

Statutes and Standards Regarding School Health and School Nursing Services

Federal and state laws direct the school and the school nurse to meet the health and safety needs of their students.

The federal **Individuals with Disabilities Education Act (IDEA)** requires all children to receive education services in the least restrictive environment and have an Individualized Educational Program (IEP), including *related services*, for children receiving special education. Children who are on an IEP and also have medical or specialized health needs are now able to receive those services at school through special education and related services. Many of these related services must be provided by a school nurse. IDEA changed the scope of nursing services required in the school setting. Prior to IDEA and IEPs the nurse was largely expected to provide basic health promotion/screening and injury prevention/treatment services and now, in addition, the nurse must also provide the management and ongoing care of children with chronic and often complex medical conditions.

School nurses are included among the federally mandated related services providers and are now eligible for state, federal and third party reimbursement (20-U.S.C. 1400~26-IDEA 2004). The *United States Supreme Court, in Cedar Rapids Community School District v. Garrett F*, 1999, reiterated the importance of school nurses to the implementation of this law, upholding that the IDEA requires the school districts to provide nursing services for students with disabilities during school hours when “related services” are necessary for the students to access and benefit from their education program. (3)

Section 504 of the Rehabilitation Act 1973 is another federal mandate requiring reasonable accommodations for access and participation in school programs and extracurricular activities for students with physical or mental impairments that substantially limits one or more major life activities. For both **IDEA** and **504** requirements, the school nurse is the critical team member in understanding how medical needs will impact education goals. The school nurse:

- Assists in identifying children who may need services;
- Assesses the identified child’s functional and physical health status in collaboration with the child’s parents/guardians, and health care providers;
- Develops individualized health and emergency care plans;
- Assists the team in developing an IEP that provides for the required health needs of the child;
- Assists the parents/teachers in identifying and removing health related barriers to learning;
- Provides in-service training for teachers/staff regarding individual health needs of the child;
- Provides and/or supervises unlicensed assistive personnel to provide specialized health care services in the school setting;
- Develops student goals/objectives and nursing protocols to meet student specific health needs during a school day, monitoring student progress and initiating an IEP reassessment when indicated and
- Serves as the team liaison to the medical and social service communities. (4)

National staffing standards for school nurses have been developed and are supported by national organizations (such as the American Federation of Teachers, the American School Health Association, CDC- U.S. Healthy People 2010-U.S.D.H.H.S., the American Nurses Association, American Academy of Pediatrics, and the National Association of School Nurses):

- One nurse for every 750 students for central management and implementation of school health services
- One nurse to every 225 students who are medically complex

- One nurse to every 125 students who are medically fragile
- One nurse to one student for nursing dependent students

(For definitions of the different conditions, please refer to Attachment G Glossary.)

According to the National Association of School Nurses, **Oregon is ranked 49th in the nation for its student-to school nurse ratio.**

Oregon Administrative Rules direct what and how health services are to be provided in schools. OAR 581-022-0705 requires school districts to provide a variety of health services for all students, including:

- Communicable disease control
- Health screening (vision and hearing)
- Immunization monitoring
- Services for students who are medically fragile or have special health care needs
- Coordination with health and social services agencies both public and private
- Compliance with OR-OSHA regulations
- Adoptions of policies and procedures for medication administration
- Written plans for response to medical emergencies

There are multiple and changing laws in Oregon affecting the school nurse, for example:

- ORS 339.870 and OAR 581-021-0037 require training for all unlicensed persons administering noninjectable medication to students. (Annual training was implemented in 2005, increasing the work load for school nurses who provide the training.)
- ORS 433.800-830 and OAR 333-55-000 thru 035 direct a licensed health professional to train school staff in responding to signs and symptoms of anaphylaxis (a life threatening allergic reaction) and in administering injectable epinephrine. In 1997, it was expanded to include administering injectable Glucagon to students in a life threatening diabetic crisis.
- ORS 444.300 and OAR 333-010-0600 require schools and physicians to report information on children ages 18 and under who have diabetes (newly implemented in 2007 and requires new data collection and reporting by the school nurse).
- In 2008-2009, there are two new immunization requirements for the school year, bringing to 11 the number of required vaccines and adding to the already complicated immunization schedule. (School nurses provide consultation to school personnel and parents regarding interpretation of medical records and appropriate vaccine spacing according to school law; assist families with referrals to school or community providers of vaccines, and manage on-site immunization clinics as needed.)