

RECOMMENDATIONS OF THE CONNECTICUT SCHOOL NURSE ADVISORY COUNCIL

JANUARY 2015

Members:

VERNA BERNARD-JONES, AMERICAN FEDERATION OF TEACHERS, CONNECTICUT, AFL-CIO
GARY BROCHU, CONNECTICUT ASSOCIATION OF BOARDS OF EDUCATION
MARIE BURLETTE, DISTRICT 1199 SERVICE EMPLOYEES INTERNATIONAL UNION—HEALTH CARE
MARY CONWAY, CONNECTICUT ASSOCIATION OF PUBLIC SCHOOL SUPERINTENDENTS
LEAH HENDRIKS, CONNECTICUT ASSOCIATION FOR HEALTH CARE AT HOME
STEPHANIE KNUTSON, CONNECTICUT STATE DEPARTMENT OF EDUCATION
DONNA KOSIOROWSKI, CONNECTICUT NURSES ASSOCIATION
GARY MAYNARD, CONNECTICUT FEDERATION OF SCHOOL ADMINISTRATORS
ELAINE MATULIS, CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
STEPHEN UPDEGROVE, CONNECTICUT CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
JANE WALSH, ASSOCIATION OF SCHOOL NURSES OF CONNECTICUT
BARBARA ZIOGAS, CONNECTICUT CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

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Background and Purpose of the Report

Section one of Public Act No. 13-187, *An Act Concerning a School Nurse Advisory Council and An Advisory Council on Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections*, calls for the establishment of a School Nurse Advisory Council, effective July 1, 2013. The Council shall advise the Commissioners of Public Health and Education and the joint standing committees of the General Assembly having cognizance of matters relating to education and public health concerning (1) professional development for school nurses; (2) school nurse staffing levels; (3) the delivery of health care services by school nurses the delivery of health care services by school nurses in schools and other matters that affect school nurses; (4) protocols for emergency medication administration; and (5) protocols for evaluating certain temporary medical conditions that may be symptomatic of serious illnesses or injuries.

The Council is charged with making its second annual recommendation report prior to February 1, 2015. The Council met 10 times between January 28, 2014 and January 30, 2015.

There are 164 school districts in Connecticut¹ serving over 550,000² public school students. Because schools in Connecticut are under local control, school health services, school nurse professional development, staffing levels and health services protocols can vary from district to district. Members of the School Nurse Advisory Council gave careful consideration to the needs of districts in Connecticut while referencing state and national regulations, guidelines and best practice during the development of these recommendations.

These recommendations are put forward with the support of the:

- American Federation of Teachers, Connecticut, AFL-CIO
- Connecticut Association of Boards of Education (CABE)
- District 1199 Service Employees International Union—Health Care
- Association of School Nurses of Connecticut (ASNC)
- Connecticut Association for Health Care At Home
- Connecticut Association of Public School Superintendents (CAPSS)
- Connecticut Nurses Association (CNA)
- Connecticut Federation Of School Administrators
- Connecticut Chapter Of The American Academy Of Pediatrics (AAP)

¹ <http://www.csde.state.ct.us/public/csde/reports/wwwDistrict.asp>

² http://sdeportal.ct.gov/Cedar/WEB/ct_report/EnrollmentDTViewer.aspx

Recommendations

I. Professional Development for School Nurses

School nurses serve as the leaders in the school community to oversee school health policies and programs. The school nurse serves in a pivotal role to provide expertise and oversight for the provision of school health services and promotion of health education. Using clinical knowledge and judgment, the school nurse provides health care to students and staff, performs health screenings and assessments, ensures adequate immunizations, coordinates referrals to the medical home or private healthcare provider and serves as a liaison between school personnel, family, community and healthcare providers to advocate for health care and a healthy school environment (American Nurses Association & National Association of School Nurses [ANA & NASN], 2011). It is therefore essential that all school nurses participate in high quality professional development that is specific to the practice and specialty of school nursing as governed by Connecticut State laws.

In response to this need, the Connecticut State Department of Education (CSDE), in conjunction with the Association of School Nurses of Connecticut (ASNC), offers annually, a 2-day school nurse orientation program that provides newly hired school nurses with overviews of state school health laws and regulations, standards of practice and competencies for school nurses and the school nurse's role in student achievement, special education, Section 504 of the Rehabilitation Act of 1973 and opportunities for networking among these professionals. Since newly hired school nurses often have little prior experience in the school setting, professional development designed to familiarize them with the challenges and requirements they will face should be a priority.

Connecticut state law currently requires school nurses to participate in 10 hours of professional development every two years³. In addition to this ongoing professional development, the School Nurse Advisory Council puts forth the following recommendation:

- ✓ **In addition to the professional development requirements already specified by state regulation, all new Connecticut school nurses must complete the CSDE school nurse orientation program, within one year of hire.**

II. School Nurse Staffing

Over the past several decades, the role of the school nurse has changed. Demands on the school nurse have increased significantly. Advances in medical technology and treatment

³ CT Public Health Code, sec. 10-212-5. <http://www.dir.ct.gov/dph/PHC/browse.asp>.

have increased survival and life expectancy of children and adolescents affected by a variety of life threatening and/or chronic conditions. Improvements in the quality of life of these children and adolescents allow them to attend school and participate in activities with peers. The nurse is responsible for gathering information from multiple specialists, primary care providers, community agencies, and families. The school nurse must formulate an Individualized Health Care Plan (IHCP) for each child as needed, as well as provide medical information and serve as a member of the school team to plan for health and academic needs of the student. The nurse has primary responsibility for the execution of the IHCP and for training designated school staff.

In addition, changes to federal, state and local regulations have added to the responsibilities of the school nurse. School nurses are (1) a source of information to the State Departments of Education (CSDE) and Public Health (DPH) for immunization rates and asthma (2) members of the Section 504 team (3) a key partner in concussion management of student athletes (4) a referral source for children without health insurance, and (5) an advisor in policy and procedure development for life threatening allergies, pandemic flu, Automatic External Defibrillators (AED) and medication administration by unlicensed school personnel

The National Association of School Nurses (NASN) recommends a formula-based approach to determine the minimum ratio of qualified school nurses-to-students depending on the needs of the student populations. Its recommendations are as follows:

- 1:750 for healthy students in the general population,
- 1:225 in student populations requiring daily professional school nursing services or interventions,
- 1:125 in student populations with complex health care needs, and
- 1:1 for individual students who require daily and continuous professional nursing services.
- Other factors are the number of students on free or reduced lunch, the number of students with a medical home, and the average number of emergency services per year⁴.

Since 2004, information concerning students' health conditions and school health services for Connecticut students is reported by districts through an annual school health services survey overseen by the CSDE with response rates ranging from 61% to 81%. Highlights related to school nurse staffing are:

⁴ National Association of School Nurses (2010) Case Load Assignments, Position Paper. <http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/7/Caseload-Assignments-Revised-2010>

- One in five secondary schools and one in six elementary schools in Connecticut may not meet the general population guidelines for qualified school nurse to student staffing levels⁵.
- Respondents to the 2011-12 survey commonly cited a need for additional staffing due to the increasing complexity of students' health care needs⁶.

The School Nurse Advisory Council makes the following recommendation:

- ✓ **Every district is to maintain a staffing ratio of qualified school nurses to students, consistent with the health care needs of its students, at a level of not less than one qualified school nurse to 750 students.**

It is essential that districts employ qualified school health professionals. Therefore, in the coming year, the Council will continue to review qualifications for school nurses.

III. The Delivery of Health Care Services by School Nurses in Schools and Other Matters that Affect School Nurses

The delivery and provision of school health services differs significantly among Connecticut's school districts. The School Nurse Advisory Council recognizes that the CSDE's annual *School Health Services Program Information Survey* is the only state-wide systematic resource that provides data specifically related to the health status of students and the health services provided to students within Connecticut's schools. This valuable data source is used to quantify and qualify the need for school health programs that support student access to their education and the educational environment. As such, the Council recommends the following:

- ✓ **That all districts be encouraged to participate in the CSDE's annual school health services survey.**

IV. Protocols for Emergency Medication Administration

Recent legislation is placing more and more responsibility for emergency medication administration on unlicensed school personnel. Following a thorough review of current state statutes, regulation and best practices the School Nurse Advisory Council drafted a

⁵ Education Connection and the Connecticut State Department of Education (2012). Health Services Program Information Survey. Summary of Highlights, 2004-2012. www.sde.ct.gov/sde/lib/sde/pdf/deps/student/health/2012summary.pdf

⁶ Education Connection and the Connecticut State Department of Education (2012). Health Services Program Information Survey. www.sde.ct.gov/sde/lib/sde/pdf/deps/student/health/2012fullreport.pdf

guidance document titled *Recommendations for the Development of Protocols for the Administration of Emergency Medication.*

The School Nurse Advisory Council makes the following recommendations:

- ✓ **The CSDE and DPH make available the document to school districts statewide (Appendix A)**

Conclusion

The Council would like to express its thanks for the opportunity to review these issues and make recommendations. We have used the best available information to guide us in our recommendations, but recognize that more data is necessary to refine current recommendations and develop new recommendations over time. More information about the delivery of health care services by school nurses can be obtained through compliance with the recommendation for full participation of districts in the CSDE annual school health services survey. Consistent with intentions expressed in the Council's February 1, 2014 recommendation, we were able to draft a guidance document addressing protocols for the administration of emergency medication. The Council, however, was unable to fully examine and address the issue of the qualifications of the school nurse prior to the February 1, 2015 deadline due to time constraints. The Council intends to continue its work on the qualifications of the school nurse and other matters related to the delivery of health care services by school nurses in the upcoming year. The Council is prepared to respond to any questions that might arise from this report and to act upon any further directions from the Commissioners or the Standing Committees.

Recommendations for the Development of Protocols for the Administration of Emergency Medication

Prepared By:
The Connecticut School Nurse Advisory Council
February 2015

Members:

VERNA BERNARD-JONES, AMERICAN FEDERATION OF TEACHERS, CONNECTICUT, AFL-CIO
GARY BROCHU, CONNECTICUT ASSOCIATION OF BOARDS OF EDUCATION
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Recommendations for the Development of Protocols for the Administration of Emergency Medication

I. PARAMETERS OF TRAINING

- a. Qualifications of instructional personnel:
 - i. A registered nurse, nurse-practitioner, physician assistant or licensed physician with appropriate experience in disease management in children
 - ii. Knowledge of relevant laws and regulations, such as the Individuals with Disabilities Educational Act (IDEA), Section 504 of the Rehabilitation Act, CSDE Regulations on the Administration of Medication by School Personnel, the Occupational Health and Safety Act (OSHA), and the Controlled Substances Act
- b. Content and Competency
 - i. The course shall continue until competency is demonstrated.
 - ii. Retraining shall be completed at least annually and should continue until competency is demonstrated
 - iii. Training shall be documented and shall include:
 - instructor's name title and signature
 - trainee's name, title and signature
 - date of training
 - skills checklist
 - trainee competence

II. CONTENT OF TRAINING CURRICULUM

- a. Requirement for an authorization to treat a student with a diagnosed condition from:
 - i. The treating health care provider (HCP)
 - ii. The student's parent or guardian
- b. Requirement for an individualized healthcare plan or emergency care plan for a student with a diagnosed condition
 - i. An action plan describing management and emergency measures from the treating health care provider
- c. Rights and responsibilities of:
 - i. The HCP
 - ii. The parent or guardian
 - iii. The school nurse
 - iv. The student
 - v. The administrator
 - vi. The trainee
- d. Rights and responsibilities are:
 - i. consistent with local district policies
 - ii. consistent with relevant state and federal laws including, but not be limited to:

- Individual with Disabilities Educational Act (IDEA)
 - Section 504 of the Rehabilitation Act
 - Occupational Safety and Health Act (OSHA)
 - CSDE Regulations on the Administration of Medication by School Personnel
 - The Controlled Substances Act
- e. Overview and management of health issues:
- i. Type of condition
 - ii. Student specific
 - iii. Signs and symptoms
- f. Principles of medication administration
- i. Right student
 - ii. Right medication
 - iii. Right dose
 - iv. Right route
 - v. Right time
- g. Handling, storage and disposal of emergency medication and medication administration supplies
- i. Location of emergency medication and medication administration supplies
 - ii. Standard precautions
 - iii. Security of emergency medication
 - iv. Expiration date of medication
 - v. Storage and disposal of emergency medication and medication administration supplies
- h. Documentation
- i. Medication authorization with required signatures
 - ii. Individualized health care plans and/or emergency care plans
 - iii. Medication Administration Record (MAR)
 - iv. Response to treatment
 - v. Medication errors
 - vi. Complications
- i. Emergency Plans
- i. Individualized health care plans and/or emergency care plans
 - ii. Individual emergency action plan from treating HCP, such as, an Asthma Action Plan or Diabetes Management Plan
 - iii. School medical emergency response plan
- j. Administration of emergency medication
- i. Demonstration
 - ii. Return Demonstration
- III. SUPERVISION
- a. The school nurse (RN) is responsible for supervision of trained staff. The nurse determines the overall plan of care, monitors compliance with standards,

policies, and procedures and monitors performance. The school nurse determines the need for direct or indirect supervision dependent on individual needs of the student.

IV. COMMUNICATION

- a. Written communication plans are necessary to determine:
 - i. How to address routine questions
 - ii. How to address urgent questions
 - iii. How to initiate emergency response
 - iv. How to debrief post emergency
 - v. Protocols for communication (e.g., with school nurse, administrators, parents, HCPs)

V. DOCUMENTATION

- a. Of training
- b. Of care provided
- c. Of emergency interventions

VI. COMPLIANCE

- a. Local and Regional Boards of Education are responsible for compliance with relevant legislation and training related to the administration of emergency medication.

RESOURCES

American Academy of Pediatrics (AAP):

<http://www.aap.org/en-us/Pages/Default.aspx>

Association of School Nurses of Connecticut (ASNC):

<http://www.ctschoolnurses.org/>

CDPH:

<http://www.ct.gov/dph/site/default.asp>

Centers for Disease Control and Prevention:

<http://www.cdc.gov/>

CSDE Cadre of Nurse Educators:

<http://www.sde.ct.gov/sde/lib/sde/PDF/deps/student/health/Prodev.pdf>

National Association of School Nurses (NASN):

NASN@NASN.org

State Education Resource Center (SERC):

<http://ctserc.org/s/>