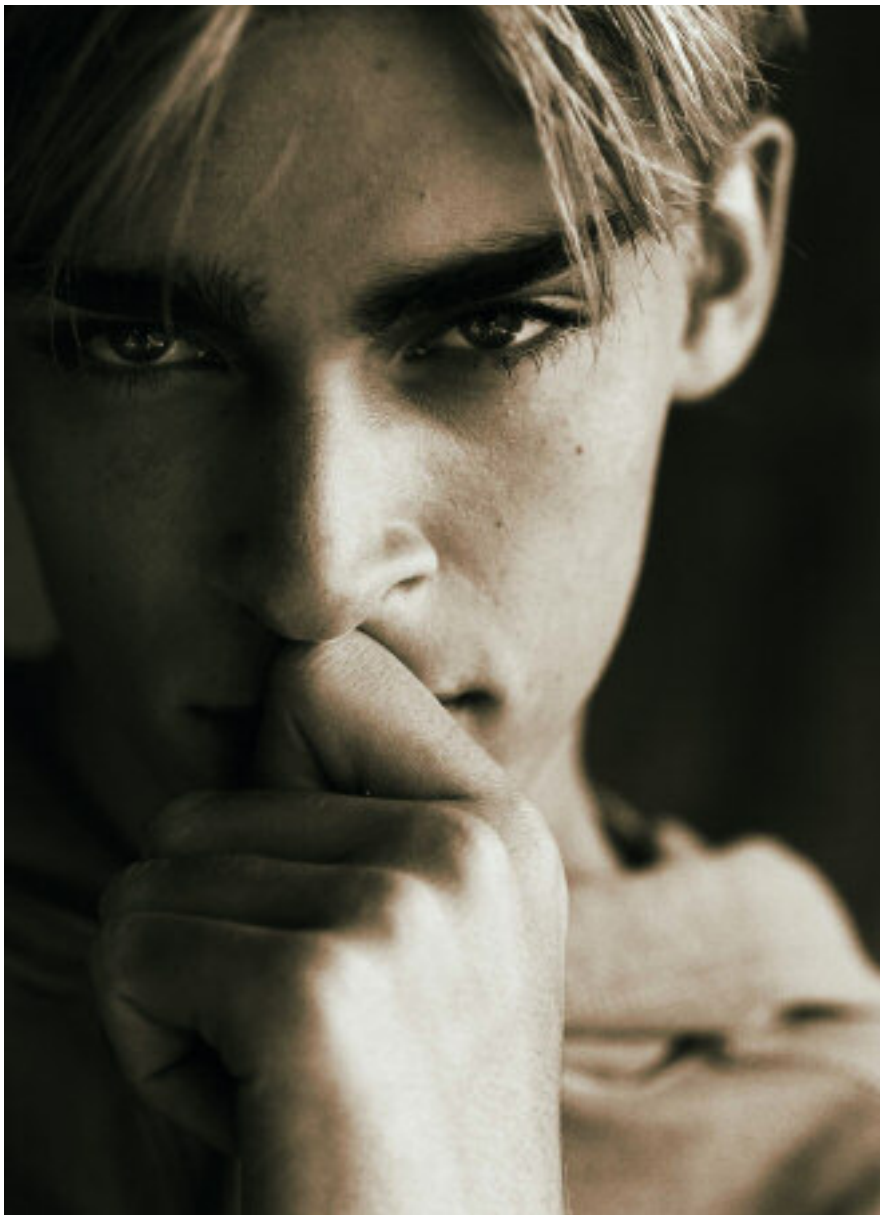


SCHOOL NURSING: Managing a Small City

By Connie Sobon Sensor

What is the role of the school nurse? According to the National Association of School Nurses (NASN), the school nurse serves as the health advocate for all school children, focusing on the promotion of healthy living styles and the prevention of illness and disability. A major focus of school nursing services is the early detection and correction of health problems. Other areas of concern include management of children with special health care needs in the school setting and the support of their families, disparities in health care for non-insured and under insured children, updated immunizations, and homeless children.

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Effective school nurses build strong relationships with community agencies to assist students and their families. They are advocates for students, and liaisons between parents, teachers and administrators in getting the students what they need to stay healthy and achieve their full potential in school.

Ready for Anything

I have been a school nurse in a large urban high school for seven years. In addition to the duties I've described, I also work with local, county and state health agencies in developing school plans for pandemic influenza, bioterrorism and disaster preparedness. When a catastrophe like 9/11 happens at your doorstep during the first week of a new school year, will you be prepared? Who could have been prepared for that horrific event? When your teenage students are killed in a motor vehicle accident the entire school grieves, and nothing can prepare you for all those tears. When a student hangs himself in your bathroom, and you find him unresponsive, the memory never stops haunting you. This is the fabric of life in the tapestry of a large urban high school.

I notice that I have described the doorstep, the teenage students, and the bathroom in the possessive form, because the place where “you” work as a school nurse becomes “yours” over time. It is where I live and work every day, just as much as I live and work at home. I share the hopes and dreams of “my students” as much as those of my own children.

Scope of Practice

The school nurse's scope of practice varies based on geographic location, demographics of the population served, and laws of the state where one practices. The National Association of School Nurses (NASN) recommends

a nurse-student ratio of 1:750 in the general population. In rural areas and communities which may not meet this ratio, some school nurse duties are delegated to unlicensed assistive personnel.

Some states require that the school nurse have a master's degree, while others will accept an LPN to fill the school nurse position. NASN's position is that school nursing is a separate and distinct specialty within the nursing and educational professions and competencies in specific areas of health and education are needed for school nurses to act as health advocates for school-age children. NASN supports a baccalaureate degree as the preparation for entry to school nursing.

School nurses need knowledge of pediatric acute and chronic care, growth and development, mental health, legislative issues, teaching and management skills essential to delegation.

According to a recent survey by NASN, which included representation from 47 states, educational requirements for school nurses vary widely by state. Nineteen states require a baccalaureate or higher. Arkansas and Georgia require, at minimum, an LPN, while nine states have no educational requirements.

Twenty-one states require certification (most include teacher certification) through the Department of Education. Six states have certification available, but it is not required. An RN license is required in thirty-seven states.

Only fourteen states mandate school nursing. In Delaware, school nurses are mandated at a ratio of 1:750 students. In North Carolina and Tennessee, the ratio is one nurse per 3,000 students. Given the wide range of educational preparation, it is obviously difficult to define the scope and practice of the school nurse.

The Individuals with Disabilities Education Act (IDEA) has had great impact on the role of the school nurse. IDEA, originally implemented in 1975 and re-enacted as the Individuals with Disabilities Education Improvement Act of 1997, enabled

children with physical disabilities, developmental disabilities, and severe chronic health problems to attend public school. Prior to this time, these children were institutionalized or they stayed at home. School

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nurses had to learn special skills to provide care for children with tracheostomies, G-tubes, PICC lines, hyperalimentation, urinary catheters, and insulin pumps. Some ventilator dependent children attend public schools. The nurse must write individual nursing care plans for children with disabilities and chronic illness, and make referrals for appropriate therapy provided during the school day.

One Day: Many Roles

So, what do school nurses do all day? They provide Band-aids and administer first aid, yes, and so much more.

I was a nationally certified critical care nurse for more than 20 years when I started looking toward school nursing as a career change which would give me more family time and perhaps "early retirement" from the hectic pace of life and death decisions.

I found new challenges and a new hectic pace. Today, I practice in an urban high school where visits to the health office average 3,000 students per month. There are approximately 3,000 people, including high school students and staff, in my "little city." I use my critical care skills every day. I am blessed by the solid experience I have in acute care, emergency medicine and crisis intervention. I perform routine health screenings for vision, hearing, scoliosis and tuberculosis, but a greater part of my day is spent doing health assessments for sick children. Disease management of chronic illness is often out of control in a rebellious teenager. I manage asthma, diabetes, seizures and sickle cell crisis. I take care of bleeding disorders, cancer patients and anaphylactic reactions, and I do throat cultures for strep. I educate all of the staff on U.S. Department of Labor Occupational Safety & Health Administration (OSHA) Workers Right to Know in the Workplace guidelines as well as the Bloodborne Pathogens guidelines. I take care of occupational injuries and I run a community blood drive through the school.

With all of the reported incidents of violence, I share the global fear for safety in the schools. I work with others to identify volatile situations and diffuse them and I've developed strong crisis intervention skills. I see the aftermath of fights, accidents, anger, and violence. I assess head injuries, broken bones, broken hearts, eye injuries, and loss of consciousness. I see students who are suspected of substance abuse and I counsel teenagers about eating disorders, pregnancy and parenting, birth control, relationship building, life choices and sexually transmitted infections. I make the appropriate referrals when necessary. In some schools, nurses are also the classroom health educators.

What prepared me for this job? No classroom education can prepare someone for this job. You must understand the culture of the organization; each school is unique. You can learn a lot by asking the school principal how they view the role of the school nurse

in their building. This philosophical answer can foretell if the potential job is a “good fit.”

After securing a job as a school nurse, you have to organize and manage your health office. It is often best to start your own system, instead of following someone else’s organizational methods. You need a system that you will remember. It is a process of continuous quality improvement.

Making the Grade

The school nurse becomes resourceful at solving problems. There are reference books and guidelines for your job, but sometimes you encounter problems that do not fit the algorithm. In those cases, you call a friend (another school nurse), and you poll other school nurses about specific problems and solutions. I was fortunate to have good mentors.

If you possibly can, work as a substitute in the schools where you are interested in employment. The salary cannot compare to working a day in acute care, but the politics are thick, and you need to get your face and name known if you want consideration when a job in the school becomes available. Seasoned school nurses can teach you invaluable ways to handle difficult situations if you are willing to learn. You will also get an insider’s perspective of the organization. Spend as much time as you can in the clinical setting with an experienced school nurse. Choose a place where you think you might want to work. Often you make contacts that lead to employment.

A school nurse internship is a requirement in New Jersey, as part of the process of School Nurse certification. I had a BSN when I began to consider school nursing. New Jersey, the state where I practice, requires additional education and certification as a school nurse. The additional classes include courses in school nursing, curriculum development, education and teaching in the classroom. I was required to complete a specified number of hours working with another school nurse in the clinical and classroom setting. When my coursework and practicum were completed, I had to submit my coursework and credentials to the Department of Education to receive my certification. I am now a Certified School Nurse, and also certified to teach health in grades K through 12.

Through graduate education and experience, I have become culturally sensitive to the alternative health care practices of the diverse population I serve. I have developed an understanding of the “evil eye” and of herbal remedies (especially those used topically). The family and I work together and compromise.

I have sad and frustrating days when I must report child abuse to Child Protective Services. I think honesty from the beginning of a relationship is the only way to earn the respect of the students and to have my office become known as “a safe place.” I have learned that it is more important to listen to the silence of a teenager than to what they say aloud. It is very difficult for me to tell a student that their secrets are safe with me if they tell me something that leads me to believe that their health or safety is in danger. If I confirm that they feel unsafe about a situation, then I must report it to another person to ensure their protection. Therefore, I give the student the right to choose what they are going to reveal. Often administrators think that nurse-patient confidentiality does not apply in schools, and I must find the delicate balance between protecting the student’s confidence and

maintaining a working relationship with my superiors and the parents of the students.

In contrast, I have great days when a child becomes healthier because of something I discovered in my work with them. Through routine screenings, I have identified high blood pressure or abnormal height and weight growth patterns in students that led to diagnosis and treatment of hypertension, diabetes, and other endocrine problems. This is a good example of school nurses, parents, and physicians working together. A parent recently told me, “If it were not for you, I would never have taken my daughter to be evaluated for diabetes. Keep doing what you are doing, and thank you.” Her daughter had lost 21 pounds in four months, and is now taking medicine for diabetes.

School nursing is a specialty practice of challenges, rewards and opportunities. You can find out more about school nursing at the National Association of School Nurses website: www.nasn.org.

I am challenged by the lives I touch, and rewarded by knowing I make a difference. I learn a great deal about life when looking at the world through the eyes of a teenager. I have the opportunity to teach the value of nursing to the community, to advocate for the health of children, and to attract young people to the profession of nursing. (I also have the opportunity to relax and restore myself every summer!) ☺

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Find out more
about school nursing
at the National
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