

**School Nurse Advisory Council  
Recommendations  
February 2026**

**Recipients:**

**Co-Chairs Connecticut Education Committee:**

**Senator Douglas McCrory**

**Representative Jennifer Leeper**

**Co-Chairs Public Health Committee**

**Senator Saud Anwar, MD**

**Representative Cristin McCarthy Vahey**

**Connecticut State Department of Education Commissioner**

**Charlene M. Russell-Tucker**

**Connecticut State Department of Public Health**

**Manisha Juthani, MD**

**The School Nurse Advisory Council (SNAC) submits recommendations for February 2026 per PA No. 13-187. The Council requests your review and comments regarding this document.**

**Recommendations are made with regard to standards for best practice and emerging issues related to school health and other matters. Recommendations are generated from a multi-disciplinary group as required by legislation and include experts in the fields of health and education.**

Thank you in advance for your consideration.

Co-Chairs of SNAC

Paula Feyerharm, MA, RN

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Connecticut School Nurse Advisory Council Recommendations  
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## Background and Purpose

Established in 2013 under Public Act No. 13-187, the Connecticut School Nurse Advisory Council has been actively assessing the needs of school districts and aligning recommendations with state and national regulations. Meeting regularly, the Council submits annual reports to the legislative Commissioners of Education and Public Health and the Commissioners of the State Department of Education and Department of Public Health to ensure school nursing practices support student health and academic success.

## Recommendations

### I. Qualifications for School Nurses

Regulations regarding qualifications for school nurses have remained unchanged since 1982.

- **Recommendation:** The Council recommends a Special Services Endorsement to recognize school nurses as essential support personnel equivalent to social workers, psychologists, counselors, and Speech and Language Pathologists.

Defined in the Every Student Succeeds Act (2015), “the term specialized instructional support personnel means- i) school counselors, school social workers, and school psychologists; and ii) other qualified professional personnel, such as **school nurses**, speech language pathologists, and school librarians, involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services (including related services as that term is defined in section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401) as part of a comprehensive program to meet student needs.”

The endorsement should allow multiple levels of entry and be developed with input from CSDE, experts in school nursing, and other stakeholders.

### II. School Nurse Staffing- Access to an RN lead nurse and the role of the Licensed Practical Nurse (LPN) and other health office support staff

School nurses should receive *clinical supervision* from a registered nurse supervisor (RN or APRN). This clinical supervision is a practice-focused professional relationship involving a practitioner reflecting on practice, guided by a skilled nursing supervisor. School health offices should be supervised by qualified nursing professionals, or district medical directors, and performed in accordance with applicable state laws, regulations, and professional standards. Non-nursing personnel should not directly supervise nurses in clinical nurse duties.

*Administrative supervision* may be provided by appropriately credentialed individuals who are knowledgeable about school nursing, such as a building or district administrator. Administrative supervision includes activities and attributes such as adherence to school policy and state and federal regulations, organization, oral and written communication skills, collaborative skills and the day-to-day

nonclinical duties performed by the school nurse.

School nurses play a critical role in academic success; however, increasing student health complexities and large caseloads require additional support. Schools should be staffed according to the acuity of the student population. Staffing decisions should take into consideration total student population and total number of students with special health care needs (for example: asthma, diabetes, seizures) as well as daily medication administration, mandated screenings, modified dietary considerations, tube feedings, 504 plans & Individualized healthcare plans, and other specialized nursing care.

District health policies and procedures, and other specialized nursing services shall be made and overseen by licensed nursing professionals and the District's Medical Director, consistent with their respective scopes of practice. A non-nurse administrator cannot address the need for staff support and professional growth, issues that can be addressed only by a school nurse administrator.

### **School Nursing Policy Requirement regarding LPNs**

Parents/guardians and other stakeholders shall have access to clear information regarding the licensure, role, and scope of practice of health care professionals providing services within the school district.

*Clinical Procedure Guidelines for the School Nurse* contains the following: “The LPN may contribute to, but may not be responsible for, nursing assessment, diagnosis, planning implementation or evaluation of client care. Nor can the LPN be responsible for implementation of the plan of care independent of the RN. In school settings, the registered nurse must be responsible for the total plan of nursing care, provide supervision, and should be proximally available for on-site visits and available by telephone.

Because of the complex health care needs of students in schools today, the Connecticut Advisory School Health Council, in its 1989 Guidelines on the Roles and Qualifications of School Health Personnel recommended that LPNs should be used in schools only where on-site supervision of the registered nurse is available. “This is not a legal requirement; however, the RN must still consider the complexity of care potentially required by the students before determining that it is safe for the LPN to function in a setting where the RN is not onsite. The RN must determine the amount of on-site supervision that must be provided to ensure safe care, and the RN remains responsible for the care provided.”

### **Reference- Clinical Procedure Guidelines for School Nurses [3. Part B: Legal Issues–Clinical](#)**

- **Recommendation:** LPNs can supplement school nurses within their scope of practice under RN supervision, best achieved as a team on-site in the same school. If the LPN functions off site, the RN should be proximally available for on-site visits and available by telephone.

Each district shall annually publicly post a current nursing services summary that clearly defines the role and scope of practice of the health office staff working within the district and must align with applicable state nurse practice acts and state delegation regulations.

Compliance with the Connecticut Nurse Practice Act is essential.

### **References [LPN PRACTICE ACTS](#)**

*Lead Nurse (RN or APRN) for clinical supervision of nursing*

Every district shall have a lead nurse for clinical supervision of nursing staff. A school nurse should have access to a full-time school nurse supervisor; this may mean that some districts may need to contract with their regional educational service centers for nursing supervision. If school districts do not have an administrator who is a school nurse supervisor, it is recommended that a designated lead school nurse provide clinical supervision.

**III. The Delivery of Health Services by Unlicensed Assistive Personnel**

Current regulations allow trained non-medical staff (e.g., qualified school employees, coaches, athletic trainers, and paraprofessionals) to administer medication under standardized protocols.

Medication administration is a complex task that requires extra care when a non-licensed staff member is administering medication in the absence of an RN school nurse or district LPN. Medication errors can lead to serious negative student outcomes. Only the most prepared unlicensed staff should be administering medication.

**Reference** [Administration of Medication by School Personnel \(Section 10-212a-3\)](#)

- **Recommendation:** The Council recommends changing the language in section 10-212a-3 from “each board of education shall provide training to qualified personnel for schools...” to

“ Each board of education will annually enroll qualified unlicensed personnel for schools in the CSDE *delegation of medication administration course*. After successful completion of the online course and test each successful qualified unlicensed personnel will meet in person with their district school nurse, or school nurse supervisor, who will observe and pass/fail the participant’s competence with a return demonstration of medication administration. Annually, districts will keep records for qualified unlicensed personnel who have demonstrated competence and been trained in individual student medication plans by the school nurse.”

CSDE shall create and maintain a universal training program for qualified Unlicensed Assistive Personnel identified for medication administration delegation by their school nurse (10-212a-3). This online training (*delegation of medication administration*) will be developed and managed by CSDE with school nurse support.

The council recommends that section 10-212a-6 Documentation and Recording keeping be amended to add

- (d) Errors in the administration of medication

Medication errors shall be reported annually on the CSDE Health Services Report; the

medication error report shall include the role of the staff member who made the medication error and if corrective action was taken.

Medication errors are defined as 1) wrong medication was given 2) wrong patient (student) was given medication 3) medication was given at the wrong time 4) medication was given by the wrong route 5) medication was given in the wrong dose 6) medication was not given 7) medication was given with no signed orders from the student's practitioner or approved standing orders with consent from parent/guardian.

### **Acknowledgment and Submission**

The Connecticut School Nurse Advisory Council recognizes the contributions of its members and those who have reviewed this report.

#### **Submitted to:**

- Co-Chairs of the Education and Public Health Committees
- Commissioner of Education (CSDE)
- Commissioner of Public Health (DPH)

### **Respectfully Submitted by: Co-Chairs, Connecticut School Nurse Advisory Council**

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