubin, 2019). Decreasing vaccination rates, coupled with the ease of international travel and waning vaccine titers, has resulted in an increase in VPD outbreaks in the United States. Pertussis cases—which declined from over 100,000 per year to fewer than 10,000 per year between the 1940s and 1965, after the vaccine’s introduction—rose to over 18,000 in 2017 (CDC, 2017). Measles is also resurgent, with more cases confirmed in 2019 than since the disease was declared eliminated in 2000 (CDC, 2019b).

As vaccine rates in the United States decline and cases of vaccine-preventable illness increase, access for parents to reliable information about the safety and efficacy of childhood immunizations and accurate tracking of children’s vaccination records becomes even more important. School nurses are well equipped to

inform about both. School nurses have regular access to students, are trusted by parents to deliver accurate health information, and have access to state immunization registries. One of the most practical solutions to increase vaccine availability and vaccine compliance is to support school-based vaccination clinics. The CDC (2014) notes that schools are one of the most efficient systems for providing health services to children and youth, because approximately 95% of U.S. children and youth attend school. NASN supports the ACIP vaccine recommendations adopted by the CDC and states and local vaccine mandates. NASN also supports full school nurse access to state registries, an important practice tool. School nurses use state registries to facilitate immunization compliance, identify the immunization status of students in the event of disease outbreaks, and prevent duplication of vaccinations when records have been lost, destroyed, or misplaced (CDC, 2013; AAP, 2006; Guide to Community Preventive Services, 2010). School nurses are strongly positioned within their communities to educate students, families, and school staff about the critical role vaccines play in preventing disease, allowing students and staff to remain healthy and in school.

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**Acknowledgment of Authors:**

Constance Griffin, BS, RN, AE-C, NCSN

Patricia Barker, BSN, RN, NCSN

Elizabeth McDermott, BA, BSN, RN, NCSN

Lynne Meadows, MS, BSN, RN, Coordinator

Cheryl Peiffer, MBA, RN, BS, CSN

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# Use of Individualized Healthcare Plans to Support School Health Services



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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) initiates and develops an Individualized Healthcare Plan (IHP) for students whose healthcare needs require more complex school nursing services. An IHP is a plan of care written by the registered nurse for students with or at risk for physical or mental health needs (ANA & NASN, 2017). It is the responsibility of the school nurse to annually evaluate the IHP, as well as to update the plan if deemed appropriate, to reflect changes in the student's healthcare needs and address nursing interventions and/or student healthcare outcomes.

### **BACKGROUND AND RATIONALE**

A variety of documents is used in the educational setting to support student health, safety and success. Confusion often exists in the educational and healthcare fields regarding the purpose, components and content of the IHP. Many outside the profession of school nursing have attempted to define and describe the use of IHPs (Donoghue & Kraft, 2019; Hopkins & Hughes, 2016). Educators, families, non-school healthcare professionals, and even school nurses have used the term IHP to describe a multitude of health-related plans.

In the school setting, the IHP is the counterpart of the nursing care plan. With chronic health conditions affecting nearly one in four American school children (CDC, 2019), the IHP is a necessary tool for delineating the nursing plan of care to foster academic success and support optimal attendance. The IHP is created by the school nurse for the school nurse. The IHP fosters communication among nursing staff to promote continuity of care (Sampson & Will, 2017), for example, when a substitute nurse is required, or as the student progresses through the school system (Yonkaitis & Shannon, 2019). This document is based on the nursing process, utilizes nursing language, documents standards of school nursing practice, and is driven by outcomes (Galemore & Sheetz, 2015; NASN, 2017). It is the guiding document for delivery of student-specific nursing care, illustrating the school nurse's responsibility and accountability (NASN, 2017).

School nurses create an IHP for select students with healthcare needs that, if not addressed, may negatively affect, or have the potential to affect, attendance and/or academic performance. These students may have chronic health issues or have an acute alteration in their health status that may temporarily require specialized nursing care. Priority for IHP development must be given to those students who require significant health services at school, have a medical diagnosis that may result in a health crisis, and/or students with health conditions addressed in a Section 504 Accommodation Plan or an Individualized Educational Program (Yonkaitis & Shannon, 2019).

Depending on the health condition, IHPs may prompt the development of student Emergency Evacuation Plans (EEP) and/or Emergency Care Plans (ECP), both of which are initiated and developed by the school nurse. These plans stem from the intervention component of the IHP and provide instruction

on addressing healthcare needs or appropriate response to a student's emergent healthcare issue (Sampson & Will, 2017). These plans use language best suited for the non-medical educational staff.

The school nursing profession is responsible for defining its own standards (ANA & NASN, 2017) and has stipulated the purpose and content of an IHP is to:

- Document standards of school nursing practice
- Document the nursing process
- Facilitate evidence-based management of the health condition
- Outline the relevant knowledge and actions needed by school personnel to support the student's access to a free and appropriate education
- Prepare for prompt responses to medical emergencies
- Support the health components of education plans for the student
- Support the student's success by providing the school's multidisciplinary team with a systematic, organized approach to meeting specific health needs" (NASN, 2017 p. 2)
- Guide care coordination for the student
- Serve administrative purposes by defining the focus of nursing, validating the nurse's role in the school, and differentiating accountability of the nurse from other staff (Hermann, 2005)
- Provide an effective vehicle for documentation of nursing delegation when permitted by state nurse practice act and state law (Sampson & Will, 2017)

The IHP is a vital and practical tool to manage or mitigate student-specific healthcare needs. The school nurse is the sole professional qualified to generate an IHP. Utilizing NASN's *Framework for 21st Century School Nursing Practice™* (NASN, 2016) the school nurse, mobilizing the key principles of care coordination and quality improvement, initiates, develops, implements, evaluates and revises the IHP to maximize student health, support academic success, and optimize school attendance.

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**Acknowledgement of Authors:**

Gina Emge, MSN, RN, CSN-NJ  
Louise Wilson, MS, BSN, RN, NCSN  
Tina D. Miller, MA, BSN, RN, NCSN  
Andrea Ferguson, RN, CSN

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1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

## LGBTQ Students

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that, to provide culturally competent care, school staff and communities should institute affirming policies that support lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth. These include bullying, health risk behaviors, and rejection from family and friends. Such challenges can cause adverse mental and physical health effects such as depression and suicidal ideation. Registered professional nurses (hereinafter referred to as school nurses) are uniquely positioned to help LGBTQ youth by creating LGBTQ-affirming spaces, guiding youth towards resources, advocating for school-wide protections, and assuring youth that their identities and feelings are normal and appropriate.

#### **BACKGROUND AND RATIONALE**

NASN supports comprehensive care, guided by the principles of cultural humility, in safe, inclusive, and affirming school environments for LGBTQ youth.

- In addition to increased psychological health risks from bullying, LGBTQ students also experience health disparities, such as physical violence; forced sexual encounters; and rates of alcohol, tobacco and other drug use that are nearly twice the rates of heterosexual peers (Kann et al., 2018).
- LGBTQ youth who do not have affirming parents or guardians are more likely to experience homelessness and associated risk factors than their peers (Guletkin et al., 2019).
- Safe and supportive school environments are accomplished when all school staff are familiar with current LGBTQ best practices and terminology, including use of appropriate pronouns and addressing myths and misconceptions which can contribute to inequities and violence. School staff should use gender-inclusive, non-heteronormative language (Kosciw et al., 2020).
- Barring an explicit legal obligation, school nurses should respect confidentiality and not disclose a student's sexual orientation or gender identity to others, including parents or guardians, without permission from the student (Human Rights Campaign, 2019).
- School nurses should assess LGBTQ students carefully for signs and symptoms related to bullying, violence, and family rejection, such as frequent somatic complaints, recurrent absence from school, poor academic achievement, and signs and symptoms of depression, self-harm, and disordered eating (Hooker, 2019).
- Recognizing the substantial risk for depression in this population due to rejection and stigma, school nurses should provide education for students on depression prevention strategies such as stress management, regular exercise, and finding social support (Perron et al., 2017).
- School nurses should facilitate access to supportive medical and psychological sources of care for students who need referrals, as well as to local resources such as the nearest LGBTQ community center (Willging et al., 2016).
- School nurses should evaluate health education curricula for medical accuracy, inclusivity, and diversity to reduce risk behaviors and to support positive sexual health outcomes among teens, such as reducing teen pregnancy, sexually transmitted infection rates, and sexual violence (Kosciw et al., 2020).

- School nurses advocate for policies which ensure equitable access to school facilities and activities, as well as policies which promote safety for students who identify as transgender or gender expansive (Wernick et al., 2017).
- School nurses work with school staff, students, and families, when appropriate, to create a clear policy and plan for any students experiencing suicidal ideation with a focus on at-risk student populations, including LGBTQ students (Perron et al., 2017).
- To increase the likelihood that LGBTQ students will feel safe and seek out the support they need, school nurses should display a visible sign of LGBTQ inclusion, such as a pride flag, safe space sticker, or poster in the health office (Human Rights Campaign, 2019).
- In one survey, 42.8 % of students identifying as LGBTQ had seriously considered suicide in the past year. Schools with affirming policies for LGBTQ students are associated with lower rates of suicidal ideation, alcohol and other drug use, and poor school achievement in this population (Demissie et al., 2018).

To reduce these health disparities and to provide comprehensive care, school nurses should collaborate with educational teams to create welcoming, healthier, and thus safer environments for all students, while addressing stigma, discrimination, and marginalization of LGBTQ students

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**Acknowledgment of Authors:**

Christine Amidon, BSN, RN, NCSN  
Lynne P. Meadows, MSN, BSN, RN  
Janet Thornton, MSN-Ed, RN  
Camille Wheeler, MA, BSN, RN  
Tina D. Miller, MA, BSN, RN, NCSN

*Consulting Content Experts*

Tracy Perron, PhD, RN, CNE, CSN  
Vincent Pompei, EdD  
Tonda L. Hughes, PhD, RN, FAAN

**Dates:**

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1100 Wayne Avenue, Suite 925  
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# Naloxone in the School Setting

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the safe and effective management of opioid-related overdoses in schools must be incorporated into the school emergency preparedness and response plans. The registered professional school nurse (hereinafter referred to as school nurse) provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug-related emergencies, proper management of these incidents at school is vital to positive outcomes. The school nurse is essential to the school team responsible for developing and implementing emergency response procedures. School nurses in this role should facilitate access to naloxone for quick response in the management of opioid-related overdoses in the school setting.

### **BACKGROUND AND RATIONALE**

Opioid overdose deaths are a public health crisis according to the National Institute of Health (NIH) due to increased opioid misuse (NIH, 2019). According to the Centers for Disease Control and Prevention (CDC), drug overdose deaths are the leading cause of injury-related deaths in the United States. In 2017, more than 70,000 people died from prescription or illicit opioid misuse (CDC, 2017). In response, the US Department of Health and Human Services (HHS) is focusing its efforts on five priorities: access to treatment and recovery services, promoting overdose reversing drugs, strengthening understanding of the epidemic through better public health surveillance, providing support for cutting edge research on pain and addiction, and advancing better practices for pain management (NIH, 2019).

Deaths from opioids include those caused by prescription medications such as oxycodone, morphine or hydrocodone, and illegal drugs such as heroin or the synthetic opioid fentanyl (CDC, 2018). A crucial contributing factor regarding drug overdose deaths involves the nonmedical use of prescription painkillers—using drugs without a prescription or using drugs to obtain the "high" produced. Between 2016 and 2017, deaths from synthetic opioids increased significantly in 23 states (CDC, 2019). Many of these opioid-related deaths by overdose were due to opioids which contained fentanyl, perhaps the most dangerous synthetic opioid (CDC, 2019). In 2018, the CDC stated that deaths related to opioids consisted of over two-thirds of all overdose deaths (CDC, 2018).

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health, in 2017 there were 2.2 million adolescents ages 12 to 17 who were current illicit drug users. The CDC recognized the magnitude of this crisis in 2018 (SAMHSA, 2018) when overdoses were named as the most pressing health concerns and added to its list of top five public health challenges.

Naloxone is an opioid antagonist that will temporarily reverse the potentially deadly respiratory depressive effects for legal and illicit drugs. It is available as intramuscular or subcutaneous injection and nasal spray. When administered quickly and effectively, naloxone has the potential to immediately restore breathing to a victim experiencing an opioid overdose. Additional doses can be administered every 2-3 minutes (Selekman, 2019).

The use of naloxone as an opioid overdose reversal agent by laypeople and first responders has doubled from 2017-2018 and has proven to be an effective strategy in preventing overdose opioid deaths. The CDC (2019) estimates a co-prescribing ratio for opioids and naloxone as 70:1. For every 70 high dose opioid prescriptions written, there is only one naloxone co-prescription written, with rural areas having a much lower rate than metropolitan areas.



Schools are responsible for anticipating and preparing to respond to a variety of emergencies. The school nurse is often the first health professional who responds to an emergency in the school setting. The school nurse possesses the education and knowledge to identify emergent situations, manage the emergency until relieved by emergency medical services (EMS) personnel, communicate the assessment and interventions to EMS personnel, and follow up with the healthcare provider. Thus, school nurse access to naloxone as part of their school's emergency preparedness will improve opioid overdose response, response preparation, and harm reduction and avoid horrific outcomes such as death. With naloxone as part of an emergency protocol, a school nurse can quickly administer it to prevent overdose deaths by reversing life-threatening respiratory depression. Ensuring ready access to naloxone at schools aligns with one of the SAMSHA's five strategic approaches to prevent overdose deaths (SAMSHA, 2018).

Naloxone saves lives and can be the first step toward opioid use disorder (OUD) recovery. Opioid overdose-related deaths can be prevented when naloxone is administered in a timely manner. As a narcotic antagonist, naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths (SAMSHA, 2018). Emergency protocol for any suspected overdose should include administering Naloxone and transporting the individual for emergency care. The access to emergency treatment can be the first step toward a much larger course of treatment of OUD.

School nurses should be familiar with the legal implications in their state when implementing naloxone as part of their school district's emergency response plan. Laws vary from state to state in terms prescribing, supply maintenance and who can administer naloxone in the school setting. Since 2017, every state and the District of Columbia have laws that provide protection from criminal liability for naloxone administration by laypersons or first responders (SAMSHA, 2019).

Community prevention education is key when addressing the public health crisis of opioid-related deaths. School nurses have a crucial role to play with research-based, primary prevention strategies within their school communities. Through community outreach with prescription opioid abuse, misuse and overdose awareness programs, school nurses can provide valuable education and be a useful resource for K-12 students and their families. Furthermore, school nurses can assist families in recognizing the signs and symptoms of substance abuse, support and guide them in locating resources for care, counseling, and even refer students for appropriate treatment of OUD.

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**Acknowledgment of Authors:**

Suzanne Levasseur MSN, APRN, CPNP, NCSN  
Lynn Nelson MSN, RN, NCSN  
Doreen Crowe, MEd, BSN, RN, NCSN  
Keisha ES Major MSN-Ed, RN, NCSN

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# Supporting Scheduled Recess

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that regularly scheduled recess during the school day should be regarded as a childhood right that is necessary for the optimal health and educational growth of all students, and that recess should not be withheld for any student. The registered professional school nurse (hereinafter referred to as school nurse) bridges health and education and can apply leadership and collaborative skills to advocate for equitable policies that support scheduled recess and reject withholding recess (NASN, 2016, 2020). Safeguarding scheduled recess is important for promoting the physical, emotional, social, and cognitive development of all students.

### **BACKGROUND AND RATIONALE**

Scheduled recess provides students with a supervised break from instruction during the school day. Opportunities for unstructured physical activity and peer interaction are essential for healthy physical and emotional growth and development for students at all grade levels (American Academy of Pediatrics [AAP], 2016; Centers for Disease Control & Prevention, 2022; London, 2019). Breaks from academic work during the school day serve to enhance cognitive processing for both younger children and adolescents (AAP, 2016). Ideally, recess should occur in a safe, well-equipped outdoor area that is intended for recreation (Action for Healthy Kids, 2023a). If weather is inclement or use of outdoor space is not feasible, alternative comparable recess activity time should take place indoors (Action for Healthy Kids, 2023b).

Recess not only contributes to positive physical, social, emotional gains, it also contributes significant academic benefits (London, 2019, Action for healthy kids, 2023a; Hodges et al., 2022; Carriedo & Cecchini, 2022). Given the importance to overall development of the whole child, recess should be regarded as a necessary, inherent right of all school-age youth, and not a conditional privilege or reward (Burson & Castelli, 2022; London, 2019). Therefore, recess should never be shortened or eliminated from the school day for any reason except for student safety.

A growing number of states have enacted legislation requiring daily recess. While specifications for recess frequency and duration vary between states, legislative support promotes greater equity in opportunities for scheduled recess for students in these states (Clevenger, et al., 2022; National Association of State Boards of Education, n.d.). However, in other states, recess time could be replaced with academic work time. Eliminating or minimizing recess could have a negative impact on student achievement (AAP, 2016). Evidence shows that time spent in recess does not detract from academic achievement (Burson & Castelli, 2022). In actuality, recess may have a positive impact on students' attitudes, behaviors, and ability to remain on-task with academic tasks (Burson & Castelli, 2022). "Recess and academic time should not be viewed as competing priorities, but rather complementary to children's overall development" (Thalken et al., 2022, p. 6).

In some school settings, recess could be withheld as a disciplinary consequence, though no published research justifies this practice (London, 2019). Many national organizations strongly advise that recess not be withheld from students as a behavior management strategy. Physical activity as a form of punishment and/or behavior management is ineffective and can create negative associations with physical activity (Advancing IDEAS for Health and RMC Health, n.d.). The Society of Health and Physical Educators has asserted that withholding recess "is inappropriate and constitutes an unsound education practice" (SHAPE America, 2021, p. 2). Further, students should not be excluded from participation in all or part of recess because of negative effects on health (Carriedo & Cecchini, 2022).

Robust policies can have a significant impact on promoting and implementing scheduled recess and preventing actions that revoke recess (Thalken et al., 2022). School nurses are uniquely positioned to apply leadership and

collaboration skills to advocate for equitable school, district, and state-level policies that uphold and safeguard scheduled recess time. These school nursing actions are critical to supporting the right of all school age youth to have regular opportunities for scheduled recess that enhance student health and educational development.

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#### **Acknowledgment of Authors**

Wendy Doremus, DNP, MS, RN

Kathy Schulz, MS, RN, LSN, NCSN

Ronda Hutchinson, BSN, RN

Suzanne Levasseur, MSN, APRN

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1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

## Use of Restraint and Seclusion in the School Setting

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that restraint and seclusion should not be used in the school setting as a routine form of discipline. Restraints and seclusion should only be used when the child's behavior poses an imminent danger of serious physical harm to self or others (United States Department of Education, 2012). In addition, the registered professional school nurse (hereinafter referred to as the school nurse) is in a position to promote positive behavioral supports in the school setting. NASN believes that the school nurse is an essential advocate for the health and well-being of all students.

#### **BACKGROUND AND RATIONALE**

The United States Government Accountability Office (USGAO, 2019) defines the types of restraint and seclusion. Physical restraint is defined as "restricting a student's ability to freely move his or her torso, arms, legs, or head: it does not include a physical escort, such as temporary touching of the arm or other body part for the purpose of inducing a student who is acting out to walk to a safe location" (p. 2). Mechanical restraint is defined as "the use of any device or equipment to restrict a student's freedom of movement: this does not include vehicle safety restraints or medical devices" (p. 3). Lastly, seclusion refers to "involuntarily confining a student alone in a room or area from which he or she can not physically leave: it does not include timeout," which is defined as a behavior management technique for the purpose of calming (p.3).

The Every Student Succeeds Act (ESSA) (2016) states that school nurses play an important role in providing a safe and supportive learning environment. School nurses are Specialized Instructional Support Personnel (SISP) who provide related services to students in school. In this role, school nurses deliver school-wide approaches to school safety and assist in providing programs that promote supportive discipline practices (ESSA, 2016). ESSA also stipulates that local education agencies must improve school conditions that promote student learning and decrease disciplinary practices that remove students from the classroom and discontinue the use of aversive behavior interventions such as restraint and seclusion (Trader et al., 2017).

Seclusion in the form of time-out is the only discipline strategy recommended by the American Academy of Pediatrics (AAP) for all children. On the AAP Healthy Children site, a general guideline for time-out is advised not to exceed more than one minute per year of age (2020). AAP recommends healthy forms of discipline, such as "positive reinforcement of appropriate behaviors, setting limits, redirecting, and setting future expectations" (Sege & Siegel, 2018). School nurses should advocate that when time-out is part of a student's Individualized Education Program (IEP), appropriate implementation must be clearly outlined.

Data support that there is disproportionate use of seclusion and restraint against students with disabilities (Prince & Gothberg, 2019). The most recent government data available from school year 2017-2018 showed that 13% of all public school students were labeled as having an IDEA disability, but they accounted for 41% of students mechanically restrained, 80% of students physically restrained, and 77% of those secluded during that particular school year. Additionally, African American students comprise 18% of students with an IDEA disability but make up 26% of students with physical restraints, 34% of mechanical restraints, and 22% of seclusion. Hispanic or Latino students comprise 27% of all IDEA students and were only subjected to 14% of physical restraint, 28% of mechanical restraint, and 9% of seclusion. By contrast 48% of students with IDEA disabilities are Caucasian. They comprise 52% of physical restraint cases, 33% of mechanical restraint, and 60% of seclusions. In addition, gender differences were also noted. Boys comprise 66% of all IDEA eligible students; and yet they were subjected to 83% of physical restraint, 82% of mechanical restraint, and 84% of seclusion (United States Department of Education, 2020).

The most recent Department of Education initiative to address the inappropriate use of seclusion and restraint involves three components: compliance reviews through the Office of Civil Rights (OCR), Civil Rights Data Collection

(CRDC), and technical support for recipients of federal funding mandated to comply through OCR or Office of Special Education and Rehabilitative Services (OSERS) (U.S. Department of Education, 2019).

The Individuals with Disabilities Education Improvement Act of 2004 mandates that schools provide a free and appropriate public education (FAPE) and that those services are in the least restrictive environment (LRE). It also states that children should be in the general education setting for the maximum time possible and that intensive support may be necessary and must be provided (Trader et al., 2017). According to guidance given by OSERS, IEP teams must consider the use of positive behavioral interventions and supports, and other strategies, to address behavior that impedes the student's learning or the learning of others (Swenson & Ryder, 2016). School nurses are key members of the IEP team and should lend their expertise and consider the health needs of a student when Functional Behavior Assessments (FBA) are done and Behavior Support Plans (BSP) are written (Trader et al., 2017).

Positive behavioral supports should be universally adopted to avoid the use of restraint and seclusion and promote justice and equity for all students. School nurses must aid in ameliorating race and gender-based disparities in school discipline through changes in professional practice and the development of equitable policies. The Framework for 21st Century School Nursing Practice (NASN, 2016) states that our guiding principles should ensure that students are healthy, safe and ready to learn. Promoting a safe and secure environment is vital to the educational success and emotional development of children (NASN, 2016).

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**Acknowledgment of Authors:**

Megan Fioravanti, BSN, RN, NCSN

MaryAnn Strawhacker, MPH, BSN, RN, SEN

Pam Allsbrook, MSN, RN, NCSN

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National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130



## Safe, Supportive, Equitable Schools

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that every student should attend school in a safe, supportive, and equitable environment. Access to a registered professional nurse (hereinafter referred to as a school nurse) democratizes healthcare for the most vulnerable students and families.

#### **BACKGROUND AND RATIONALE**

Poverty, racism, homelessness, access to healthcare, food insecurity and other social determinants of health can have a significant impact on the health and well-being of students and school communities (CDC, 2021a; NASN, 2020). The *Future of Nursing Report* emphasizes the positive impact of school nurses on students' clinical and social needs and highlights the urgent need to expand, strengthen, and diversify school nursing practice as a means to advance health equity for students (National Academies of Sciences, Engineering, and Medicine, 2021.) Learning is best achieved when the student's physical, social, and emotional development are addressed in the school setting (CDC, 2018).

All students have a right to learn in a safe environment. Structural and systemic barriers, both within and outside of schools, have created environments in which students may feel disconnected and unsafe. Issues related to safety, racism, and violence impact all students; however, they may disproportionately impact racial, ethnic, and gender-sexual minority students (Brookings, 2020). Students who do not feel safe are unable to learn; therefore, they may be chronically absent, may not actively engage in learning, or may drop out of school.

Students struggling with mental health issues, including isolation, stress, anxiety, depression and the effects of bullying, may avoid school if they do not feel a sense of safety and belonging (Baek et al., 2019; Eugene et al., 2021). Thirty-six percent (36%) of U.S. high school students identified being treated unfairly or badly due to their race or ethnicity, with those who indicated poorer mental health and less school connectedness reporting the highest incidence of racism (Mpofu et al., 2022). Minority stress also places students at additional risk for depression and suicidal ideation or attempts (Kosciw et al., 2020). Furthermore, safe and supportive school environments provide opportunities for LGBTQ+ youth to socialize and build positive, identity-affirming relationships that are pivotal in improving their mental health and physical well-being (McCabe et al., 2022).

School connectedness is a protective factor that supports youth physical, mental, and emotional well-being, fosters resilience, and is a significant predictor of healthy behaviors (Steiner et al., 2019; Eugene et al., 2021; Osher et al., 2021) and academic success (Reynolds et al., 2017). School nurses promote connectedness through communication, advocacy, and by establishing trusting and caring relationships with all youth, including youth from marginalized groups (McCabe et al., 2022). A schoolwide approach to connectedness also involves the integration of trauma sensitive schools (TSS) and social emotional learning (SEL) (Osher et al., 2021).

Adverse childhood experiences (ACEs) have been linked to long-term impact on physical, social, and mental health (CDC, 2021b). This is more prevalent in black and brown communities and escalated

during the COVID-19 pandemic (Martin et al., 2022). Issues of structural racism, intentional or unintentional, must be eradicated. For example, it is well known that school discipline policies related to expulsion and suspension have been unevenly applied toward ethnic minority and special education students (Steinberg & Lacoë, 2018). School nurses are well-positioned to address systemic inequities and to influence school policies and practices, working in concert with other school support personnel. These include disciplinary and other practices involved in treatment of racial, ethnic, and gender-sexual minority students (Willgerodt et al., 2021).

Youth violence is a public health concern. Half of U.S. students have experienced violence in the school setting (David-Ferdin et al., 2021). Black, Indigenous, and people of color (BIPOC) and LGBTQ+ teens are at a greater risk of experiencing violence than their peers (CDC, 2021c; 2022). A majority of U.S. children and teens worry that a school shooting may occur at their school (Cogan et al., 2019; Graf, 2020). Teens who experience violence in and out of the school environment may be at risk for:

- o Missing school due to safety concerns
- o Risky sexual behavior
- o Low academic achievement
- o Overweight or obesity
- o Access to a weapon
- o Feelings of sadness or hopelessness
- o Suicidal thoughts or behavior
- o Substance use (David-Ferdon et al., 2021)

Students who experience or fear violence, at home or at school, report that a positive school climate with supportive adults helps them to feel safer (Baek et al., 2019). Students and school communities require safe and supportive environments to flourish. A safe, trauma-sensitive school is one where teaching and learning are collectively embraced; equity is centered as a shared value; strategies to minimize disruptive behaviors and address the root causes of violence are prioritized; students' voices are included in shared governance; school community norms are clearly communicated, and restorative justice practices are implemented.

School nurses possess the skill and judgment to identify and address the structural and systemic barriers that impact the attainment of safe, supportive, and equitable school environments which contribute to students' ability to achieve wellness and academic success.

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**Acknowledgment of Authors:**

Christine Amidon MSN, RN, FNP-C, NCSN

Robin Cogan MEd, RN, NCSN, FAAN

Lisa Kern MSN, RN, NCSN

Joan Hlinomaz MS, BSN, RN, NCSN

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Silver Spring, MD 20910  
1-240-821-1130

## The School Health Services Team: Supporting Student Outcomes

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the registered professional nurse (hereinafter referred to as “school nurse”) collaborates to lead the school health services team in the identification of and intervention for health-related barriers to improve student learning (American Nurses Association [ANA] & NASN, 2017, p. 84).

#### **BACKGROUND AND RATIONALE**

School nurses are part of a team of Specialized Instructional Support Personnel (SISP) defined by the Every Student Succeeds Act (ESSA) (2015) as qualified professional personnel involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services. SISP work as a multidisciplinary team possessing a wide range and depth of expertise to meet critical student needs while supporting the whole child (National Alliance of Specialized Instructional Support Personnel, 2019). The school nurse functions in a pivotal role that bridges healthcare and education through provision of care coordination, advocacy for quality student-centered care, and collaboration to design systems that allow individuals and communities to develop their full potential (NASN, 2017).

School nurses lead teams that provide health services to students. In addition to school nurses, the teams may include licensed practical nurses/licensed vocational nurses (LPN/LVN), unlicensed assistive personnel (UAP) and/or assistive personnel (AP), and SISP professionals. As health team leaders, school nurses play a significant role in student success, as access to school health services has been associated with better health for all students (Allison & Attisha, 2019). Student health is linked to academic achievement related to grades, test scores, school attendance, and student behavior (Kocoglu & Emiroglu, 2017; Michael, Merlo, Basch, Wentzel, & Wechsler, 2015).

The American Academy of Pediatrics (2016) recommends that all schools have a minimum of one registered professional school nurse to provide health services. The authority to practice nursing is granted to registered nurses (RNs) and LPNs/LVNs through a state nursing license which protects the public by setting minimum qualifications and competencies for entry-level practitioners (National Council of State Boards of Nursing [NCSBN], 2019). The LPN/LVN performs primarily procedural nursing functions and some shared nursing responsibilities in accordance with their educational preparation and state Nurse Practice Act, which includes working under the supervision of an RN or other designated healthcare professional such as a physician or advanced practice registered nurse (American Association of Occupational Health Nurses [AAOHN], 2017; Benbow, Abel, Benton, & Hooper, 2014). It is important to note how a state Nurse Practice Act defines supervision of the LPN/LVN, which differentiates between on-site (direct) supervision and remote (consultative) supervision. LPNs/LVNs should not be placed in positions in which supervision by a designated healthcare professional is not available (AAOHN, 2017).

UAP/AP are school personnel who do not hold a healthcare license. They often serve in the role of paraprofessionals, health aides, nursing assistants, health clerks, or teacher aides (Bobo, 2018). As allowed by state Nurse Practice Acts and with proper training and oversight, tasks that may be performed by and delegated to UAP/AP may include first aid, school health screenings, maintaining student health records, non-complex daily procedures, and other health office duties. Responsibilities that cannot be delegated to UAP/AP include assessments, nursing diagnosis, establishing expected outcomes, care evaluation and all other tasks and aspects of care including, but not limited to, those that involve critical thinking, professional nursing judgment and professional knowledge (NCSBN, 2016). The school nurse conducts and documents UAP/AP training, provides

ongoing supervision, performs performance evaluation, and is in control of the decision to assign healthcare tasks (Bobo, 2018; Combe & Clarke, 2019).

School physicians, if available, have a broad range of roles and types of relationships with the schools they serve. They may be providers of direct services, such as mandated physical examinations; advisors to a school health advisory group; or consultants to the school nurse, the superintendent of the district, or the Board of Education. School physicians function based on the medical and social needs or demands of the community, the school district's priorities, and state laws (American Academy of Pediatrics Council on School Health, 2016).

The school health team, led by the school nurse, provides support for positive student academic and health outcomes. Members of the team vary and may include LPNs/LVNs, UAPs/APs, school physician, and SIS professional who provide services to students to meet increasing numbers and acuties of healthcare needs. Being knowledgeable of state Nurse Practice Acts and regulations ensures team members work within their scope of practice. Together, team members' combined efforts aim to improve student outcomes.

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<https://www.ncsbn.org/licensure.htm>

**Acknowledgment of Authors:**

Cynthia Less, MSN, RN, NCSN

Francis Luna, MSN, RN, NCSN

Kae Austin Bruch, BSHCA, RN, NCSN, AEMT/FF

Mary Heiman, MSN, APRN, CNS

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National Association of School Nurses

1100 Wayne Avenue, Suite 925

Silver Spring, MD 20910

1-240-821-1130



# School Nurse Workload: Staffing for Safe Care

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## Position Statement

### NASN POSITION

It is the position of the National Association of School Nurses (NASN) that access to a registered professional nurse (hereinafter referred to as a school nurse) all day, every day can improve students' health, safety, and educational achievement. Student acuity and school community indicators should be assessed to determine appropriate staffing levels. Access to a school nurse may mean that more than one school nurse is necessary to meet the needs of the school population. School nurse workloads should be evaluated on at least an annual basis to meet the health and safety needs of school communities (Jameson et al., 2018).

### BACKGROUND AND RATIONALE

Since 1902, school nurses have contributed to individual and population health, in ever-expanding ways (Rogers, 1903/2014). Laws implemented in the 1970s established the rights for all students, even those with significant health needs, to attend public school, and led to recommendations for school nurse-to-student ratios. These laws included the Rehabilitation Act of 1973, Section 504 (1973), and Public Law 94-142, the Education for all Handicapped Children Act (1975), reauthorized in 2004 as the Individuals with Disabilities Education Improvement Act (IDEIA). Changes in these laws increased the role and responsibilities of the school nurse.

Appropriate staffing is necessary in order to provide safe care and ensure quality outcomes, and is accomplished through understanding and considering the complexities of the role of the nurse and the care that is provided (American Nurses Association [ANA], 2020). Using ratio of nurse to student alone is not evidence-based or appropriate. Other factors that should be considered include:

- Safety, medical acuity, and health needs of a student;
- Characteristics and considerations of student or population including individual social needs as well as the infrastructure that creates inequities in social determinants of health;
- Characteristics and considerations of the school nurse and other interprofessional team members; and
- Context and culture of the school or school district that influences nursing services delivered (Jameson et al., 2018).

Evaluation of staffing plans, overall costs, effectiveness, and resources expended also influences staffing decisions. Safe and appropriate staffing has an impact on population and community health outcomes, enriching the patient experience of care, reducing health care costs, and enhancing the work life of the healthcare provider (American Association of Critical-Care Nurses [AACN], 2016; Bodenheimer & Sinsky, 2014). Consistent with the research in acute care settings (Aiken et al., 2017; Brooks Carthon et al., 2019; Kelly & Todd, 2017; AACN, 2016), multiple studies suggest that appropriate school nurse staffing has an impact on the health and academic outcomes of the students and the school community and contributes to reduced health care costs and a healthier population (Arimas-Macalino et al., 2019; Best et al., 2017; Daughtry & Engelke, 2017; Gormley, 2018; Hill & Hollis, 2012; Jacobsen et al., 2016; Nikpour & Hassmiller, 2017; Wang et al., 2014).

Little data exists on validated tools to determine school nurse staffing. Current best practice for staffing involves analyzing complex factors including number of students, social determinants, acuity levels, other responsibilities, barriers to care, current use of technology, and health care to adequately meet the health and safety needs of the children whose care is entrusted to schools (Jameson et al., 2018). Such a structure helps detail a 21st-century

context for nurse staffing that recognizes the individual contribution and added value of each individual nurse as a provider of care (ANA, 2020). NASN recommends ongoing research to develop evidence-based health assessment and other tools that consider multiple factors for the development of staffing and workload models.

The school nurse provides the critical link to address gaps in healthcare by serving students and the school community as the health expert. School nurses can navigate and address socio-economic issues, physical health needs and health behavior factors; respond to student and community needs; and work as advocates and change agents.

NASN believes that school nursing services must be determined at levels sufficient to provide the range of health care necessary to meet the needs of school populations. NASN recommends continuing research developing evidence-based tools using a multifactorial health assessment approach for evaluating factors that influence student health and safety and developing staffing and workload models that support this evidence. All students need access to a school nurse every day. In addition to the number of students covered, staffing for school nursing coverage must include acuity, social needs of students, community/school infrastructure, and characteristics of nursing staff.

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#### Acknowledgment of Authors:

Wendy Rau, MSN, BA, RN

Beth Jameson, PhD, RN, CNL, CSN-NJ

Christine Amidon BSN, RN, NCSN

Janet Thornton, MSN-Ed, RN

Wendy Wilson, BSN, RN, NCSN

Erin Maughan, PhD, MS, RN, PHNA-BC, FNASN, FAAN

Laurie Combe, MN, RN, NCSN

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Author.

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1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

## School-located Vaccination

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that reaching high vaccination coverage of school-age children, as outlined in Healthy People 2030 (U. S. Department of Health and Human Services [USDHHS], 2021), is an essential public health objective. The National Strategic Plan for the United States 2021-2025 highlights the importance of increasing the availability of vaccines and removing barriers to access in non-traditional healthcare settings. School-located vaccination (SLV) can enhance other emerging non-traditional vaccination sites (USDHHS, 2021). The registered professional school nurse (hereinafter referred to as the school nurse) is in a critical position to create awareness, influence action, and provide leadership in the development of SLV programs.

#### **BACKGROUND AND RATIONALE**

SLV has a long history in the United States and has successfully contributed to lower morbidity and mortality due to vaccine-preventable diseases (Park et al., 2021). In 1875, New York City used schools to deliver the smallpox vaccine. Schools were again utilized in the 1950s to deliver the Salk polio vaccine. In 1969, schools held vaccine clinics to administer the rubella vaccine, in the 1990s to conduct hepatitis B catch-up clinics, and again in 2009 for varicella and H1N1 vaccines (Mazyck, 2010; Hodge & Gostin, 2002).

The school is an ideal place to reach 50.6 million children from all cultures, socioeconomic groups, and age groups who attend each day; further, the school is conveniently located in a familiar and trusted community environment (Hanson, 2021). Studies show that SLV is key for adolescents, who have significantly lower rates of vaccination due to lower rates of office-based visits (Bernstein & Bocchini, 2017). School districts providing SLV must have support from the school administration and may require additional staffing to facilitate this effort.

The COVID-19 pandemic has highlighted the value of SLV and administering vaccines in the school setting as a primary mitigation strategy to provide protection against communicable diseases, including SARS-CoV-2. A decline in routine vaccination occurred in children due to the pandemic, related to healthcare provider office closures, stay-at-home orders, caregiver fears in accessing primary care related to COVID-19 exposure, and virtual schools' lack of exclusion from non-compliance with state and territorial mandates (Patel et al., 2020; CDC, 2021). CDC recommends that decisions to include COVID-19 vaccines in SLV are best determined at the local level, working with community partners to support equitable access to the vaccine (CDC, 2021).

The school nurse can play a critical role in planning and executing SLV. For example, school nurses:

- have experience collaborating with community partners, including local and state public health departments, school officials, other nurses, teachers, emergency planning authorities, child health agencies, families, community leaders, and local healthcare providers.

- are a trusted source of health information for school boards and school officials, providing evidence of the impact of vaccination on school attendance.
- can provide accurate information and dispel myths about vaccines. School nurse relationships with parents/families can be critical in obtaining consent for vaccination.
- can identify students who have missed vaccines (Swallow & Roberts, 2016).
- can identify and secure spaces within schools which have the capacity to host SLV (e.g. gymnasium, library, cafeteria).
- can offer a convenient option for parents to have their children receive needed vaccinations without having to arrange for a healthcare provider visit or taking time off from work; children also miss less instructional time if vaccines are provided onsite.
- can assist with securing volunteers, such as healthcare professionals and/or nursing students, to participate in SLV efforts.

SLV can reach children in the school environment and can improve vaccination rates for children and communities (Park et al., 2021). NASN believes that immunizations are essential to primary prevention of disease from infancy through adulthood and continues to support the efforts of school nurses in developing SLV opportunities.

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#### **Acknowledgment of Authors:**

Christine Amidon BSN, RN, NCSN  
Lori M. Haapala BSN, RN, NCSN  
Stacey Whitney MSN, RN, NCSN

#### **Reviewers:**

Elizabeth Clark  
Carrie Grenham  
Linda Neumann

Adopted: January 2013

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Silver Spring, MD 20910  
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# School-sponsored Before, After, and Extended School Year/Out of School Time Programs

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## ***Position Statement***

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that all students, including those with disabilities or special healthcare needs, must have equal opportunity to safely take part in school-sponsored before, after, and extended school year programs and activities, also known as Out of School Time (OST). The registered professional school nurse (hereinafter referred to as school nurse) has the knowledge, skills, and expertise required for assessing, planning, coordinating, implementing, and evaluating student healthcare needs so that all students may fully participate in OST programming and activities.

### **BACKGROUND AND RATIONALE**

For many students, time at school extends beyond regular school hours. Students may participate in a range of school-sponsored OST activities such as intramural sports, interscholastic athletics, special interest groups, clubs, performing arts, overnight field trips, summer or extended year programs, holiday or vacation programs, before and after school care, or transportation. School-sponsored programs and activities are typically considered to be those that are authorized, conducted, or supported by the local educational agency (LEA) or a public school within the school district (Clark, 2017). Any school that receives federal funds must assure that every student has equal opportunities to participate in all school-sponsored activities, both academic and extracurricular, including access to health services if needed (U.S. Department of Education [USDE]/Office for Civil Rights [OCR], 2022). If a student with a healthcare condition or disability needs healthcare accommodations or related services to participate safely in an OST activity, LEAs are responsible for providing the needed services (USDE/OCR, 2022).

Naturally, students' health needs during the school day travel with them through OST activities (U.S. Department of Health and Human Services, Centers for Disease Control and Prevention [CDC], 2021). To appropriately determine and address the health and safety needs of participating students, school-sponsored OST programs should, at a minimum, engage the school nurse to consult, advise, facilitate, and collaborate with others (Afterschool Alliance, n.d.; NASN, 2022; Venrick et al., 2020; NASN, 2019). School nurses understand the health needs of individual students and the student population, have knowledge about local and state school health and nursing regulations, and are uniquely qualified to provide the necessary healthcare and care coordination for students involved in OST activities.

School nurse-led care coordination is a key principle of the *Framework for 21st Century School Nursing Practice™* (NASN, 2016; NASN, 2020). In providing OST care coordination, school nurses work with a team of administrators and educators while providing "oversight and alignment of multiple evidence-based components and interventions that support the health and well-being of students" (NASN 2019, p. 24). Nursing aspects of care coordination for OST activities or programs may include sharing health information as appropriate or delegating tasks such as medication administration (CDC, 2021). The school nurse may also provide training and support that is necessary for preparing OST personnel to respond to student health needs or health emergencies (Clark, 2017). The school nurse is the professional responsible for delegating nursing care, in accordance with state regulations and students' individualized healthcare plans, emergency action plans, or specific health needs. It is the school nurse who determines whether the provision of care, health accommodations, or medication administration can be legally and safely delegated to non-medical personnel (Resha, 2017). However, the school nurse "cannot delegate any activity that requires clinical reasoning, nursing judgment or critical decision making" (National Council of State Boards of Nursing & American Nurses Association, 2019, p. 7).



To conduct quality OST programs, “skilled personnel and dedicated funding (with)... dedicated resources and staff are important to effective implementation” (Education Development Center, 2022, p. 49). School nurses should be sufficiently financially compensated by local educational agencies (LEA) for providing training, consultation, or direct services above and beyond the regular workload, beyond regular school hours, or beyond the regular school year calendar contract. Compensation should be at least comparable to that provided to other specialized professional-level leaders whose employment includes work for OST program planning or activities (Clark, 2017).

School nurse expertise is crucial for planning, coordinating, and determining safe, supportive OST healthcare services and staffing. The provision of school nursing services protects student healthcare rights and enables every student to experience full and equitable participation in school-sponsored OST experiences (Clark, 2017; NASN, 2016; NASN & Alliance for a Healthier Generation, n.d.).

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doi: 10.1177/1942602X19874490

**Acknowledgment of Author(s)**

Wendy A. Doremus, DNP, RN, FNP-BC (retired), PHNA-BC (retired)

**Review Team:**

Sarah Portle, MEd., BSN, RN, NCSN

Erica Harp, BSN, RN, NCSN

Adopted: January 2014

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1100 Wayne Avenue, Suite 925  
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## School-sponsored Trips – Equitably Addressing Student Health Needs

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) to actively support and protect the right of all students, including those with healthcare needs or disabilities, to participate in school-sponsored trips, in accordance with federal regulations (U. S. Department of Education [USDOE]/Office for Civil Rights [OCR], 2020). The registered professional school nurse (hereinafter referred to as school nurse) has the expertise necessary to prepare, plan, educate, and coordinate with staff, families, students, and other healthcare professionals in arranging equitable, inclusive, and appropriate care for all students to be able to attend school-sponsored trips.

#### **BACKGROUND/RATIONALE**

School-sponsored trips complement, enhance, and enrich student educational experiences and may take place during regular school hours or extend beyond the traditional school day. These offsite academic or extracurricular activities may include day field trips, intramural or interscholastic competitions to other schools, or overnight trips to different cities, states, or countries. School-sponsored trips require school nursing oversight and expertise with additional planning for students with healthcare needs or disabilities. To participate, some students may need healthcare services during the trip that involve, for example, medical treatments or procedures, health monitoring, medication administration, dietary adjustments, and/or transportation aid (Krol & Penny, 2024).

To address student health and safety needs, it is imperative that school systems collaboratively engage school nurses in a timely manner throughout all phases of planning and implementation of school-sponsored trips, including the initial trip approval process. School district policies, protocols, and procedures should be developed and maintained with school nursing input, to incorporate parameters involving the planning and provision of healthcare on school-sponsored field trips. Students who require special healthcare support should have individual healthcare plans (IHPs) and/or emergency action plans (EAPs) written by a school nurse, to guide care throughout the school day including during school-sponsored activities (NASN, 2022; Halbert & Yonkaitis, 2019).

The school nurse determines the healthcare support necessary for individual student participation in school-sponsored trips, such as whether a student's healthcare needs require the presence of a nurse or if care may be legally and safely delegated to unlicensed assistive personnel, in accordance with each state's nurse practice act (NASN, 2018). School policy may allow a student to self-carry and administer medication themselves and/or self-manage their own care, with formal written authorization from parents/guardians, student's healthcare professionals, and in consultation with the school nurse (McClanahan et al., 2019).

Federal laws protect each student's right to a free and appropriate education with equal access and participation in any school-sponsored activity, including trips. All schools that receive federal funds are subject to this requirement (USDOE/OCR, 2020). The local education agency is responsible for providing reasonable accommodations, related aids, or services, if needed (including nursing care) for qualified students, consistent with students' 504 accommodation plans (504) or individualized education programs (IEP). While schools may invite parents/guardians to chaperone on trips, school officials cannot require that a parent/guardian of a child with a health condition or disability attend with their child if parents of students without a health condition or disability are not required to accompany their children.

For school-sponsored trips that take place in a different state, the school nurse needs to review licensing laws, regulations, and scope of practice in the destination state well in advance of travel (Krol & Penny, 2024; Brous, 2019). Each state board of nursing regulates nursing practice, addressing protocols such as medication administration and delegation. U.S. states and territories that participate in the Nurse Licensure Compact (NLC) allow nurses to practice in all compact states/territories under one multistate license (National Council of State Boards of Nursing [NCSBN], 2023a). Some non-compact states may grant a temporary license or visiting nurse status for very short-term practice situations as in the case of a school trip. The school nurse is responsible for abiding by the destination state's nurse practice act and licensing regulations, including NLC states (NCSBN, 2023a). U.S. state nursing licenses are not recognized in most other countries. For trips occurring outside of the U.S. that may require the provision of nursing care, it is necessary part of trip planning to determine the destination country's nursing license requirements and scope of practice (National Council of State Boards of Nursing, 2023b).

Equitable, inclusive, and appropriate healthcare for all students while on school-sponsored trips requires school nursing expertise for preparing, planning, educating, and coordinating with staff, families, students, and other healthcare professionals. Commitment to assuring safe healthcare actively supports and protects the right of all students to have equal opportunities for participation in school-sponsored trips.

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**Acknowledgment of Authors:**

Wendy Doremus, DNP, MS, RN

Shanyn Toulouse, DNP, MEd, RN, NCSN

Catherine F. Yonkaitis, DNP, RN, NCSN, PHNA-BC

Lori Kelley, MSN, RN, NCSN

Adopted: June 2013

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# Service Animals in Schools

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that service animals allow some students with disabilities access to their education while enabling greater independence. The registered professional school nurse (hereinafter referred to as school nurse) as a member of the school planning team, facilitates the integration of service animals into the school by leading the development of inclusive policies and practices. As school health care professionals, school nurses ensure the health and safety needs of all students are met, while conforming to federal accessibility laws.

### **BACKGROUND AND RATIONALE**

Americans with Disabilities Act (ADA) regulations, Section 504 of the Rehabilitation Act of 1973, Individuals with Disabilities in Education Act, as well as state and local laws, support children who may require a service animal in school (Brennan & Nguyen, 2014). The Americans with Disabilities Act regulations define a service animal as “a dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability” (United States Department of Justice [USDJ], 2011, para 3). A separate provision includes miniature horses in the definition of a service animal (USDJ, 2011). Disabilities for which service animals are used include physical, sensory, psychiatric, intellectual, or other mental disability. Service dogs and horses can be especially beneficial in improving the educational experience of children with special needs (Harris & Sholtis, 2016).

The service animal must be trained to take a specific action when needed to assist the person with a disability (USDJ, 2015). These actions include, but are not limited to, guide dogs for sight impaired, hearing or signal dogs for alerting those with hearing loss, Psychiatric Service Dogs (PSD) to detect the onset of psychiatric episodes, Sensory or Social Signal Dogs (SSig) trained to assist a person with autism, Seizure Response Dogs trained to assist a person with a seizure disorder, and service dogs trained to identify low blood sugar levels (Catala, Cousillas, Hausberger, & Grandgeorge, 2018). There is a distinction between psychiatric service animals and emotional support animals. If the service animal has been trained to sense the onset of an anxiety attack and takes a specific action to help avoid the attack or lessen its impact, that would qualify as a service animal (USDJ, 2011; Krause-Parello, Sarni, & Padden, 2016). If a dog’s mere presence provides comfort, the ADA would not consider this performing work or a task (USDJ, 2015; Schoenfeld-Tacher, Hellyer, Cheung, & Kogan, June 2017).

Schools have a legal responsibility to provide planning and services for children with special healthcare needs, including allowing service animals into schools (Towle, 2017). School nurses provide care coordination for students with service animals to ensure the smooth transition of a service animal to school, as well as monitoring the effectiveness of the animal for the task it is to perform.

## SUMMARY

Students with disabilities utilize service animals for a variety of tasks, allowing greater access to education (Harris & Sholtis, 2016). Communication and planning with all stakeholders is essential in supporting the student with a service animal. The school nurse plays a key role in facilitating this communication and planning process.

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## Acknowledgment of Authors

Linda Neumann, RN  
Susan Morgan, MEd, RN, NCSN

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National Association of School Nurses  
1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130



## Student Access to School Nursing Services

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that all students should have access to school nursing care by a registered, professional school nurse (hereinafter referred to as school nurse) all day, every day. For students who face barriers to accessing healthcare, especially those living in predominantly low-income, rural and minority communities, a school nurse may serve as their only regular healthcare provider. School nurses provide students, staff, and school communities with quality healthcare that is critical for health promotion, disease prevention, health maintenance, and health equity (National Academy of Medicine, 2021).

#### **BACKGROUND AND RATIONALE**

About 56 million students attend school in the United States; about 6% or 3.3 million do not have health insurance coverage (NCES, 2020; US Census Bureau, 2020). School nurses provide all students equitable access to healthcare when they teach, assess, and support physical and mental health, and remove barriers to community-based healthcare through care coordination and case management (Maughan et al., 2016).

Several barriers may impact a family's ability to seek medical care or advice (Johnson, 2017). This may be related to a lack of insurance or an available healthcare provider. Other barriers, such as job or transportation constraints, can impact parents' ability to take a child for treatment. Whatever the reason, the school nurse is often the healthcare provider who provides assessment and episodic care for the student. The school nurse also provides care coordination by helping families to enroll in public health insurance programs, finding a medical home and even arranging transportation to appointments (American Academy of Pediatrics, 2016). Support of a school nurse may be even more essential in schools where socioeconomic and geographic disparities exist (Gratz et al., 2021).

School nurses empower students to be well; they teach, treat, counsel, and support students to increase classroom seat time and decrease trips to the health office and absences from school (Best et al., 2021). School nurses support student health in a variety of ways. School nurses may teach students how to manage their own health and wellness; monitor student immunization status, conduct vision and hearing screening, and refer students for treatment; participate in 504/IEP meetings, contribute to individualized education programs and/or develop individualized health care plans (American Academy of Pediatrics, 2016). School nurses are often the first to identify and address student behavioral health concerns and serve as an early warning system for children and families in crisis or otherwise at risk of abuse and neglect. School nurses provide support and care for students with special healthcare needs/chronic conditions through care management and direct care, including medication administration and health procedures.

School nurses use their public health expertise to advocate for healthier communities by leading school wellness teams and developing health and wellness policies addressing issues such as quality air,

healthier lunches, and barriers created by health disparities (Johnson, 2017). School nurses support the school community through constant surveillance of student and staff conditions to prevent and control spread of communicable disease and prepare for and respond during emergencies (Shannon et al., 2020).

School nurses provide care and support to all students using the Framework for 21st Century Practice model (NASN, 2016). The model is student-centered and includes five nonhierarchical key principles: Standards of Practice, Care Coordination, Leadership, Quality Improvement, and Community/Public Health. The principles of the Framework help to describe many of the practice activities nurses perform each day to support student health and learning. The Framework is aligned with the Whole School, Whole Community, Whole Child movement and its interdisciplinary approach to student health and learning (NASN, 2020; CDC, 2014)

School nursing plays an essential role in keeping children healthy, safe, and ready to learn so that they may grow into healthy and productive adults. The school nurse is a member of a unique, specialized discipline of professional nursing and is often the sole healthcare provider in an educational setting (NASN, 2016). It is essential that all students have access to a full-time school nurse all day, every day to level the playing field with regard to health equity and to support student physical health, mental wellness and academic readiness (Council on School Health, 2016).

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#### **Acknowledgment of Authors**

Catherine F. Yonkaitis, DNP, RN, NCSN, PHNA-BC

Amy Dark, BA, BSN, RN, CSNT

Linda Compton, MS, RN

Kathey Haynie, MSN, RN

Adopted: January 2022

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1100 Wayne Avenue, Suite 925  
Silver Spring, MD 20910  
1-240-821-1130

# Supervision and Evaluation of the School Nurse

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## ***Position Statement***

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that the clinical practice of the registered professional school nurse (hereinafter referred to as the school nurse) be supervised and evaluated by a registered nurse knowledgeable about school nurse practice in accordance with *School Nursing: Scope and Standards of Practice* (NASN, 2022) and the *Framework for 21st Century School Nursing Practice™* (NASN, 2016; NASN, 2020). Nursing supervision and evaluation of school nursing foster professionalism, competency, and quality standards of school nursing clinical care necessary to equitably promote the health, safety, and learning of all students and the school community (Campbell & Minor, 2017a).

### **BACKGROUND AND RATIONALE**

While school nurses are accountable for their own practice (NASN, 2022), stipulations in individual employee contracts may require supervision and evaluation. Like teachers and others who provide services for students, school nurses can benefit from self-assessment, peer review, and supervision and performance evaluations that focus on fostering continuous development of practice competencies and professional growth. Just as having highly qualified, effective teachers matters (Robinson, 2023) so does having highly competent school nurses. School nurses' clinical competence affects nursing care quality which can impact student outcomes. Strengthening school nursing services "improves the health of students and leads to better educational outcomes" (American Academy of Pediatrics, 2023). The provision of effective school nursing care is a matter of equity, particularly for under-resourced communities (Gratz et al., 2021).

Since Congress enacted the Every Student Succeeds Act (ESSA) in 2015, states bear the responsibility for guiding local education agencies (LEAs)/school districts in developing employee supervision and performance evaluation systems. Though school nursing evaluation is not specifically addressed in ESSA, school nurses are recognized by ESSA as specialized instructional support personnel (SISP) who contribute to fair, equitable, and high-quality education that promotes learning and academic achievement for all students (ESSA, 2015).

In the school setting, it is important to distinguish non-clinical from clinical nursing supervision and evaluation (NASN, 2022). Non-clinical aspects of school nursing may include adherence to school and district or other employing agency procedures and policies, state and federal educational regulations, organizational skills, oral and written communication, teamwork, collaboration, and classroom teaching methods (NASN, 2022). These types of non-clinical capabilities may be supervised and evaluated by non-nursing administrators such as a building principal, a district supervisor, or an agency administrator (NASN, 2022; Combe & Clarke, 2019; Dandridge, 2019; Campbell & Minor, 2017a; Campbell & Minor, 2017b).

However, school nurses' function under additional state and federal nursing and public health laws, statutes, and regulations, including each state's Nurse Practice Act. These legal factors, in addition to the defined specialized practice of school nursing within the nursing profession (NASN, 2023), set the school nursing scope of practice uniquely apart from other professionals in the education setting. While non-nursing administrative oversight may help to increase general understanding and appreciation of the essential role of school nurses, an individual without an RN license may not supervise or evaluate clinical aspects of school nurses' practice (NASN, 2022; Combe & Clarke, 2019; Dandridge, 2019; Campbell & Minor, 2017a; Campbell & Minor, 2017b). "Non-clinical staff are not sufficiently qualified to evaluate clinical nursing competency. Districts should shift this specific responsibility to nurse leadership" (Dandridge, 2019, p. 17).

When school nursing clinical practice competency is supervised or evaluated, it must be done by a professional nurse (RN) with knowledge about school nursing. Ideally, this individual has supervisory-level certification and serves in an administrative leadership role such as director, supervisor, coordinator, team leader, or as a coach, mentor, or preceptor (NASN, 2022; Combe & Clarke, 2019). School nursing practice requires specialized application

of the nursing process and nursing critical thinking, decision making, and judgment relevant to student health needs in the educational setting (McCabe et al, 2022; Davis et al., 2021; Wallin & Rothman, 2020; Dandridge, 2019, Campbell & Minor, 2017b). Supervision and evaluation of these types of clinical school nursing competencies, knowledge, and skills should be based on the most current school nursing standards of practice as delineated in both the *School Nursing Scope and Standards of Practice* (NASN, 2022) and the *Framework for 21st Century School Nursing Practice™* (NASN, 2016; NASN, 2020). These established standards provide an authoritative framework for performance competencies and evaluation of school nursing (NASN, 2022).

Appropriate clinical supervision and evaluation of school nurses is essential for delivery of high quality and safe care in school communities everywhere (Campbell & Minor, 2017a; Campbell & Minor, 2017b). Developing and strengthening school nursing clinical competencies such as responding to students' healthcare needs and implementing evidence-based protocols and best practices positively impact student health and academic success (Shin & Roh, 2020; Campbell & Minor, 2017a; Dandridge, 2019).

School administrator input regarding non-nursing responsibilities, along with self- and peer-evaluation, contribute to a well-rounded, interprofessional evaluation of the school nurse. However, school nursing clinical supervision and professional performance evaluation supporting quality school nursing care should be conducted by a registered nurse leader who is well-versed in the specialty practice of school nursing. This should take place for every school nurse in every school, to further the goal of essential and equitable access to quality school nursing care that enhances health, safety, and learning for every student.

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#### **Acknowledgment 2023 Author(s)**

Wendy A. Doremus, DNP, RN, FNP-BC (retired), PHNA-BC (retired)

#### **Review Team:**

Susan Chaides, MEd, RN, CPNP

Julie Hudson, MSN, RN, BSN, NCSN

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# Telehealth: Equitable Student Access to Health Services

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## *Position Statement*

### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that utilization of telehealth technology is a valuable tool that can assist registered professional school nurses (herein referred to as a school nurse) to enhance access to school and community health services. A substantial number of students experience health disparities related to lack of access to primary and specialty services and to school nurse services. The school nurse is on the frontlines of student health and has the expertise to provide a critical link and oversight to implement telehealth in the school setting (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021).

### **BACKGROUND AND RATIONALE**

The U.S. Health Resources and Services Administration (HRSA, 2021) defines telehealth as “the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, health administration, and public health”. A variety of technologies can be used when integrating telehealth into school health practice. Principles to consider when seeking to implement school-based telehealth services include connectivity, affordability, literacy, structural competence, inclusivity, and elimination of disparities (American Telemedicine Association, 2021).

Prior to COVID 19 school nurses forecasted the growth of technology use in practice and recognized its potential to change practice (Morse et al., 2020). Lessons learned from rapid initiation of telehealth services during the COVID-19 Pandemic have proven a valuable stimulus to expedite expansion of this service model (Thomas, 2020). School nurses adapted how they connected with students by creating virtual health offices and providing interventions such as brief physical and behavioral health assessments and health education to meet student needs (Williams et al., 2021; Marrapese et al, 2021). During the pandemic, policy changes such as the removal of reimbursement barriers facilitated telehealth access for a larger portion of the general population (National Council of State Legislatures, 2021).

Utilizing sound telehealth delivery principles and complying with current FERPA, HIPAA, and other federal, state, and local regulations, public schools can be ideal locations to implement telehealth. The Society for Developmental and Behavioral Pediatrics (SDBP) position on telehealth highlights the importance of conducting telehealth services in a familiar environment, such as the school (Keder, et al., 2022). As of 2019, 99% of America’s K-12 public schools have the necessary fiber-optic connections to meet the FCC’s internet access standard (Education Superhighway, 2019).

Recent policy statements from the American Academy of Pediatrics (AAP) (Coffman et al., 2021) and SDBP (2022) recognize the value of telehealth as a tool to reduce disparities and provide equitable access for families to primary and specialty healthcare. The AAP (2021) also recognizes the value of telehealth for students with complex needs who require intense, collaborative care. Telehealth services have been shown to decrease hospitalization, emergency care and school absenteeism; diminish the financial burden on families; and reduce healthcare costs in general (Lang Kamp et al., 2015; Reynolds & Maughan, 2015). Telehealth law, institutional policy, contracts, and funding are necessary to effectively develop telehealth school nurse services as well as visits with community-based providers (Curfman et al., 2021; Graber et al. 2021). The need for additional advocacy exists to allow for simultaneous reimbursement for the school nurse site facilitator and clinician when utilizing telehealth (Watkins & Neubrander, 2020; Curfman et al., 2021; Thomas et al., 2020).

School nurses routinely coordinate student health care services between the medical home, family, and school (Gillooly, 2020). The COVID-19 pandemic reinforced this crucial role, as school nurses conducted virtual care

coordination to reduce healthcare barriers for students in low-income, medically underserved, or geographically challenged local communities. This connected students and families to needed services and improved communication between home, school, and healthcare providers. (Campbell et al., 2020; Reynolds & Maughan, 2015). School nurses have the education and experience in assessment, intervention, and outcome evaluation; understand healthcare and educational systems' process, language, and norms; and are familiar with both FERPA and HIPAA rules to protect confidentiality. Additional training in telehealth process and delivery (Rutledge et. al., 2021) in combination with the nursing skill set, makes school nurses the ideal school-based professional to facilitate telehealth services.

Utilization of school nurse telehealth visits provides guidance from a trusted health professional while limiting the burden on clinicians (Watkins & Neubrandner, 2020). Via telehealth school nurses can provide care coordination and health education for students with special health needs and facilitate monitoring by primary and specialty care providers to prevent fragmented care and unnecessary medical expenses (Curfman et al., 2021).

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#### **Acknowledgment of Authors:**

MaryAnn Tapper Strawhacker MPH, BSN, RN, SEN  
Laurie G. Combe, MN, RN, NCSN, FNASN

#### **Dates:**

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## Transition Planning for Students with Healthcare Needs

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### *Position Statement*

#### **NASN POSITION**

It is the position of the National Association of School Nurses (NASN) that healthcare transition (HCT) planning and implementation for all students with healthcare needs should be a well-coordinated process that occurs whenever a student moves into, through, or out of a school setting. The continuation of safe, quality, equitable care for all students with healthcare needs is essential for supporting positive health and academic outcomes, so that all students have equal opportunities to attain their full potential. As a vital member of the interprofessional school-based team, the registered professional school nurse (hereinafter referred to as school nurse) is ideally situated to provide expertise, leadership, and care coordination for students during HCT (NASN, 2022).

#### **BACKGROUND/RATIONALE**

Planning and implementing HCT for students with healthcare needs sometimes refers only to the pediatric to adult transition beyond secondary school. Federal laws provide specific guidelines for transition planning for students with an Individualized Education Plans (or Program) (IEP) that support strategies for HCT beyond high school (U.S. Department of Education, 2017; Tracey et al., 2024). However, for the purpose of this position statement, HCT represents a coordinated set of activities that assists all students with healthcare needs to transition to and from school settings at any stage, whether temporary or long term. This may include such times such as when a student enters school, moves between schools, leaves the educational system, or progresses beyond secondary school to engage in post-secondary academic or employment pursuits. It also includes returning to school following intermittent or prolonged absences for health reasons. Intentional and community-based HCT strategies enable a continuous approach to achieving positive health and academic outcomes for students with health conditions. A growing body of research evidence has found that “a structured HCT process for youth with special healthcare needs can show improvements in adherence to care, disease-specific measures, quality of life, self-care skills, satisfaction with care, health care utilization, and HCT process of care” (Schmidt et al., 2020, p. 92).

HCT begins with a family-centered approach to the identification of the unique needs and strengths of the student, in collaboration with the student, family, educational team, healthcare professionals, the school nurse, and behavioral health and social services systems (National Academy for State Health Policy [NASHP], 2020). Key components of the HCT process include planning, transfer, and integration into the school setting for each student (Lestishock et al., 2020; Schmidt et al., 2020). The National Center for Health Care Transition (Got Transition) has developed detailed evidence-based models for the HCT process which may be integrated as appropriate for the developmental needs of the student (Got Transition, n.d.; White et al., 2020). HCT efforts focus on arranging accommodations and services to meet students’ health, academic, social, and emotional needs and supporting adjustment in the school setting (Selekman & Ness, 2019; NASN, 2022).

Care coordination and effective, culturally sensitive communication among members of the student’s HCT team are critical to working proactively with families to identify and develop a shared plan of care (NASHP, 2020). Continuity of care “should be seamless in nature and is improved with the implementation of communication tools (e.g., integrated health records)” (Cassidy et al., 2022, p. 6). For HCT, the school nurse is in a key position to oversee care coordination, a foundational principle of 21st century school nursing practice (NASN, 2016; NASN, 2020). School nurse-led care coordination is defined as “the oversight and alignment of multiple evidence-based components and interventions that support the health and well-being of students with chronic health conditions” (NASN, 2019, p. 4).

When appropriate, students should engage as active participants in the HCT plans for their health and learning. For adolescents with healthcare needs, HCT to adulthood health services involves helping them “to progressively manage their own health and effectively use health services” (McManus et al., 2023, p. 780). This involvement includes the development of self-management and decision-making skills to foster active participation in maintaining their own health to attain their goals for quality of life (NASHP, 2020; NASN, 2022).

When there is a school nurse at school all day every day, school nurses are well positioned to support the process of HCT. It is a matter of equity that each student with healthcare needs has school nursing support. School nurses provide specialized expertise, knowledge, and skills for HCT coordination and leadership that include the capacities to:

- Interpret and communicate medical information as appropriate across systems and among key stakeholders
- facilitate the implementation of individualized healthcare plans (IHP) and related HCT requirements
- connect families with school and community resources to address student HCT needs
- monitor and assess the impact of HCT plans on student health and academic outcomes
- support a system of accountability for meeting family needs and quality measurement and improvement of outcomes
- advocate for clear HCT school district policies and guidelines

HCT experiences impact students, families, and the health and education systems. Planning for timely and continuous HCT can prevent interruptions in student access to healthcare services and educational experiences. School nurses effectively support student transitions between healthcare and educational settings and beyond. The development and implementation of HCT shared plans of care are essential to fostering student health and academic success, as well as postsecondary endeavors.

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**Acknowledgment of Author:**

Wendy A. Doremus, DNP, RN

Gayle Black, BSN, RN

Lucinda Hill, DNP, RN, CPN, CNE

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# Position Briefs

# Joint Statements



## Early School Start Times

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### *Joint Statement*

#### **SUMMARY STATEMENT**

Optimal sleep during growth and development is critical for the health, safety and academic success of our nation's youth. Over half of high school youth and near one third in middle school report 7 hours or less sleep on school nights (National Sleep Foundation, 2014). These reports are in sharp contrast to recommended adolescent (age 12-17) sleep requirements of approximately 9 to 10 hours (Carskadon, 2011). The registered professional school nurse (hereinafter referred to as school nurse) is in a pivotal position to collaborate with students, families, teachers, pediatric nurses, school administration officials, and other health care professionals to address factors contributing to insufficient sleep. A significant modifiable factor contributing to insufficient sleep during adolescence is early school start times during middle school and high school. The National Association of School Nurses (NASN) and the Society of Pediatric Nurses (SPN) support delaying school start times for middle school and high school students as proposed in the policy statement on School Start Times for Adolescents by the American Academy of Pediatrics (Adolescent Sleep Working Group, 2014). This recommendation is based upon the following key factors in adolescent sleep:

- Adolescents require approximately 9-10 hours of sleep nightly (Carskadon, 2011).
- Developmental and physiological changes in adolescent sleep contribute to shifts in nighttime sleep times and later bedtimes, but not necessarily a decrease in sleep requirement (Carskadon, 2011).
- Home electronic media use by adolescents before bedtime affects sleep quality (National Sleep Foundation, 2014).
- Parents/guardians are unaware of adolescent sleep needs and/or the sleep duration of their adolescents (American Academy of Pediatrics [AAP] Adolescent Sleep Working Group, 2014).
- Parent/guardian enforced bedtimes throughout adolescence is associated with longer sleep duration (Short et al., 2011).
- Delaying school start times for adolescents to no earlier than 8:25 am is associated with longer sleep duration on school nights (Boergers, Gable, & Owens, 2014).
- Delay of school start times is associated with improved mood and reduced daytime sleepiness (Boergers, Gable, & Owens, 2014).
- Insufficient sleep and irregular sleep/wake patterns are associated with an increased risk for daytime sleepiness, academic and emotional difficulties, safety hazards, and cardio-metabolic disease (AAP, Adolescent Sleep Working Group, 2014).
- Sufficient sleep on a regular basis provides the opportunity for better attention, behavior, emotional control, and quality of life (Paruthi et al., 2016).



- Sleeping less than the recommended 9-10 hours can result in learning problems, injuries, obesity, and hypertension (Paruthi et al., 2016).

## RATIONALE

The need for sleep is a biological necessity for all mammals, and studies have shown that the absence of sleep results in impairment of functional ability (Iber, 2013). During the four stages of sleep – REM, N1, N2, and N3 - task learning is refined through the enhancement and pruning of synaptic connections. Each sleep stage has a responsibility for temporarily storing, evaluating, discarding “nonsense” information and preserving new and valued knowledge (Iber, 2013).

During adolescence, the secretion of the melatonin hormone begins later in the day resulting in a corresponding delay in the desire to sleep (Carskadon, 2013). The postponement of this biological event is further delayed if the adolescent is not in a dimly lit environment – often the case if there is homework to finish. However, although staying awake longer is easier for the adolescent, the desire to sleep longer is unavoidable. This becomes problematic when the total amount of sleep is reduced, as is often the case during the school year. In addition, studies have shown that children and adolescents from low income or racial and ethnic minorities are at a greater risk for sleep disorders due to overcrowding, excessive noise, and concerns for their own or their family safety (Owens, 2014).

In Healthy People 2020 (2014), a new core indicator has been developed entitled *Sleep Health* which calls for a reduction in

- adolescent sleep loss;
- unhealthy sleep behaviors (irregular sleep/wake patterns, overuse of electronic media in the bedroom, and the consumption of excessive caffeine); and
- the potential consequences of inadequate sleep (depression and suicidal ideation, obesity, auto accidents attributed to drowsiness, and poor academic performance) (Owens, 2014).

NASN and SPN highlight a contributing – and modifiable – factor to promoting an increase in sleep obtained by teenagers is to delay the start of school day for middle and high school students. NASN and SPN acknowledge the challenges of alterations in after-school sports and activities, along with adjustments to parental/guardian schedules and other modifiable factors such as the need for families to

- self-regulate sleep habits;
- set bedtime limits;
- set limits on social networking; and
- discuss the use of electronic media in the bedroom.

SPN and NASN stand ready to collaborate with administrators, teachers, parents, school boards and communities to address this public health issue by

- Working with parents to understand developmental changes in sleep/wake patterns during adolescence.
- Educating parents on the importance of setting bedtime limits.
- Identifying adolescents at risk.
- Working with teachers and parents to monitor academic course loads and extracurricular activities.
- Identifying strategies to promote optimal sleep.
- Limiting the use of caffeine and other stimulants.
- Limiting the use of electronic media and social networking.

Adolescence is a time when sleep patterns change and biological clocks alter, often leading to poor quality and insufficient sleep. Their ability to concentrate, problem-solve and assimilate new information is impaired. SPN and NASN encourage all parties involved to consider implementing later school start times for teens.

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www.nasn.org  
National Association of School Nurses  
8484 Georgia Avenue, Suite 420  
Silver Spring, Maryland 20910  
1-240-821-1130