ARKANSAS PUBLIC SCHOOLS HEALTH SERVICES ADVISORY COMMITTEE

Report to the
Arkansas House and Senate Committees on Education

Act 935 of 2015, Arkansas Code § 6-18-709

State of Arkansas, 90th General Assembly, Regular Session, 2015

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Executive Summary

The Arkansas Public School Health Services Advisory Committee (PSHSAC) was established through Act 414 of 2013. PSHSAC members include parents and representatives of health and education organizations (*See* Appendix A). The committee was charged with conducting a study to inform the General Assembly about health issues of Arkansas public school students, and how school nursing services can be improved.

Act 414 directed the PSHSAC to:

1) Develop a mandatory school nurse survey;
2) Develop a set of best practices (guidelines) for school nursing including credentials, salary, responsibilities, and facilities;
3) Develop recommendations to the General Assembly about how to improve health services for Arkansas students; and
4) Report findings to the Joint Education Committee in September of 2014.

The PSHSAC examined current laws and reports on health services, studied school health research and expert policy statements, and reviewed Arkansas School Nurse Survey results. From this information, best practice guidelines were created, and from the guidelines, the committee developed recommendations that were presented in a comprehensive report.[1]

Ark. Code Ann. § 6-18-709 was amended by Act 935 of 2015 (Act 935). Act 935 amended the requirements for the PSHSAC as follows:

1) Increased the membership of the committee from 19 to 24 appointed members;
2) Extended the expiration of the term of the committee to December 31, 2017;
3) Required the Committee to meet at least quarterly to evaluate public schools' healthcare status and needs through information gathered from the schools and the Arkansas Department of Education's record system;
4) Required each public school nurse to report the requested information to the ADE and his/her school board of directors at least annually;
5) Required ADE collect data on:
    a. The number of nurses, including full-time, part-time, and contract;
    b. Nursing staff level of licensure;
    c. Nursing staff salary and benefits; and
    d. The number of students of each health acuity rating; and
6) Required the Committee to report its findings and recommendations to the House and Senate Education Committees beginning annually September 1, 2015.

[1] http://www.arkleg.state.ar.us/assembly/2013/Meeting%20Attachments/958/I12713/Act%20414%20Report.pdf

Of the 237 school districts and charter schools in Arkansas, 224 responded to Part 1 of the 2014-2015 Arkansas School Nurse Survey, and 205 responded to Part 2 of the survey. Those responses represent approximately 423,957 students.[2] Results of the survey continue to demonstrate the complexity of health issues among Arkansas students. The 2015-2016 Arkansas School Nurse Survey results are still being evaluated.

Key Findings about Health Issues of Arkansas Students from the 2014-2015 survey:

- 131,414 children were identified with chronic conditions such as asthma, ADHD, life-threatening allergies, obesity, cancer, psychiatric disorders, and diabetes.

- 9,945 medical procedures were performed on students including, but not limited to: bladder catheterization, gastrostomy tube feedings, blood glucose checks, injections, and although rare, peritoneal dialysis.

- 28,808 acute illnesses and injuries required Emergency Medical Services (EMS) or immediate care.

The 2016 Arkansas Bureau of Legislative Research Adequacy Study reported a total of 829.73 FTE school nurses for the 2014-2015 school year; however, school nurses sufficient to meet all the requirements of Ark. Code Ann. § 6-18-706 have not been identified by the General Assembly as a component of an adequate education as § 6-18-706 makes the school nurse-to-student ratio effective only if funding is available.

The American Academy of Pediatrics (2016) recently updated their policy statement on the role of the school nurse to include the school nurse as a member of the health care team for children and adolescents, and to have at minimum, one professional school nurse in every school.[3] The National Association of School Nurses (NASN) notes the following in its 2015 position statement about school nurse staffing for safe care, "While a ratio of one school nurse to 750 students has been widely recommended…a one-size-fits-all workload determination is inadequate to fill the increasingly complex health needs of students and school communities."[4] NASN recommends considering levels of student acuity in each school, and the social determinants of health and child well-being such as poverty, housing status and food security when determining appropriate nurse staffing levels.

Currently, districts meet the recommendation of a school nurse-to-student ratio of 1:750; however, nursing time or the medical complexity of the students in each nurses' caseload is not certain on each campus.

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[2] The numbers in this section were obtained from the State School Nurse Consultant School Nurse Presentation.

[3] http://pediatrics.aappublications.org/content/pediatrics/137/6/e20160852.full.pdf

[4] https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/803/School-Nurse-Workload-Staffing-for-Safe-Care-Adopted-January-2015

Brief Summary of PSHAC Recommendations

Accomplished:

- ✓ Continued the PSHSAC and worked with the Bureau of Legislative Research, the House and Senate Education Adequacy Committees, and others to further study student health and nursing services. The rationale is to inform best practices and to ensure that school nurses are provided as a part of adequacy, including the necessary staffing, facilities and funding levels for school nurses. (Act 935 of 2015)

- ✓ Provided facilities and equipment to meet minimum standards for infection control and safe care and by the application deadline for the Arkansas Division of Public School Academic Facilities and Transportation Partnership Program, require any new school facility to have a "Nursing Center" for any facility that normally would house a nursing center as described in Appendix F. (Act 936 of 2015)

- ✓ Required the Arkansas School Nurse Survey to be completed annually. (Act 414 of 2013)

- ✓ Required nurses to share the School Nurse Survey with their school districts and school boards. (Act 935 of 2015)

- ✓ Required each school district to report to ADE: (Act 935 of 2015)

    - Number of school nurses
    - Licensure and degrees
    - Salary
    - Source of funding for salaries
    - Number of students meeting criteria for each of the 5 levels of acuity (*See* Appendix B)
    - Acuity levels

A summary of current Arkansas School Nursing laws may be found in Appendix H.

Best Practice Recommendations supported by PSHSAC:

** Note: These are not current policies, only recommendations for best practices*

- Employ a Registered Nurse (RN) at each school (LEA), with the exception for when there are two or more school level LEAs on one campus. Licensed Practical Nurses (LPN) are appropriate to assist according to student acuity levels and within the scope of LPN practice according to the *Nurse Practice Act*. *See* Appendix C for Delegation and Supervision, and Appendix D for Education and Licensure.

- Recognize the Bachelor of Science in Nursing (BSN) degree as the minimum educational level for newly hired school nurse supervisors and RNs. Newly hired school nurses and supervisors without a BSN must be currently enrolled in a BSN program and complete the degree within 3 years of enrollment.

- Incorporate goals and objectives for healthcare services into each district's Arkansas Consolidated School Improvement Plan (ACSIP).

- Utilize Electronic Health Records (EHRs) for the registered professional school nurse to provide efficient and effective care in the school and monitor the health of the entire student population. [5]

PSHSAC Next Steps:

- Raise awareness of requirements in the Arkansas Nurse Practice Act (NPA) about LPN supervision. Letters to superintendents are being drafted by the ADE School Health Director and Arkansas State Board of Nursing Executive Director to include and explain *Nurse Practice Act School Nurse Guidelines.*

- Identify strategies to educate school districts on the importance of school nurse evaluations being done by an RN supervisor in districts with supervisors.

- Study, identify and recommend best practices on using acuity levels for nursing staffing as described in Appendix B.

- Raise awareness of the critical nature and positive health outcomes associated with safe staffing levels by qualified professional school nurses.

[5] http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/641/Electronic-School-Health-Records-School-Nurse-Role-in-Adopted-January-2014

Needs of Arkansas Children

** 2015-16 data collected by ADE and the School Nurse Survey is not complete at this time and will be supplied via an addendum by December 31, 2016.*

The prevalence of children with chronic conditions has increased and includes a medically diverse population in schools. In Arkansas, 26% of children live in poverty, 24% of children have a special health care need, and 38.8% of Arkansas school children are overweight or obese, putting them at risk for long term, costly chronic conditions such as diabetes and heart disease.[6,7]

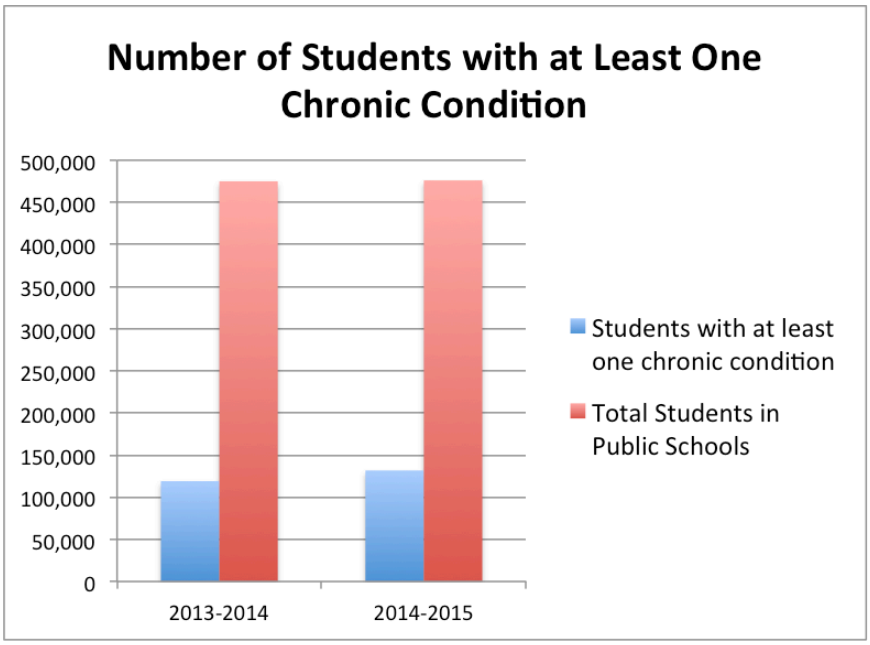
Complex and interrelated medical and social issues such as chronic disease, poor nutrition and poverty impact educational success. Chronic conditions place children at risk for absenteeism and poor academic outcomes, and poorly managed chronic conditions often result in hospitalizations, emergency department visits, and lost time from work for parents.[8] Having a full-time registered nurse (RN) in schools has been shown to improve attendance and health

[6] Annie E. Casey Foundation. [Brochure]. http://www.aecf.org/m/resourcedoc/aecf-2014kidscountdatabook-2014.pdf

[7] Arkansas Center for Health Improvement. (2014). *Assessment of Childhood and Adolescent Obesity in Arkansas: Year Eleven (Fall 2013 – Spring 2014)*. [Brochure]. Retrieved from http://achi.net/Docs/274/

[8] Newacheck, P. W., & Halfon, N. (1998). Prevalence and impact of disabling chronic conditions in childhood. *Am J Public Health American Journal of Public Health*, 88(4), 610-617. doi:10.2105/ajph.88.4.610

outcomes for children with chronic conditions.[9] A recent cost-benefit study of school nursing services estimated millions of dollars of savings from medical costs, including parents' and teachers' productivity loss, with an estimated $2.20 gain to society for every dollar spent on the school nurse program.[10]



Current Status of School Health Services and School Nursing Workforce

Student Health Issues 2014-2015

Act 414 of 2013 mandates the School Nurse Survey to be completed by every public and charter campus in the state and is made available to the schools and districts on the Coordinated School Health website.

[9] Pennington, N., & Delaney, E. (2008). The Number of Students Sent Home by School Nurses Compared to Unlicensed Personnel. *The Journal of School Nursing*, 24(5), 290-297. doi:10.1177/1059840508322382

Telljohann, S. K., Dake, J. A., & Price, J. H. (2004). Effect of Full-Time versus Part-Time School Nurses on Attendance of Elementary Students with Asthma. *The Journal of School Nursing*, 20(6), 331. doi:10.1622/1059-8405(2004)020[0331:eofvps]2.0.co;2

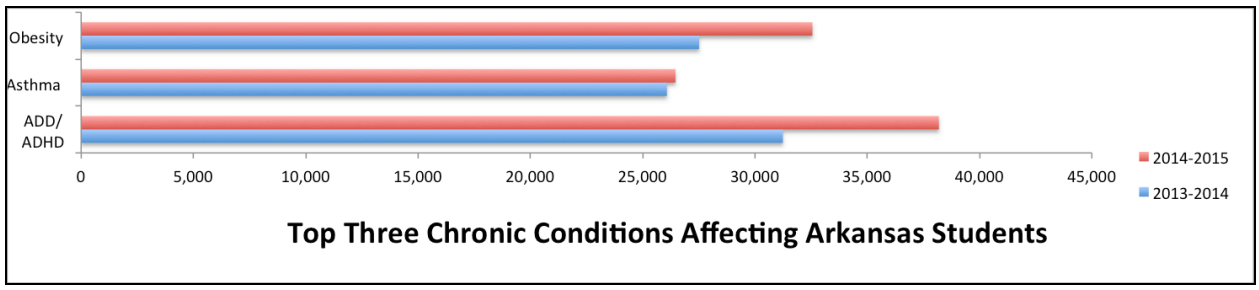
Wyman, L. L. (2005). Comparing the Number of Ill or Injured Students Who Are Released Early From School by School Nursing and Nonnursing Personnel. *The Journal of School Nursing*, 21(6), 350-355. doi:10.1177/10598405050210060901

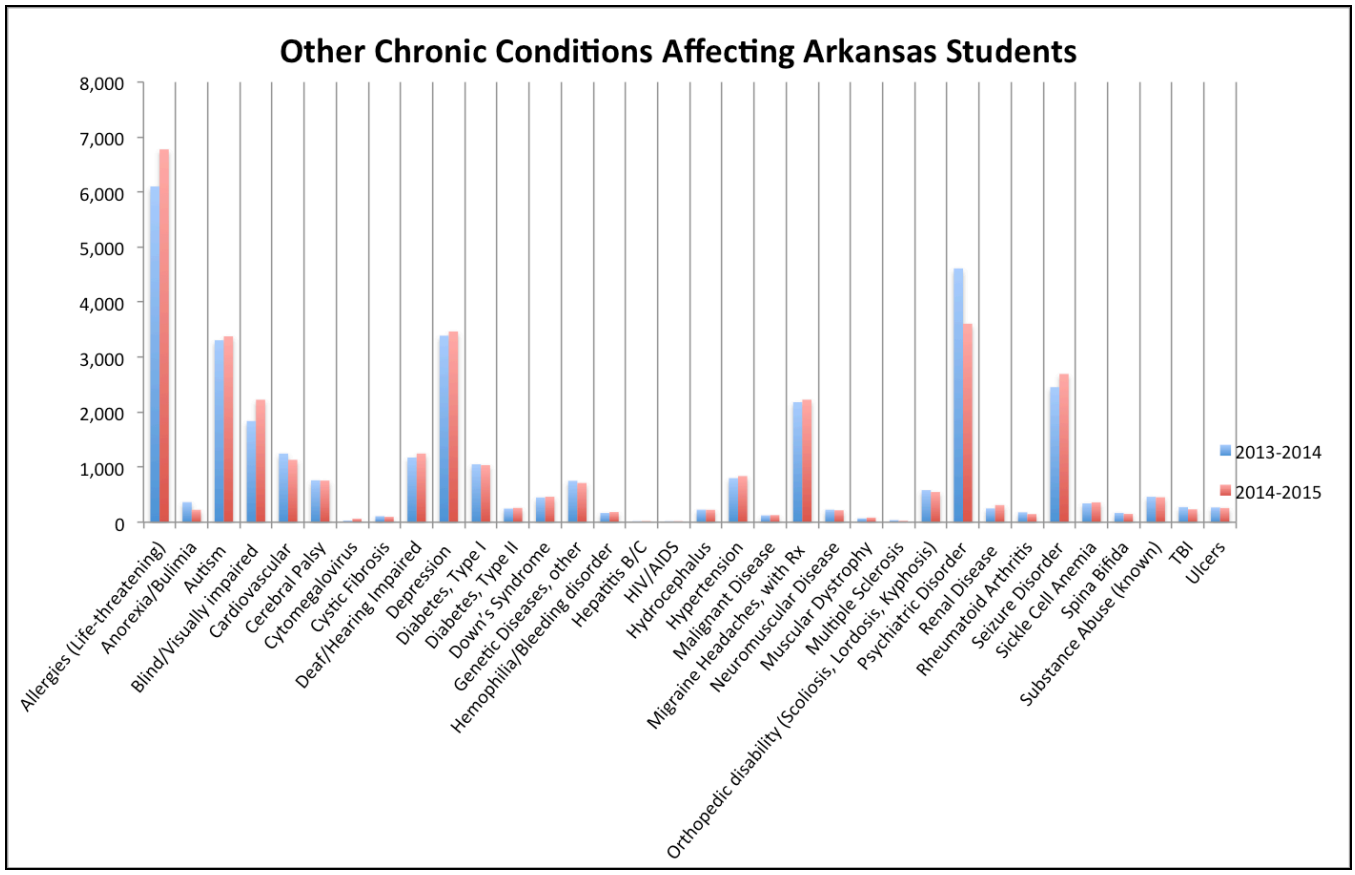
[10] Wang, L. Y., Vernon-Smiley, M., Gapinski, M. A., Desisto, M., Maughan, E., & Sheetz, A. (2014). Cost-Benefit Study of School Nursing Services. *JAMA Pediatrics JAMA Pediatr*, 168(7), 642. doi:10.1001/jamapediatrics.2013.5441

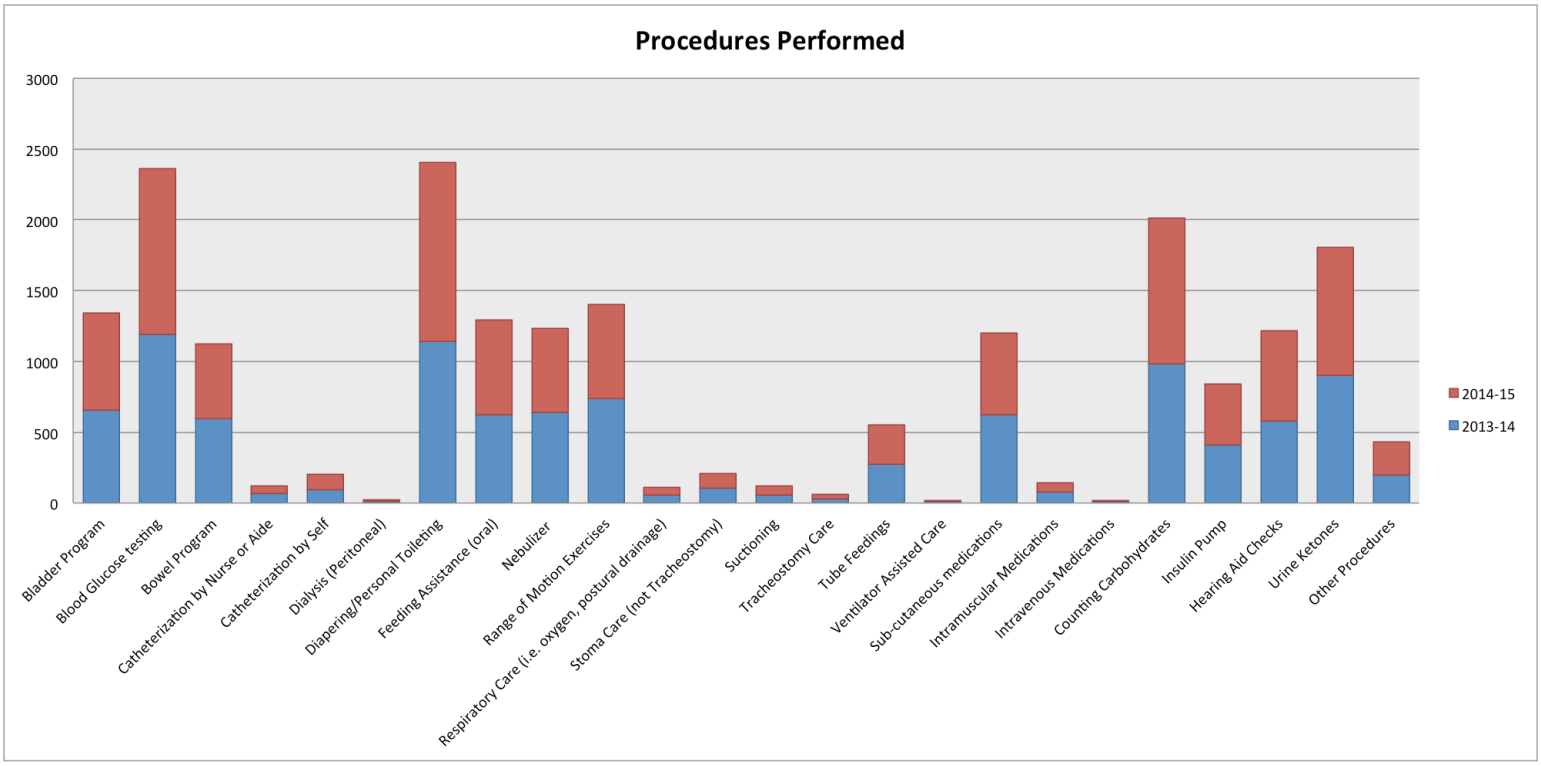
The survey is completed in two parts. Part 1 gathers information regarding the school and school nurse. Part 2 gathers information about student health issues.

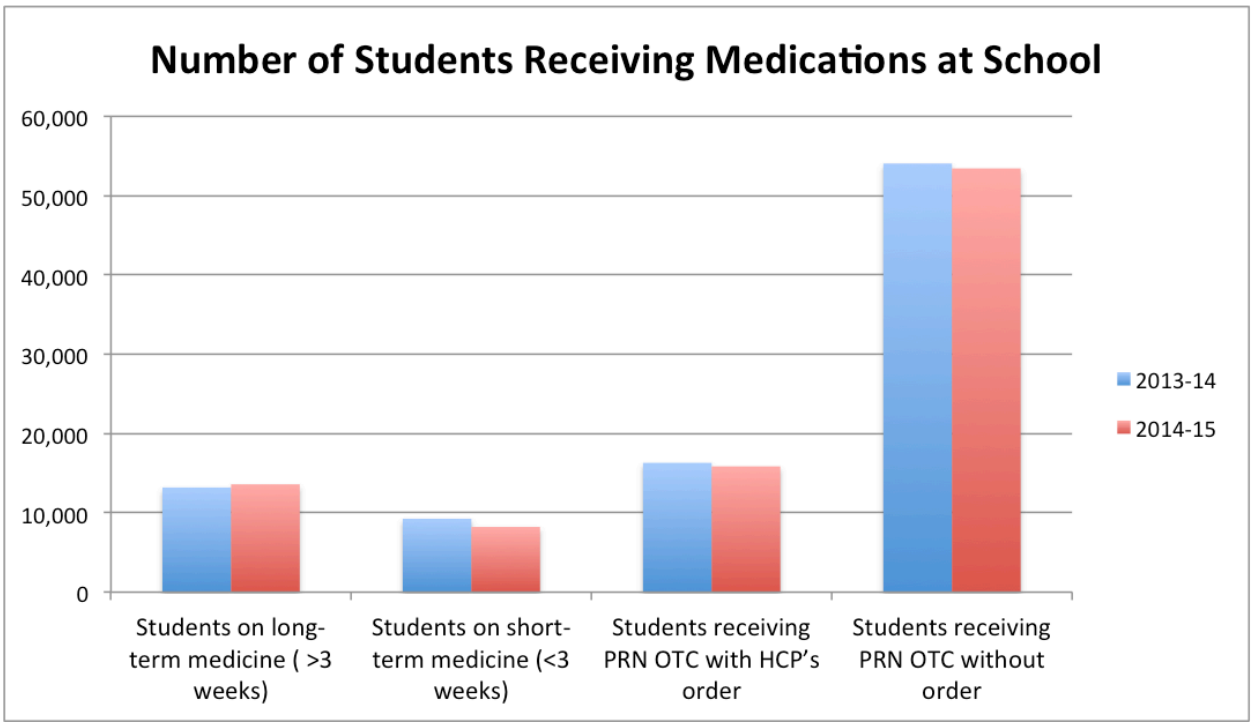
Based on the School Nurse presentation, 205 of the 237 Arkansas school districts and charter schools responded to both parts of the 2014-2015 survey. Total student enrollment in these schools was 423,957.

Following is a summary of the 2014-15 School Nurse Survey results pertinent to this report.



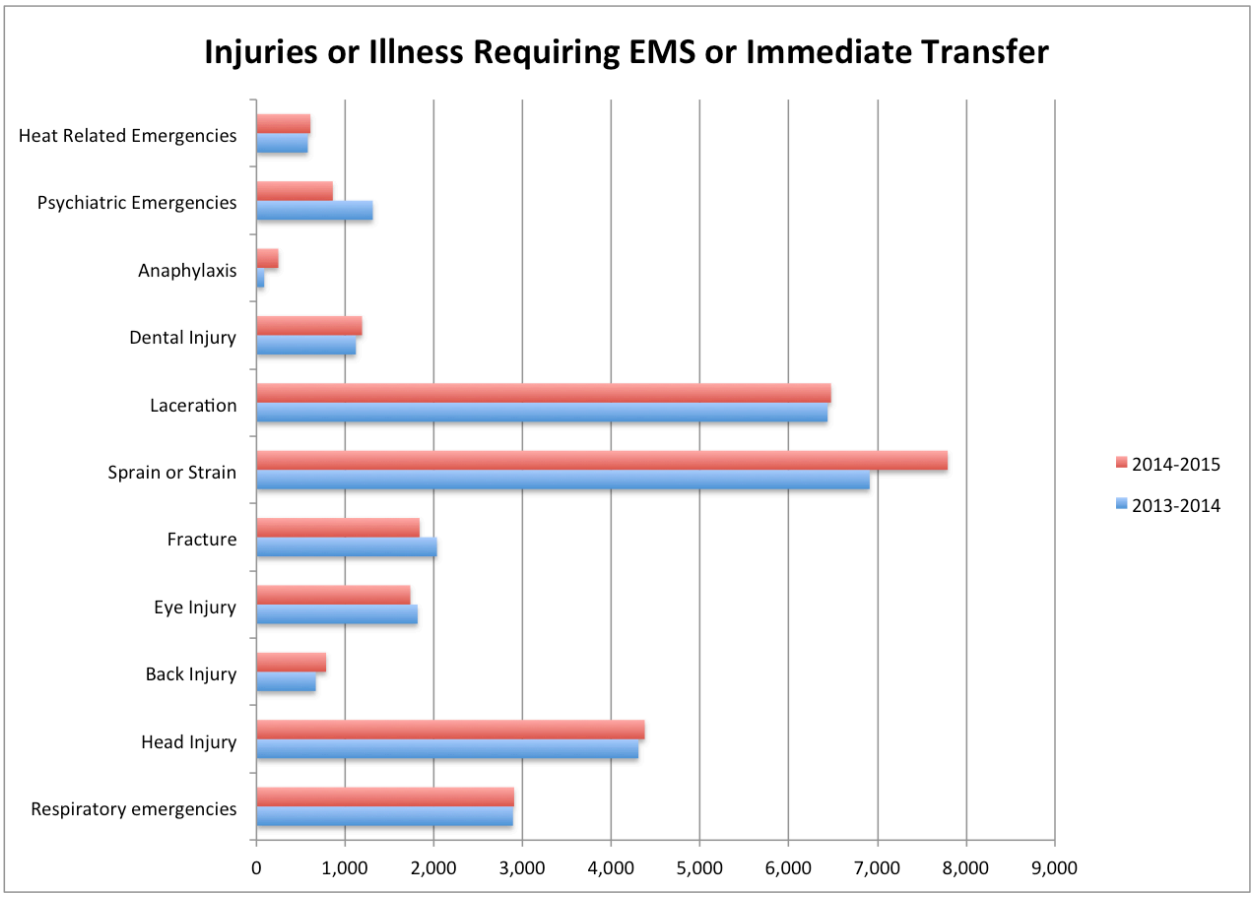



Procedures Performed
3000
2500
2000
1500
1000
500
0
2014-15
2013-14
Bladder Program
Blood Glucose testing
Bowel Program
Catheterization by Nurse or Aide
Catheterization by Self
Dialysis (Peritoneal)
Diapering/Personal Toileting
Feeding Assistance (oral)
Nebulizer
Range of Motion Exercises
Respiratory Care (i.e. oxygen, postural drainage)
Stoma Care (not Tracheostomy)
Suctioning
Tracheostomy Care
Tube Feedings
Ventilator Assisted Care
Sub-cutaneous medications
Intramuscular Medications
Intravenous Medications
Counting Carbohydrates
Insulin Pump
Hearing Aid Checks
Urine Ketones
Other Procedures



Rescue Medications Administered

	Students with Rx		Students with EAP		# Doses Given by LPN/RN		# Doses Given by UAP		# Times 911 Called	
	2013-2014	2014-2015	2013-2014	2014-2015	2013-2014	2014-2015	2013-2014	2014-2015	2013-2014	2014-2015
Epinephrine	4,393	5,053	4,235	4,741	44	40	41	20	29	26
Glucagon	923	893	902	891	19	7	0	2	2	2
Albuterol	14,545	16,045	12,481	13,186	88,759	91,888	18,404	17,897	170	134
Diazepam (rectal)	562	680	530	652	78	60	1	0	33	33
Midazolam (nasal)	36	51	34	53	25	26	0	0	1	0
Lorazepam (buccal)	48	43	56	41	18	5	0	0	1	2



Arkansas School Nursing Workforce

Summary of key points reported in the May 31, 2016, Resource Allocation Funding Report[11] of the Bureau of Legislative Research pages 36-39 (*See* Appendix J for the complete pages 32-39):

> *Nurses are essential to assessing the health of students, delivering emergency care, administering medications and vaccines, performing health care procedures, and providing health care counseling and programs.*
>
> *The matrix provides funding for a .67 FTE nurse for every 500 students.*
>
> *In 2006, the Adequacy Study Oversight Subcommittee specifically noted in its report that state law requires one nurse per 750 students. The subcommittee also specified that of the 2.5 FTEs in the pupil support line of the matrix, .67 FTES per 500 students is intended for nursing staff. Despite the fact that a portion of the matrix was designated for nursing staff, many interested parties have argued that funding was never specifically provided for nurses. ADE's interpretation of the*

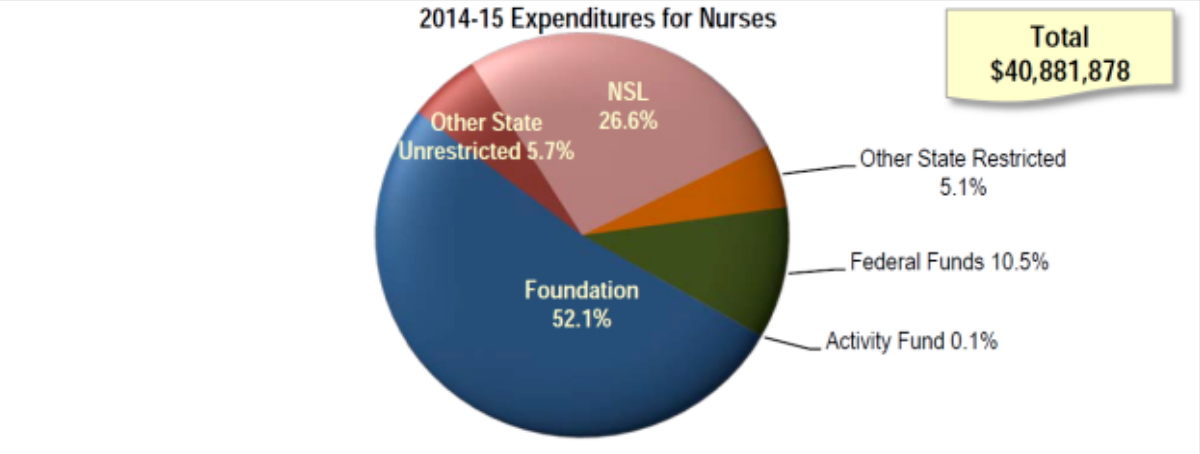
[11] http://www.arkleg.state.ar.us/assembly/2015/Meeting%20Attachments/410/I14503/Resource%20Allocation%20Report.pdf

law is that funds were never made available for school nurses. As a result, the department's standards assurance unit does not check that districts adhere to the nurse to student ratio. In their final report of the 2014 Adequacy Study, the Education Committees recommended increasing the per-student foundation funding rates for school nurses in FY 16 and FY 17, reflecting a salary increase for these personnel in the matrix.

On average, districts used foundation funding to employ .47 FTE nurses per 500 students. This staffing level is about .20 FTEs less than the staffing level established in the matrix. When all funding sources are considered (including foundation funding, federal funding, state categorical funding, etc.) districts employed a total of 829.73 FTE nurses in 2014-15, according to ADE analysis of APSCN data.

Districts paid nurses a salary that was, on average, about $15,000 less than the salary provided in the matrix.

In addition to foundation funding, districts and charter schools have a variety of other resources of funding they can use for school nurses. Districts and charter schools used foundation funding to cover just 52% of their total expenditures for nurses. A little over half of the districts used state NSL funding for this purpose, thereby reducing these districts' reliance on foundation funding to employ nurses.



Appendix A: Public School Health Services Advisory Committee

PUBLIC SCHOOL HEALTH SERVICES ADVISORY COMMITTEE MEMBERS 2015-2017

LAST NAME	FIRST NAME	TITLE	REPRESENTING AGENCY
1. Beckwith	Darin	Director of Dawson ESC	Rural Education Association
2. Bentley	Rep. Mary	Representative	District 73
3. Beshears	Valerie	State Director to National School Nurses Association	Arkansas School Nurses Association
4. Britton	Murray	Academic Facilities Senior Project Administrator	Arkansas Department of Education, Facilities and Transportation
5. Caldwell	Sen. Ronald	State Senator	District 23
6. Davis	Jennifer	Staff Attorney	Arkansas Department of Education
7. Endris	Ken	Principal, Fouke School District	Public School Principal
8. Foley	Christina	Public School Program Advisor	Arkansas Department of Education, Special Education
9. Harder	Lucas	Policy Services Director	Arkansas School Boards Association
10. Jones	Deborah	Assistant Director	Arkansas State Board of Nursing
11. Justus	Michelle	Senior Data Analyst	Office of Health Information Technology
12. Kindall	Elizabeth	School Based Mental Health Services Coordinator	Arkansas Department of Education, Coordinated School Health
13. Little	Marquita	Health Policy Director	Arkansas Advocates for Children and Families
14. Mayberry	Julie	Representative	Parent Representative
15. McCarthy	Suzanne	Program Director	Arkansas Center for Health Improvement
16. Mertens	Mike	Assistant Executive Director	Arkansas Association of Educational Administrators

17. Prater*	Sandra	Grandparent	Child with Special Care Needs
18. Robinson	Brenda	President	AR Education Association
19. Rogers	Greg	Assistant Commissioner	Arkansas Department of Education, Division of Fiscal and Administrative Services
20. Scott	Patricia	Director, Center for Health Advancement	Arkansas Department of Health
21. Smith	Paula	State School Nurse Consultant	Arkansas Department of Health
22. Smith	Michelle	Director, Office of Minority Health	Arkansas Department of Health
23. Starks **	Tracy	Student Health Advisor	Arkansas Department of Education School Health Services and Medicaid In The Schools
24. Stuckey	Mandy	School Nurse	Arkansas Educators Association

*denotes Chair
**denotes Vice-Chair

Appendix B: School Nursing Services based on Student Acuity Level

Students attend school with a broad range of health conditions, from potentially life-threatening acute and chronic conditions to correctable vision problems and everything in between, which could impede the student's ability to fully participate in the educational process. Acuity coding is a method for planning adequate staffing to meet the varying needs of students.

Severity of condition does not always translate directly into nursing time with the students. Many students with significant chronic conditions require daily nursing time. For example, a student with spina bifida who is not yet independent with urinary bladder management requires 40 minutes every day of the nurse's time for catheterizations at the same time every school day. Other students such as those with severe asthma may experience an acute asthma attack and require nursing assessment and care at any time during the school day.

Examples of treatments/intervention that may be performed in schools at all levels of acuity include, but are not limited to:

Blood glucose testing
Continuous oxygen administration
Dressing changes
Gastric tube feeding
Intermittent oxygen administration
Medication management
Monitor blood pressure
Monitor weight
Nebulizer treatments
Peak flow monitoring
Sterile bladder catheterization
Unsterile bladder catheterization
Suctioning
Tracheostomy care

In order to plan, care for, and monitor the students with special health needs, the school nurse will assign each qualifying student to a level of care based on the following categories:

Level 1: No/minimal occasional healthcare concerns
Level 2: Healthcare concerns/Requires an IHP
Level 3: Medically complex
Level 4: Medically fragile
Level 5: Nursing dependent.

This model is to be used in conjunction with severity coding which establishes the nursing staff needs of students within a school building. Each semester the nurse staffing needs are to be re-evaluated and staff adjustments made based on the current requirement.

Level 1 – 1:750 Nurse to Student Ratio

No/minimal occasional healthcare concerns: The student's physical and/or social-emotional condition is stable and sees the Nurse at least once a year for screening and occasionally as needed.

Level 2 – 1:400 Nurse to Student Ratio

Health concerns: Require an Individualized Healthcare Plan (IHP). The student's physical and/or social-emotional condition is currently uncomplicated and predictable. Occasional monitoring varies from biweekly to annually. Examples include, but are not limited to:

- Attention deficit hyperactivity disorder with prescribed medication
- Activities of daily living
- Clean urinary catheterization
- Dental disease
- Diabetes self-managed by the student
- Eating disorders
- Constipation encopresis (fecal incontinence)
- Tube feeding
- Orthopedic conditions requiring accommodations
- Uncomplicated pregnancy

Level 3 – 1:225 Nurse to Student Ratio

Medically complex: The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional registered nurse. Life threatening events are unpredictable. Treatments, medications, and reporting of current signs & symptoms can be delegated, but delegation requires a trained, willing, and competent staff person and close supervision of that staff person by a registered nurse. The level of supervision required is determined by the RN, but must be adequate to maintain safety and ensure competence of the direct caregiver. Adaptations of the medically complex student to the educational system must be negotiated and maintained with the student, family, school staff (classroom and administrative), and community health care providers. Examples include, but are not limited to:

- Anaphylactic event potential
- Cancer
- Complex mental or emotional disorders
- Diabetes routine monitoring without complications
- Moderate to severe asthma
- Oxygen, continuous or intermittent
- Preteen or teenage pregnancy
- Taking carefully timed medications

Level 4 – 1:125 Nurse to Student Ratio

Medically Fragile: Students with complex health care needs in this category daily face the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse. An individual health care plan of nursing care developed by a registered nurse must be complete, current, and available at all times to personnel in contact with these children. This

includes bus drivers for daily transportation and special events, sports coaches, and school personnel assigned to extracurricular activities. Every child in this category requires a full-time nurse in the school. The RN makes the decision of who will be trained and what level of preparation is required, and uses the nursing delegation principles.

Examples may include but are not limited to:

- Severe seizure disorder, requiring medications that can be administered only by a nurse
- Severe asthma with potential for status asthmaticus/history of intensive care/ventilator support
- Sterile procedures
- Tracheostomy with frequent and/or unpredictable suctioning
- Unstable and/or newly diagnosed diabetes with unscheduled blood sugar monitoring and insulin injections

Every child in the medically fragile category requires a full-time nurse in the building. The nurse is on the premises, is available quickly and easily, and the student has been assessed by the RN prior to delegation of the duties to any caregiver.

Reasonable accommodations and provisions of education and health services under Section 504 or under IDEA must be considered and addressed in each child's individual health care plan.

Level 5 - 1:1 Nurse to Student Ratio

Nursing Dependent: Nursing dependent students require 24 hour, frequently one-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing, for example, a child on a respirator. Without effective use of medical technology and availability of nursing care, the student will experience irreversible damage or death. Before a student enters school, the RN will complete a nursing assessment of the student and determine an appropriate plan of care/individual health care plan.

**8 students in Arkansas public schools have a Do Not Resuscitate (DNR) Order, which has a drastic impact on the schools the children attend.*

School Nurse Staffing Calculator per Acuity Level

Nurse to Student Ratio	Student Conditions	Number of Students	Divided by	Equals
1:750	No healthcare concerns identified		**750**	
1:400	**Health concerns** require an Individualized Healthcare Plan (IHP) The student's physical and/or social-emotional condition is currently uncomplicated and predictable. Occasional monitoring varies from biweekly to annually.		**400**	
1:225	**Medically Complex**: The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional registered nurse.		**225**	
1:125	**Medically Fragile**: Students with complex health care needs in this category face daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse.		**125**	
1:1	**Nursing Dependent**: Nursing dependent students require 24 hours/day, frequently one-to-one, skilled nursing care for survival.		**1**	
Total Number Nurses Needed				

Appendix C: Delegation and Supervision

Arkansas State Board of Nursing Principles of Delegation

The decision to delegate nursing care rests with the judgment of RN, LPN, LPTN, or APN. Only a licensed nurse may determine that an Unlicensed Assistive Personnel (UAP) or other school staff can safely deliver the care.

Factors to consider when delegating nursing care include:

1. The **complexity** of the child's condition and the nursing care that is required: A routine dressing change is less likely to result in complications than the administration of IV medications, even if both are done poorly. Consider the question: What are the risks to the student if this procedure is done improperly?

2. The **dynamics** of the child's status or frequency with which nursing care requirements change: A newly inserted tracheostomy presents significantly different problems than one that has been in place for ten years. A student with Type I diabetes who has many insulin reactions and a noon glucometer check with directions for varying the insulin dosage is different than a student who is stable with a noon glucometer check to validate stable blood sugar levels.

3. The **knowledge and skills** that are required to complete the task: Feeding through a nasal gastric feeding tube requires knowledge and skills that are not required in a gastrostomy tube feeding.

4. The **technology** that is employed in providing the nursing care; Assess whether the unlicensed assistive personnel has had appropriate training to perform the task or operate equipment required in performing the task that is being delegated. Using a glucometer to monitor a stable client's blood sugar requires less knowledge and skill than adjusting the settings a ventilator.

5. The amount of **supervision** that is required by the unlicensed assistive personnel to whom the task is being delegated: Has the unlicensed assistive personnel demonstrated the ability to competently perform the task and is that competency documented in their personnel file? Since the competency was documented, has the individual performed the task frequently enough to maintain competency?

6. The **availability** of the licensed nurse for supervision: Is a written plan of care and up-to-date policy and procedure manual readily accessible to the unlicensed assistive personnel? Do the unlicensed assistive personnel know the signs and symptoms that require them to call for assistance and/or to report to the licensed nurse? Is the licensed nurse who delegated the task readily available in person or telephonic communications?

7. Relevant **safety and infection control** issues: Has the unlicensed assistive personnel had the training and competency validation to safely perform the task and utilize infection control principles.

8. **Healthcare Policies and Procedures:** School nurses are responsible for ensuring current policies and procedures are available to guide the nursing care that is delivered. While District School Boards may review and approve internal policies and procedures, the school nurse is accountable for maintaining current nursing practice standards.

In accordance with Chapter 5 of the *Arkansas State Board of Nursing Rules and Regulations*, delegation policies and procedures are as follows:

Recognize nursing tasks that can be delegated without prior assessment including:

- Activities of Daily Living
- Noninvasive and non-sterile treatments
- Data collection
- Ambulating, positioning, turning
- Personal hygiene
- Oral feeding
- Socialization activities

Recognize nursing tasks that SHALL NOT be delegated:

- Physical, psychological, and social assessment which requires nursing judgment, intervention, referral or follow-up
- Formulation of the plan of nursing care and evaluation of the client's response to care rendered
- Specific tasks which require nursing judgment or intervention
- The responsibility and accountability for student health teaching and health counseling which promotes student education and involves the student's significant others in accomplishing health goals.
- Administration of intravenous medications or fluids.
- Receiving or transmitting verbal or telephone orders

Recognize specific nursing tasks that MAY be delegated provided the five rights of delegation are followed:

- Right Task
- Right Person
- Right Circumstances
- Right Communication
- Right Supervision

Recognize that the nurse is responsible for determining that a task is appropriate to delegate in a specific situation.

Delegation of Specific Tasks
The following table is to be used to determine to whom specific tasks may be delegated.

Only the Nurse responsible for the student's nursing care may determine which nursing tasks may be delegated to an Unlicensed Assistive Person. The tasks listed in the chart below may only be delegated if the Five Rights of Delegation are met. Refer to the section on Delegation Principles.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following:

1. Child's nursing care needs are stable.
2. Performance of the task does not pose a potential harm to the child.
3. Task involves little or no modification.
4. Task has a predictable outcome.
5. Task does not inherently involve ongoing assessments, interpretations or decision making.
6. The unlicensed assistive personnel's skills and competency levels.
7. The availability of supervision.

Arkansas State Board of Nursing Delegation Chart

NURSING TASKS								
A = Within Scope of Practice **S = Within Scope of Practice with supervision** **D = Delegated task with supervision** **EM = In emergencies** **X = Cannot perform**						**Provider = Person w/legal authority to prescribe – M.D., APN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.**		
Procedure	**Provider Order Required**	**RN**	**LPN/ LPTN**	**Unlicensed Assistive Personnel**	**Self**	**RN Scope of Practice: The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice: The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention and evaluation.**		
1.0 Activities of Daily Living								
1.1 Toileting/Diapering		A	A	A				
1.2 Bowel/Bladder Training		A	A	D	S			
1.3 Dental Hygiene		A	A	S	S			
1.4 Oral Hygiene		A	A	S	S			
1.5 Lifting/Positioning/Transfers		A	A	S	S			
1.6 Feeding								
1.6.1 Nutritional Assessment		A	X	X	X			
1.6.2 Oral Feeding		A	A	S	A			
1.6.3 Naso-Gastric Feeding	Yes	A	S	X	S			
1.6.4 Monitoring N/G Feeding		A	S	X	S			
1.6.5 Gastrostomy Feeding	Yes	A	S	D	S			
1.6.6 Monitoring Gastrostomy Feeding		A	S	D	S			
1.6.7 Jejunostomy Tube Feeding	Yes	A	S	X	X			

NURSING TASKS								
A = Within Scope of Practice **S = Within Scope of Practice with supervision** **D = Delegated task with supervision** **EM = In emergencies** **X = Cannot perform**						**Provider = Person w/legal authority to prescribe – M.D., APN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.**		
Procedure	**Provider Order Required**	**RN**	**LPN/ LPTN**	**Unlicensed Assistive Personnel**	**Self**	**RN Scope of Practice:** The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice:** The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention and evaluation**.		
1.6.8 Total Parenteral Feeding (intravenous)	Yes	A	S	X	X			
1.6.9 Monitoring Parenteral Feeding		A	S	X	X			
1.6.10 Naso-Gastric Tube Feeding	Yes	A	S	X	X			
1.6.11 Naso-Gastric Tube Removal	Yes	A	S	EM	S			
1.6.12 Gastrostomy Tube Reinsertion	Yes	X	X	X	X			
2.0 Urinary Catheterization								
2.1 Clean Intermittent Cath.	Yes	A	S	D	S			
2.2 Sterile Catheterization	Yes	A	S	X	X			
2.3 External Catheter application	Yes	A	A	S	S			
2.4 Indwelling Catheter Care (cleanse with soap & water, empty bag)		A	A	S	S			
3.0 Medical Support Systems								
3.1 Ventricular Peritoneal Shunt Monitoring	Yes	A	S	D	X			
3.2 Mechanical Ventilator								
3.2.1 Monitoring	Yes	A	S	D	X			
3.2.2 Adjustment of Ventilator	Yes	A	S	X	X			
3.2.3 Ambu-bag		A	S	EM	X			
3.3 Oxygen								
3.3.1 Intermittent	Yes	A	S	D	X			
3.3.1 Continuous – monitoring	Yes	A	S	D	S			
3.4 Central Line Catheter	Yes	A	S	X	X			
3.5 Peritoneal Dialysis	Yes	A	S	X	X			
4.0 Medication administration								
4.1 Oral – Prescription	Yes	A	S	D	X			
4.2 Oral – Over the Counter (written parental consent)		A	S	D	S			
4.3 Injection	Yes	A	S	X	S			
4.4 Epi-Pen Allergy Kit	Yes	A	S	EM/S	S			
4.5 Inhalation					S			
4.51 Prophylactic/Routine asthma inhaler	Yes	A	S	D	S			
4.52 Emergency/Rescue asthma inhaler	Yes	A	S	D	S			
4.53 Nasal Insulin	Yes	A	S	X	X			
4.54 Nasal controlled substance (such as but not limited to Versed)	Yes	A	S	X	X			
4.6 Rectal	Yes	A	S	X	X			
4.7 Bladder Instillation	Yes	A	S	X	X			
4.8 Eye/Ear Drops	Yes	A	S	D	X			
4.9 Topical	Yes	A	S	D	X			
4.10 Per Naso-gastric Tube	Yes	A	S	X	X			

NURSING TASKS								
A = Within Scope of Practice **S = Within Scope of Practice with supervision** **D = Delegated task with supervision** **EM = In emergencies** **X = Cannot perform**						**Provider = Person w/legal authority to prescribe – M.D., APN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.**		
Procedure	**Provider Order Required**	**RN**	**LPN/ LPTN**	**Unlicensed Assistive Personnel**	**Self**	**RN Scope of Practice:** The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation.** **LPN Scope of Practice:** The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention and evaluation**.		
4.11 Per Gastrostomy Tube	Yes	A	S	D	X			
4.12 Intravenous	Yes	A	S	X	X			
5.0 Ostomies (colostomy, ileostomy)								
5.1 Ostomy Care (empty bag, cleanse w/soap & water)		A	S	S	S			
5.2 Ostomy Irrigation	Yes	A	S	X	S			
6.0 Respiratory								
6.1 Postural Drainage	Yes	A	S	D	X			
6.2 Percussion	Yes	A	S	D	X			
6.3 Suctioning								
6.3.1 Pharyngeal	Yes	A	S	D	X			
6.3.2 Tracheostomy	Yes	A	S	D	X			
6.4 Tracheostomy Tube Replacement	Yes	A	EM	EM	EM			
6.5 Tracheostomy Care (clean/dress)	Yes	A	S	D	X			
7.0 Screenings								
7.1 Growth (height/weight)		A	S	D	S			
7.2 Vital Signs		A	A	S	X			
7.3 Hearing		A	S	D	X			
7.4 Vision		A	S	X	X			
7.5 Scoliosis		A	S	D	X			
8.0 Specimen Collecting/Testing								
8.1 Blood Glucose	Yes	A	S	D	S			
8.2 Urine Glucose/Ketone	Yes	A	S	D	S			
9.0 Other Healthcare Procedures								
9.1 Seizure Safety Procedures		A	S	D	X			
9.2 Pressure Ulcer Care	Yes	A	S	D	X			
9.3 Dressings, Sterile		A	S	D	X			
9.4 Dressings, Non-sterile		A	S	D	S			
9.5 Vagal Nerve Stimulator	Yes	A	S	D	X			
10.0 Developing Protocols								
10.1 Healthcare Procedures		A	X	X	X			
10.2 Emergency Protocols		A	X	X	X			
10.3 Individualized Healthcare Plan		A	X	X	X			

Summary Chart of School Nursing Procedures per Level of Training as Identified in the Arkansas State Board of Nursing School Nurse Guidelines

Healthcare Services Provided	RN	LPN	UAP Other School Personnel	Other Healthcare Worker
Medication Administration Routine & Occasional	Yes	Yes	Currently Yes Recommendation NO	Within the discipline's scope of practice
Medication Administration Emergency Rescue Epinephrine or Glucagon	Yes	Yes	With training	Within the discipline's scope of practice OR With training
Individual Healthcare Plan • Parent Conference • Physician Consultation	Yes	No but may contribute information	No	Contributes Within the discipline's scope of practice
Screening as required by Education Regulation • Vision • Hearing • Scoliosis • Height & Weight (BMI calculation)	Yes Yes Yes Yes	Yes Yes Yes Yes	With Training	Within the discipline's scope of practice
Referrals to other disciplines • Behavioral Health • Physical Therapy • Speech Therapy	Yes	No	No	Within the discipline's scope of practice
Flu Clinic Community Partner Liaison	Yes Yes	Yes Yes	No	Within the discipline's scope of practice
Home Visits	Yes	No	No	Within the discipline's scope of practice
Healthcare Services Provided	**RN**	**LPN**	**UAP Other School Personnel**	**Other Healthcare Worker**
Supervision of Healthcare Paraprofessional or other titles of those providing Activities of Daily Living and Private Duty Caregivers	Yes	No	No	Within the discipline's scope of practice

Teaching • Healthy Life Style • Health Classes • Parent Education • Certified Nursing Assistant Course • First Aid/CPR/AED	 Yes With Teaching Qualification Yes Yes Yes	 Yes With Teaching Qualification Limited No Yes	 Yes With Teaching Qualification No No Yes	Within the discipline's scope of practice
Staff Health Check/consultation/screens	Yes	Non-assessment	No	Within the discipline's scope of practice
Workman's Compensation • Assessment • Filing paperwork	 Yes Yes	 No Yes	 No Yes	Within the discipline's scope of practice
Assistance Needs Identification • Food/Clothing Pantry • FINS – DHS	 Yes Yes	 Yes Yes	Per School district policy	Within the discipline's scope of practice
Healthcare Advocate – Abuse reporting	Yes	Yes	Yes	Yes
Management of a Healthy Environment Disaster Plan Team Crisis Management Team Safety Committee	Yes	Yes	Yes	Yes
Health Office and Supply Management • Monitor expiration dates • Order Supplies/Equipment • Maintenance of supplies/equipment • Bill Payment Authorization • Billing for Personal Care • Scheduling/Assignments	 Yes Yes Yes Yes Yes Yes	 Yes Yes Yes Yes No No	Per School Policy	NA

Supervision

Only the school nurse can determine medically necessary nursing care that can be safely delegated to unlicensed assistive personnel and under what circumstances. Sometimes confusion exists when an unlicensed assistive person is asked to do a procedure that a parent has been doing at home. For example, some parents have been taught to give intravenous medication. The assumption is made that because a parent has been administering the medication intravenously, any school employee can do it. Family members can legally provide nursing care without a nursing license as an allowable exception to the Nurse Practice Act (NPA). However, when these services are transferred to the public, the NPA applies. While administrators, teachers, and parents may be helpful resources and allies, they may not have the knowledge base to make adequate judgments about delegation of medical or nursing care; nor can they be held legally accountable to the same extent that a nurse will be liable for nursing care delivered. The school nurse may be accountable to the administrator for personnel issues but the nurse is responsible for directing nursing care.

Supervision Defined
Merriam-Webster On-Line Dictionary defines supervision as "a critical watching and directing (as of activities or a course of action.)" The American Nurses Association defines supervision as "the active process of directing, guiding, and influencing the outcome of an individual's performance of an activity." Supervision does not require the supervisor to physically be present 100% of the time, however, the supervisor must be able to critically watch and direct the Licensed Practical Nurses (LPN's) and/or Unlicensed Assistive Person's (UAP's) activities or course of action. The amount of supervision required is directly related to the individual LPN's or UAP's experience, skills and abilities and the healthcare needs of the students being served.

School Nurses:
School nurses though supervised administratively by a superintendent or principal, are responsible for health services and nursing care administered through the health services program. Schools may utilize a team consisting of RN(s), LPN(s), LPTN(s), and/or Unlicensed Assistive Personnel (UAPs) to provide health services. In accordance with the NPA and ASBN Scope of Practice Position Statement, RNs assess, diagnose, plan, implement and evaluate nursing care. The LPN/LPTN under the direction of an RN, APN, licensed physician or dentist observes, implements, and evaluates nursing care. Healthcare unlicensed assistive personnel (UAPs) perform delegated nursing care in accordance with the ASBN Rules.

Appendix D: Nursing Education and Licensure

Arkansas State Board of Nursing Guidelines for School Nurse Education and Licensure

A. Nurse Supervisor - Coordinates and supervises nursing activities of one or more licensed nurses in one or more school districts.
   1. Hold an active Professional Nursing License (RN)
   2. Hold a Bachelor of Nursing Science Degree
   3. 5 years licensed nursing experience (2 of which must have been as an RN)
   4. 3 years experience as a school nurse
   5. 1 year experience as a supervisor (preferred)
   6. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
   7. Current certification in Scoliosis, Hearing, Vision and BMI screening

B. Registered Nurse/Registered Nurse Practitioner
   1. Hold an active Professional Nursing License (RN)
   2. 4 years licensed nursing experience (2 years Pediatric Nursing Experience Preferred)
   3. Hold a Bachelor of Nursing Science Degree
   4. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED
   5. Current certification in Scoliosis, Hearing, Vision and BMI screening

C. Licensed Practical Nurse/Licensed Psychiatric Technician Nurse
   1. Hold an active LPN/LPTN Nursing License
   2. 4 years licensed nursing experience (2 years Pediatric Nursing Experience Preferred)
   3. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
   4. Current certification in Scoliosis, Hearing, Vision and BMI screening
   5. School must have an RN employed by the school to supervise the LPN/LPTN practice

D. Advanced Practice Nurse
   1. Hold an active Advanced Practice Nurse License
   2. Certification in a specialty that includes pediatrics
   3. 4 years licensed nursing experience
   4. 2 years APN experience
   5. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid

Appendix E: Medical Records

Arkansas State Board of Nursing School Nurse Guidelines for Management of Medical Records

A. Health Records are included in Education Records and are maintained by the school for five years after the student leaves the school district.
   1. Immunization Records
   2. Disability and Chronic Illness diagnosis
   3. Doctor and Hospital Preference
   4. Accident Reports
   5. Allergies
   6. Medications taken routinely

B. Medical Records are maintained separate from Health Records. Medical Records are to be retained by the school until the student reaches the age of 20 years old.
   1. Lab reports including Glucose Monitoring
   2. X-ray reports
   3. Counseling Notes
   4. Pregnancy Notes
   5. Psychological testing/counseling notes
   6. Consent to discuss medical needs with physician/clinic
   7. Assessments
   8. Treatments

C. Upon transfer to an alternate school Health Records are to be sent under separate cover addressed to the School Nurse at the new school. Medical Records that are required for the continued care of the student will be included as determined by the School Nurse. The Nurse transferring the information will include contact information that includes the transferring Primary Care Nurse's name, address, phone number and e-mail address.
   1. Information from the Health Records and/or Medical Records will be shared with school personnel on a "need to know" basis as determined by the School Nurse.
   2. Medical Records are to be maintained in e-school a part of Arkansas Public School Computer Network (APSCN) program. Paper documents are to be scanned and saved on a secure server after the data has been entered into e-school.
   3. E-school and scanned documents are to be backed up on a regular basis to maintain integrity of the documents.
   4. As e-school is not a secured program – an electronic program specific to School Health/Medical Records is to be implemented. Programs should allow real-time, centralized reporting.

Appendix F: Management and Storage of Medications

Arkansas State Board of Nursing School Nurse Guidelines for Management and Storage of Medications

1. A refrigerator dedicated to medication storage is to be in the Healthcare Services office
2. Controlled Substances are to be stored and accountability controlled as required by Rules of Pharmacy Services, Arkansas Department of Health.
3. Medication is to be stored in a secure location to prevent unauthorized access.
4. Rescue medication is to be accessible to anyone who may be responsible for administering the medication such as Epi-pen and rescue inhalers. Consider special cabinets that allow easy access to some but not all medications.

The licensed nurse is responsible for identifying qualified persons to be trained to administer medications in the nurse's absence.

Each school shall have a written policy regarding the administration of medication. The policy should include at least the following:

- A provider order is required for all prescription medications. A label on a prescription bottle may serve as the prescription, if acceptable to the facility.

- Written parental permission is on file for all over the counter medications that are to be taken by the minor. Permission slips may be time limited, such as, the school year, a semester, one month, or one week, depending on the governing body policy.

- All medications must be in the original container.

- The container must specify special storage instructions if appropriate (insulin needs to be refrigerated.)

- Prescription medications are to be labeled with the student's legal name (on record with the facility), date Rx was filled, ordering provider name, name of medication, dose, route, and frequency.

- All medications will be given according to labeling directions on the container. Deviations from label directions will require a written provider order.

- Procedure for administering and documenting medications during field trips and extracurricular activities.

- Documentation methods for the receipt of medication and the administration of medication.

- Methods by which nurse will receive medication e.g., students may bring medication in with written authorization from parent/guardian or parent is required to deliver medication to the school nurse.

- Storage and security of medications.

- Access to medications in the absence of the school nurse.

- Accountability methods for controlled substances.

- Arkansas Department of Health – Pharmacy Services Rules requires controlled substances be kept under double locks.

- Nurses must establish a counting system to document the number of doses of a controlled substance brought to the school, such as counting the number of doses at the time they are delivered by the parent or student in the presence of the parent or student. Both must document the number delivered to the school. A count should be done periodically to verify the medication can be accounted for by documentation and the number on hand for the specific student. Access to controlled substances is to be limited to as few personnel as possible. When possible the licensed nurse is to access and administer controlled substances.

In addition the policy may specify the following:

- A requirement that the initial dose of a new medication must be given by the parent/guardian outside of the facility setting. A specific length of time may be required between the initial dose being given and the student's re-admittance to the facility.

- Reports to parents/guardians regarding medication administration.

- Parents/guardians are encouraged to administer medication at home whenever possible.

Disposal of Unused Medications:

- Unused controlled substances that cannot be returned to the person for whom they were prescribed are to be sent to Pharmacy Services at the Arkansas Department of Health and Human Services for destruction.

- A surrender form can be obtained from Pharmacy Services, 501-661-2325.

- Large quantities of non-controlled substances can also be sent to Pharmacy Services for destruction.

Appendix G: Facilities for School Health Care

The Arkansas School "Nursing Center" (as recommended by and adapted from the National Clearinghouse for Educational Facilities, 2010 www.ncef.org).

Three Room Facility-Minimum (Exam Room, Bathroom, Rest/office Area)
Total square footage minimum: 405 based on one nurse on campus.

Four Room Facility - Recommended (Exam Room, Bathroom, Rest Area, Nurse Office)

Five Room Facility - Ideal (Exam Room, Bathroom, Rest Area, Nurse Office, Waiting Area)
It is preferred that the health care center be adjacent to the school's administrative office or guidance counselors office to promote a team concept of health care delivery.

Examination Room:
275-300 square feet to meet federal requirements for accessibility and should be able to accommodate educational displays that promote timely themes and events. The length of the room should ideally be 22 feet long to allow for vision testing. Bright light, such as from a window should be avoided if possible. To facilitate hearing tests, the examination room should be quiet and isolated from distracting noises.

The space includes but is not limited to:

- A workstation for the number of nurses working in the office at the same time
- Double Locked Medication Storage
- Supply Storage
- Locked File Storage
- Refrigerator/Freezer with locking compartments for medication and ice maker/or separate ice machine
- Equipment Storage
- Sink with cold/hot water

Equipment/Supplies

- Desk/chair
- Client seating
- Computer
- Phone access
- Internet access with security (HIPAA/FERPA compliant)
- Statewide compatible software for healthcare records
- Disposable covers for cots/beds or facility to wash non-disposable covers
- Universal precaution supplies (biohazard containers, personal protection equipment such as gloves and masks)
- Assessment Equipment (by example and not limited to: Thermometer, Stethoscope, sphygmomanometer, otoscope and light)

- Client specific equipment needs e.g., glucometer, suction, oxygen, etc.
- Refrigerator and Freezer thermometers
- First Aid Supplies
- Appropriate number of electrical outlets
- Washer and dryer-recommended but not required

Rest Area: 100-150 square feet to include but not limited to:

- Cot/beds for ill students, with a two bed minimum. Both beds should be curtained off, partitioned, or physically separated from the rest of the nurse's office. The size of the school enrollment should be considered when deciding if additional bed/cots are needed.

Bathroom: 30-40 square feet minimum with the following conditions:

- Private room, no public access
- Connected to the Nursing Center
- Fully accessible according to federal guidelines
- Sink with hot/cold water
- Shower-recommended but not required

Office: (not required but recommended)

150-175 square feet based on one nurse on campus. If the school campus has more than one nurse, additional space will be needed. Some of these items are listed under Exam Room. If a nurse's office is built, these items should be included in the nurse's office.

- Desk/chair per nurse on campus
- Client seating
- Phone access
- Internet access with security (HIPPAA/FERPA compliant)
- Statewide compatible software for healthcare records

Waiting Area: 100-150 square feet

- Chairs for client seating until a nurse is available

Appendix H: Current Arkansas School Nursing Laws

Two statutes from the Education Chapter of the Arkansas Code specifically address students' healthcare needs and who is to perform the tasks required:

Ark. Code Ann. § 6-18-1005(a)(6)(A) "Students with special health care needs, including the chronically ill, medically fragile, and technology-dependent and students with other health impairments shall have individualized health care plans." An individualized health care plan (IHP) spells out specific health care tasks and includes patient assessment data, diagnoses, goals, interventions and outcomes for the care of the student during school hours.

Ark. Code Ann. § 6-18-1005(a)(6)(B)(i) "Invasive medical procedures required by students and provided at the school shall be performed by trained, licensed personnel who are licensed to perform the task subject to § 17-87-102 (6)(D) or other professional licensure statutes."

The Nurse Practice Act that regulates the practice of nursing is referenced in the above statute. Ark. Code Ann. § 17-87-102(6**)** "Practice of professional [registered] nursing" means the performance for compensation of any acts involving:

A.) The observation, care, and counsel of the ill, injured, or infirm;
B.) The maintenance of health or prevention of illness of others;
C.) The supervision and teaching of other personnel;
D.) The delegation of certain nursing practices to other personnel as set forth
E.) in regulations established by the board; or
F.) The administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.

Ark. Code Ann. § 6-18-706 mandates school districts have one school nurse per 750 students. School districts with a high concentration of children with disabling conditions should have one school nurse per every 400 in those schools and one nurse for every 125 profoundly disabled students. School nurses may be employed or provided by contract or agreement with other agencies or individuals provided that the prescribed ratio and equivalency are maintained. The code also states that the provisions "shall be effective only upon the availability of state funds." It is not entirely clear if Arkansas districts are meeting these mandates.

Recommendations of the PSHSAC resulting in new laws in 2015:

Ark. Code Ann. § 6-20-2517, as amended by Act 936 of 2015, ensures that school nurses have access to appropriate facilities and equipment enabling them to do their jobs. Beginning in the 2017-19 funding cycle for the Academic Facilities Partnership Program, each new application for a new school building or major renovation to an existing school building that would normally house a nursing office shall include a school nursing center that meets the minimum standards for infection control and safe care as listed in Act 936.

STATE OF ARKANSAS
ATTORNEY GENERAL
LESLIE RUTLEDGE

Opinion No. 2016-028

July 14, 2016

The Honorable Julie Mayberry
State Representative
3022 East Woodson Lateral Road
Hensley, AR 72065-9169

Dear Representative Mayberry:

You have requested my opinion regarding the relationship between Ark. Code Ann. § 6-18-706 and the Arkansas Department of Education's *Rules Governing the Standards for Accreditation of Arkansas Public Schools and School Districts* ("Standards for Accreditation"). It will be helpful prior to setting out your questions to first summarize some background information.

BACKGROUND

Section 6-18-706 outlines the role of school nurses in the context of the "health status and educational achievement of the children of [the state of Arkansas]."[1]

The statute provides that, beginning with the 2004-2005 school year, and "**effective only upon the availability of state funds**,"[2] school districts shall meet certain school nurse-to-student ratios. Specifically, districts are required to have "no fewer than the full-time equivalent of one (1) school nurse per seven hundred fifty (750) students or the proportionate ratio thereof."[3] If a district has a "high concentration of children with disabling conditions as determined by the State

[1] Ark. Code Ann. § 6-18-706(a) (Repl. 2013). This statute is part of a subchapter of the Code—Ark. Code Ann. § 6-18-701 *et seq.*—that addresses matters related to healthcare in public schools.

[2] *Id.* at § 6-18-706(e)(1) (emphasis added).

[3] *Id.* at § 6-18-706(c)(1).

Board of Education, the ratio of school nurses to students should be one (1) to four hundred (400) in those schools so designated."[4] Finally, in school districts that "provide[] a center for profoundly disabled students, the ratio should be one (1) school nurse per one hundred twenty-five (125) students at that center."[5]

The State Board of Education and the Arkansas Department of Education (ADE) are responsible for ensuring compliance with Ark. Code Ann. § 6-18-701 *et seq.* Under its authority to administer education statutes,[6] the ADE has promulgated the Standards for Accreditation.[7] These standards require that "[e]ach school district shall have a health services program under the direction of a licensed nurse."[8] These standards, which all public schools are required to meet,[9] also provide that a "school or school district will be placed in probationary status for failing to employ a … nurse."[10]

QUESTIONS

In light of the above, you pose the following questions, which I have paraphrased:

(1) Is it a requirement that a school district maintain the ratio of one (1) school nurse per seven hundred fifty (750) students?

(2) If a school district does not have one (1) school nurse per seven hundred fifty (750) students, is the school district in violation of Ark. Code Ann. § 6-18-706?

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[4] *Id.* at § 6-18-706(c)(2).

[5] *Id.* at § 6-18-706(c)(3).

[6] *See* Ark. Code Ann. § 6-15-202(f)(41) (Supp. 2015) (authorizing the Education Commissioner to require that superintendents file written statements ensuring compliance with, *inter alia*, section 6-18-701 *et seq.*). The Commissioner administers the ADE, and is employed by the State Board, subject to confirmation by the Governor. Ark. Code Ann. § 6-11-102(a)(1) (Supp. 2015).

[7] Available at http://www.arkansased.gov/public/userfiles/rules/Current/FINAL_Standards_for_Accreditation.pdf (last visited June 29, 2016).

[8] Standards for Accreditation at 16.03.1.

[9] Ark. Code Ann. § 6-15-202(b)(1).

[10] Standards for Accreditation at 24.08.

(3) Under § 24.08 of the Standards for Accreditation, if a school district does not have one (1) school nurse per seven hundred fifty (750) students, must the school district be placed in probationary status?

(4) Is it a requirement that a school district that has a high concentration of children with disabling conditions maintain the ratio of one (1) school nurse per four hundred (400) students?

(5) If a school district that has a high concentration of children with disabling conditions does not have one (1) school nurse per four hundred (400) students, is the school district in violation of Ark. Code Ann. § 6-18-706?

(6) Does Ark. Code Ann. § 6-18-706(c)(2) require the State Board of Education to determine which school districts have a high concentration of children with disabling conditions?

(7) Does Ark. Code Ann. § 6-18-706(c)(2) require the State Board of Education to designate which schools have a high concentration of children with disabling conditions?

(8) Is it a requirement that a school district that provides a center for profoundly disabled students maintain the ratio of one (1) school nurse per one hundred twenty-five (125) students at the center?

(9) If a school district that provides a center for profoundly disabled students does not have one (1) school nurse per one hundred twenty-five (125) students at the center, is the school district in violation of Ark. Code Ann. § 6-18-706?

SUMMARY RESPONSE

The ratio requirements set out in Ark. Code Ann. § 6-18-706 are only triggered upon the "availability of state funds." In my opinion, funding is not currently "available," as contemplated by section 6-18-706. I therefore must conclude that the answer to all of your questions is "no."

DISCUSSION

In my opinion, the resolution of your questions turns on the proper construction of Ark. Code Ann. § 6-18-706(e)(1)-(2):

> (1) The provisions of this section shall be effective only upon the availability of state funds.
>
> (2) Available funds shall be distributed to school districts based on the previous year's three-quarter average daily membership.

A. The Meaning of "Availability" Under Ark. Code Ann. § 6-18-706

The following principles of statutory interpretation guide me when construing any statute:

> The first rule in considering the meaning and effect of a statute is to construe it just as it reads, giving the words their ordinary meaning and usually accepted meaning in common language. [The courts] construe the statute so that no word is left void, superfluous, or insignificant; and meaning and effect are given to every word in the statute if possible. When the language of the statute is plain and unambiguous, there is no need to resort to rules of statutory construction. When the meaning is not clear, [the courts] look to the language of the statute, the subject matter, the object to be accomplished, the purpose to be served, the remedy provided, the legislative history, and other appropriate means that shed light on the subject.[11]

It is well-established that in construing statutes, the Arkansas Supreme Court "look[s] to the language under discussion in the context of the statute as a whole."[12] Moreover, the General Assembly is presumed to "possess[] the full knowledge of the constitutional scope of its powers, [and] full knowledge of prior legislation on the same subject...."[13]

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[11] *MacSteel Div. of Quanex v. Arkansas Okla. Gas Corp.*, 363 Ark. 22, 30, 210 S.W.3d 878, 882-883 (2005) (internal citations omitted).

[12] *Green v. Mills*, 339 Ark. 200, 205, 4 S.W.3d 493, 496 (1999) (internal citations omitted).

[13] *R.N. v. J.M.*, 347 Ark. 203, 211, 61 S.W.3d 149, 153 (2001) (internal citation omitted).

When there are two or more statutes relating to the same subject, they are to be regarded as *in pari materia* (absent strong indication to the contrary), and are "construed together and made to stand if they are capable of being reconciled."[14]

Here, subsection 6-18-706(e)(1) states that "[t]he provisions of this section shall be effective only upon the availability of state funds." Your questions turn on the meaning of this contingency. What does the General Assembly mean when it says the school nurse-to-student ratios in section 6-18-706 only apply if state funds are "available?"

It seems evident to me based on a plain reading of subsection 6-18-706(e) that "availability of state funds" for school nurses must be analyzed in reference to the education funding statutes. My opinion is bolstered by long-standing principles of statutory construction. Because courts construe provisions of a statute as a whole, we must consider subsection 6-18-706(e)(2) when interpreting subsection 6-18-706(e)(1)'s reference to the "availability of state funds." Subsection (e)(2) states that "[a]vailable funds shall be distributed to school districts based on the previous year's three-quarter **average daily membership**." (Emphasis added). The operative phrase here is "average daily membership." "Average daily membership" ("ADM") is a technical term under the Public School Funding Act of 2013.[15] It describes a means of calculating the amount of funding schools receive in a given year.[16] The reference to ADM in subsection 6-18-706(e)(2) indicates that the phrase "availability of state funds" in subsection 6-18-706(e)(1) should be analyzed in light of how school funding operates under the education funding statutes. When section 6-18-706 is read *in pari materia* with the funding statutes, I believe it becomes clear that the state funds are not currently available to meet the school nurse-to-student ratios under this statute.

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[14] *Glaze v. State*, 2011 Ark. 464, *8, 385 S.W.3d 203, 209 (internal citation omitted).

[15] Ark. Code Ann. § 6-20-2301 *et seq.* (Repl. 2013 and Supp. 2015).

[16] For the definition of ADM, *see* Ark. Code Ann. § 6-20-2303(3)(A) (Supp. 2015). *See also* Ark. Code Ann. § 6-20-2305(2)(A)-(B) (Supp. 2015) (providing the means of calculating a type of education funding known as "foundation funding," which uses ADM as a component of calculating the yearly amount of funding schools receive.).

B. "Availability" Under the School Funding Statutes

Education funding is divided into two principal categories: foundation funding and categorical funding.[17] Ark. Code Ann. § 6-20-2305(b)(2)-(5) specifies four types of categorical funding where allocated monies are spent: alternative learning environments; English-language learners; national school lunch;[18] and, professional development.[19] None of the four types of categorical funding currently triggers the automatic "availability of state funds," for purposes of section 6-18-706, as none specifically categorizes a source of funding for school nurses.

Subsection 6-20-2303(7) provides what is known as "foundation funding." Foundation funding is "an amount of money specified by the General Assembly for each school year to be expended by school districts for the provision of an adequate education for each student[.]"[20] Unlike categorical funding, foundation funding is unrestricted.[21] Schools have ample flexibility in spending their foundation funding aid, enabling them to meet their unique funding needs.

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[17] *See Lake View School Dist. No. 25 of Phillips County v. Huckabee*, 364 Ark. 398, 220 S.W.3d 645 (2005). I acknowledge other sources of education funding, such as (for example) isolated funding and growth funding. But the existence of these other types of funding does not affect my overall analysis.

[18] The national school lunch state categorical funding, as outlined in Ark. Code Ann. § 6-20-2305(b)(4)(C)(i)(b)(4), does permit this type of categorical funding to be spent on school nurses. But this permitted expenditure is merely one among numerous others on which schools have discretion to spend their allocated national school lunch state categorical funding. The fact that school districts *may* use national school lunch funds for school nurses is therefore an insufficient basis to conclude that there is an "availability of state funds" to trigger the ratio requirements under section 6-18-706. My analysis on this point is supported by the fact that at the time section 6-18-706 was enacted, the legislature had already made clear that national school lunch funding could be used by the districts to pay a school nurse, among numerous other things. Accordingly, the conditional effectiveness provision of section 6-18-706 only makes sense if available state funds is understood to mean something other than (and in addition to) national school lunch funding.

[19] *See* Ark. Code Ann. § 6-20-2305(b)(1)-(5).

[20] Ark. Code Ann. § 6-20-2303(7).

[21] *Compare* Ark. Code Ann. § 6-20-2305(a)(2)(A)-(B) (stating the amount of foundation funding aid each school district shall receive each school year—and how the ADE shall disburse the foundation funding aid—but not directing how foundation funding is to be specifically allocated),

In my opinion, the mere existence of foundation funding does not mean that funds are "available" under subsection 6-18-706(e). To conclude otherwise would ignore the way foundation funding works under section 6-20-2305 and fail to read section 6-18-706 in harmony with these funding statutes. If the mere existence of foundation funding were sufficient to automatically trigger the ratio requirements of section 6-18-706, then the triggering provision would be superfluous, as there is always some foundation funding in each year.[22] Reading section 6-18-706 in this way would also impliedly amend the foundation funding provisions—which currently do not specify how funds are to be allocated—contrary to established rules of statutory construction.[23] No school is required to spend foundation funding on school nurses. So we must conclude that foundation funding is not "available" so as to trigger the ratios under section 6-18-706.

To be clear, it is my opinion that section 6-18-706—which is very clear that it only becomes "effective ... upon the availability of state funds"—will not be effective unless and until the legislature adds school nurses as a separate funded category to the state's categorical funding regime or otherwise allocates enough money specifically to school nursing through some other statute or direct allocation.[24]

In light of this discussion, I will now turn to your specific questions.

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with Ark. Code Ann. § 6-20-2305(b)(2)-(5) (specifying, as noted above, the precise categories on which schools must spend allocated funds).

[22] *See MacSteel Div. of Quanex*, 363 Ark. at 30, 210 S.W. 3d at 882 (internal citation omitted) (stating that statutes will be construed "so that no word is left void, superfluous, or insignificant...").

[23] Courts strongly disfavor repeals by implication, and therefore read statutes *in pari materia* harmoniously, if possible. *Glaze v. State*, 2011 Ark. 464, *8, 385 S.W.3d 203, 209 (internal citation omitted).

[24] Because I do not believe that section 6-18-706 is ambiguous, my analysis need go no further. I will note, however, that this opinion is consistent with the administrative interpretation of section 6-18-706, as reflected in the ADE's Standards for Accreditation. Under these standards, "[e]ach school district shall have a health services program under the direction of a licensed nurse." *See* Standards for Accreditation at 16.03.1. Furthermore, the failure to employ "a ... nurse" will result in a school being placed in probationary status. *See* Id. at 24.08. Thus, it is clear under the Standards for Accreditation that there is no requirement that schools enact a specific school nurse-to-student ratio.

Question 1: Is it a requirement that a school district maintain the ratio of one (1) school nurse per seven hundred fifty (750) students?

No. The ratio of one school nurse per seven hundred fifty students is not a requirement under either section 6-18-706 or the Standards for Accreditation promulgated by the ADE. As stated above, there is currently no source of funding "available" so as to trigger the applicability of section 6-18-706. Moreover, the Standards for Accreditation as enforced by the ADE merely require schools and school districts to employ *a* school nurse.[25] The Standards for Accreditation do not currently reflect a requirement to maintain a certain ratio of school nurses to students.

Question 2: If a school district does not have one (1) school nurse per seven hundred fifty (750) students, is the school district in violation of Ark. Code Ann. § 6-18-706?

No. Because the ratios as stated under section 6-18-706 are not required, a school district is not in violation of this statute for failing to comply with the contemplated ratios. Because, due to the nature of the current funding structure, state funds are not currently available, the funding contingency of subsection 6-18-706(e)(1) prevents the enforcement of the nurse-to-student ratios as listed in this statute.

Question 3: Under §24.08 of the Standards for Accreditation, if a school district does not have one (1) school nurse per seven hundred fifty (750) students, must the school district be placed in probationary status?

No. The ratio requiring one school nurse per seven hundred fifty students is only specified under subsection 6-18-706(c)(1). Under § 24.08 of the Standards for Accreditation, "[a] school or school district will be placed in probationary status for failing to employ a … nurse…." Under § 16.03.1 of the Standards for Accreditation, "[e]ach school district shall have a health services program under the direction of a licensed nurse." A school district will not be placed in probationary status for failing to meet the ratio as described under subsection 6-18-706(c)(1), as no ratio is required under the Standards for Accreditation.

[25] *Id.* at 16.03.1.

Question 4: Is it a requirement that a school district that has a high concentration of children with disabling conditions maintain the ratio of one (1) school nurse per four hundred (400) students?

Please see my response to your first question.

Question 5: If a school district that has a high concentration of children with disabling conditions does not have one (1) school nurse per four hundred (400) students, is the school district in violation of Ark. Code Ann. § 6-18-706?

Please see my response to your second question.

Question 6: Does Ark. Code Ann. § 6-18-706(c)(2) require the State Board of Education to determine which school districts have a high concentration of children with disabling conditions?

No. Subsection 6-18-706(c)(2) states that "[i]n districts having a high concentration of children with disabling conditions as determined by the State Board of Education, the ratio of school nurses should be one (1) to four hundred (400) in those schools so designated."

But the Board of Education does not have to determine or designate those school districts or schools that have a "high concentration of children with disabling conditions." As previously discussed, subsection 6-18-706(e)(1) states that "[t]he provisions of this section shall be effective only upon the availability of state funds." Subsection 6-18-706(c)(2) is therefore subject to this contingency. Because funding is not currently available, the ratios stated under section 6-18-706 are not currently enforceable. Therefore, the Board of Education is not required to determine or designate which school districts or schools have a "high concentration of children with disabling conditions." To conclude otherwise presupposes that the ratios are currently enforceable.

Question 7: Does Ark. Code Ann. § 6-18-706(c)(2) require the State Board of Education to designate which schools have a high concentration of children with disabling conditions?

Please see my response to your sixth question.

Question 8: Is it a requirement that a school district that provides a center for profoundly disabled students maintain the ratio of one (1) school nurse per one hundred twenty-five (125) students at the center?

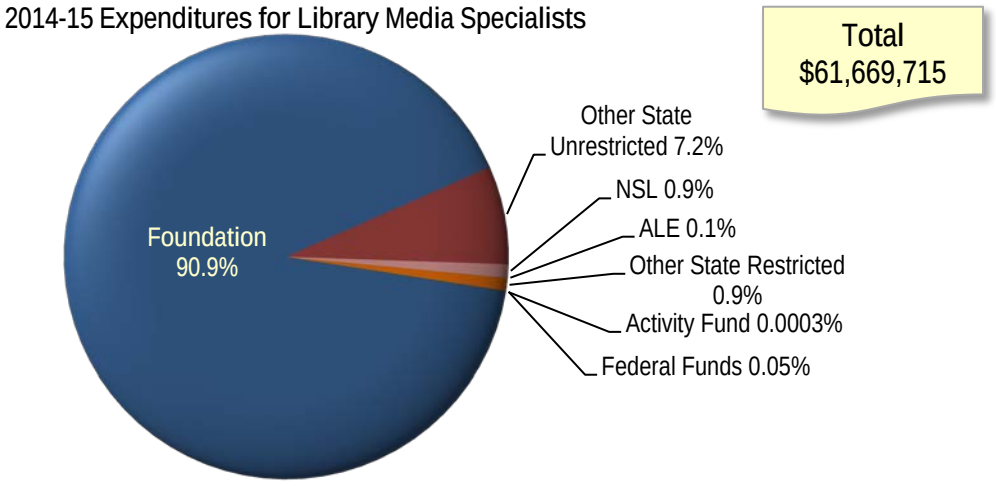
Please see my response to your first question.

Question 9: If a school district that provides a center for profoundly disabled students does not have one (1) school nurse per one hundred twenty-five (125) students at the center, is the school district in violation of Ark. Code Ann. § 6-18-706?

Please see my response to your second question.

Sincerely,

LESLIE RUTLEDGE
Attorney General



COUNSELORS, NURSES, AND OTHER PUPIL SUPPORT

This line of the matrix provides funding for guidance counselors, nurses, and other pupil support services. These positions may also include speech therapists, social workers, psychologists, and family outreach workers.

Statute and Standards

State statute requires all districts to develop and implement a plan describing how individual student services will be coordinated and provided (§ 6-18-1004). State statute specifies that districts' "student services program" must include guidance counseling services, psychological services, and health services.

Meeting the Requirements

According to the ADE's 2015 Public School Student Services Program Annual Report (published Jan. 1, 2016), 98.4% of schools have a student services plan.

The matrix establishes a staffing level of 2.5 FTEs for counselors, nurses and other pupil support. This includes 1.11 FTEs for a counselor, .67 FTEs for a nurse and.72 FTEs for other student services.

	FTEs in the Matrix
Counselors	1.11
Nurses	.67
Other Pupil Support Staff	.72
Total	**2.50**

COUNSELORS

A guidance counselor is a master's-level certified staff member responsible for a wide variety of activities. According to state law (§ 6-18-1005), guidance and counseling services include:

- Individual and group counseling.
- Orientation programs for new students.
- Academic advisement for class selection.
- Consultation with parents, faculty, and out-of-school agencies concerning student problems and needs.
- Utilization of student records and files.
- Interpretation of assessments and dissemination of results to the school, students, parents, and community.
- Following up with early school dropouts and graduates.
- A school-initiated system of parental involvement.
- An organized system of informational resources on which to base educational and vocational decision making.

- Educational, academic assessment, and career counseling, including advising students on the national college assessments, workforce opportunities, and alternative programs that could provide successful high school completion and postsecondary opportunities for students.
- Coordinating administration of the Test for Adult Basic Education or the General Educational Development pretest to students by designating appropriate personnel, other than the school guidance counselor, to administer the tests.
- Classroom guidance.
- Guidance in understanding the relationship between classroom performance and success in school.

Statute and Standards

State accreditation standards require districts to have at least one counselor for every 450 students, or approximately 1.11 FTEs per 500 students (16.01.3).

State law requires guidance counselors to spend at least 75% of their work time each month providing "direct counseling related to students" and prohibits them from spending more than 25% of their time each month on "administrative activities" [§ 6-18-1005 (b)].

Meeting the Requirements

In 2014-15, 26 schools were cited for accreditation violations stemming from guidance counselors who were not adequately licensed. None were cited for failing to meet the 450 to 1 counselor ratio.

State law requires ADE to produce an annual report describing districts' compliance with state laws regarding the provision of student services, including guidance counseling [§ 6-18-1007(a)]. To produce this report, ADE surveys school counselors for each charter and traditional public school. According to the Jan. 1, 2016, report, there were about 1,327 school counselors in the state in 2014-15. The report indicates that 190 counselors reported being assigned to more than 450 students. Of those 190 counselors, 18 reported having more than 600 students. Though some counselors are assigned more than 450 students, their districts still may be in compliance with the accreditation standards if the district as a whole meets the 450 to 1 student-to-counselor ratio. The report also noted that 79 counselors (5.4%) in 36 districts said they spend less than 75% of their time providing direct counseling. The report notes that the survey was conducted before districts administered state assessments, which typically consumes significant amounts of counselors' time.

STAFFING IN THE MATRIX

The matrix provides funding for 1.11 FTE guidance counselors for every 500 students.

BACKGROUND

In 2003, Picus and Associates recommended one pupil support staff for every 100 students eligible for free or reduced price lunch (FRL students). They argued that pupil support should increase or decrease with the level of poverty in the population. The consultants also recommended one counselor for every 500 middle school students and two counselors for every 500 high school students. For elementary schools, the consultants did not recommend any additional counselors beyond the pupil support staff based on FRL students.

The General Assembly elected to create a separate source of funding based on the number of FRL students and authorized districts to use this funding to provide certain pupil support services. The General Assembly also opted to provide pupil support services through the matrix. They established a matrix staffing level for counselors based on the state accreditation standards (16.01.3), which require districts to have at least one counselor for every 450 students, or approximately 1.11 FTEs per 500 students.

In 2006, when Picus and Associates were rehired, they endorsed the staffing levels set for pupil support in the matrix, which included 1.11 counselors, but they also recommended enhancing NSL funding with an additional 1.0 FTE for additional pupil support services staff for every 100 FRL students. The General Assembly decided against implementing this recommendation because the

Adequacy Study Oversight Subcommittee found that "funds received by school districts through state foundation funding aid and categorical funding for [FRL] students is adequate, when school districts spend those funds efficiently."[6] The staffing level for guidance counselors has remained at 1.11 since it was originally established.

In their final report of the 2014 Adequacy Study, the Education Committees recommended increasing the per-student foundation funding rate for guidance counselors by 0.83% for FY16 and 0.84% for FY17, reflecting a salary increase for these personnel in the matrix. Act 1248 of 2015 increased the per-student foundation funding rate to include the following amounts for guidance counselors:

	2016	2017
Per-Student Rate	$141.33	$142.53
% Change	0.83%	0.84%

CURRENT RESEARCH

A number of studies show school counseling positively impacts various desirable outcomes at different grade levels. For example, Carey and Dimmitt (2012) summarize six statewide research studies in a special issue of *Professional School Counseling* that provide evidence on the relationship between positive student educational outcomes and school counseling programs, student-to-counselor ratios, counselor use of time, and specific counseling strategies. These studies indicate certain counseling activities are more impactful on particular outcomes than others, and comprehensive, data-driven school counseling programs improve a range of student learning and behavioral outcomes. Wilkerson, Perusse, and Hughes (2013) compared proficiency rates in math and literacy of Indiana schools that earned the Recognized American School Counselor Association (ASCA) Model Program (RAMP) designation with a sample of control schools. RAMP involved several counseling activities, including academic and social guidance, group work, and familial counseling. Findings indicate that the proficiency rates in both math and literacy are significantly higher in the RAMP designated elementary schools.

ACTUAL STAFFING PATTERNS

On average, districts use foundation funding to employ 1.15 FTE guidance counselors per 500 students. This staffing level is slightly more than the staffing level established in the matrix. The following tables compare the matrix number for counselors with the average FTEs for all districts.

Guidance Counselors		
	Matrix FTE Number Per 500	Districts: Foundation Paid Staff Per 500
2013-14	1.11	1.15
2014-15	1.11	1.15

Small districts and low-poverty districts tended to employ more counselors per 500 students using their foundation dollars.

By District Size		By Poverty Level	
Districts	2014-15 Foundation Paid Staff Per 500	Districts	2014-15 Foundation Paid Staff Per 500
Small (750 or Less)	1.22	Low Poverty (>70%)	1.16
Medium (751-5,000)	1.18	Medium Poverty (70%-<90%)	1.15
Large (5,001+)	1.09	High Poverty (90%+)	1.00

[6] Adequacy Study Oversight Subcommittee (2006). "A Report on Legislative Hearings For the 2006 Interim Study on Educational Adequacy, adopted by the House and Senate Education."

STATE RANKING

NCES provides data on the number of guidance counselors in each state. The most recent data available for all states are from 2013-14. According to the NCES data, Arkansas had a total of 1.3 guidance counselors per 500 students in 2013-14. (The enrollment data used to calculate the guidance counselors per 500 students include pre-K students who have been excluded from the BLR's foundation funding analysis.)

	Guidance Counselors: Arkansas's Rank
All States and Washington D.C. (51)	16th highest
SREB States (16)	7th highest
Surrounding States (7, including AR)	3rd highest

COST OF COUNSELORS

Like most school-level staff, the cost of each FTE in the pupil support line is calculated using the average teacher salary of $63,130 for 2014-15 (base salary of $50,256, plus benefits). For 1.11 guidance counselors, the matrix includes $140.17 per student for counselors.

DISTRICT AND CHARTER SCHOOL EXPENDITURES

In 2014-15, districts and charter schools statewide spent about $76.6 million from foundation funding on counselors. This equates to about $162 per student.

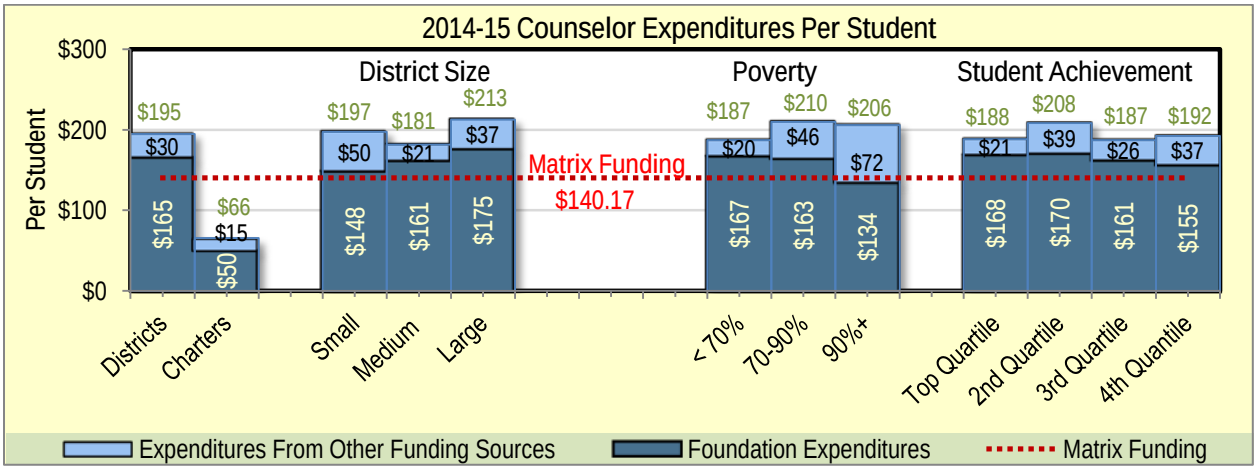
Counselors: Foundation Funding and Expenditures		
	Funding	Expenditures
2013-14	$64,231,148	$74,440,318
2014-15	$66,051,917	$76,558,314

Districts paid guidance counselors a salary that was, on average, about $7,000 higher than the salary provided in the matrix. This average is calculated using expenditures from all funding sources, not just foundation funding.

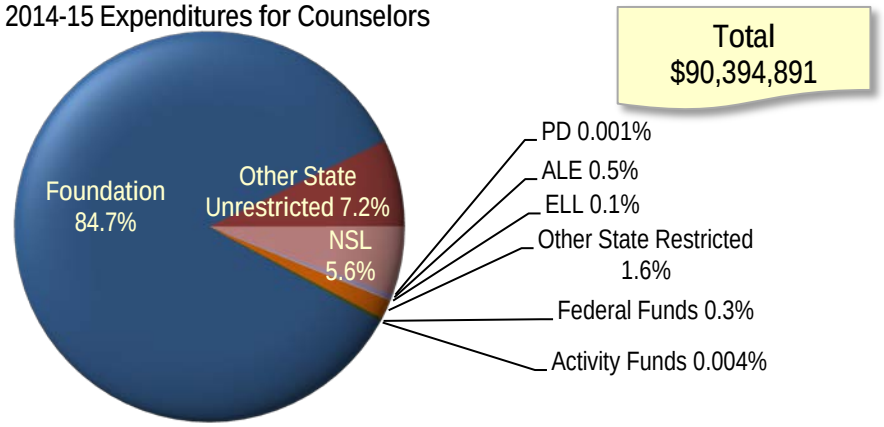
	Salary in the Matrix	District/Charter Actual Average Salary*
Guidance Counselors	$50,256	$57,335

*Calculated using all funding sources.

On a per-student basis, districts spent about $165 per student from foundation funding on guidance counselors in 2014-15, or about $25 more per student than the matrix provides. That may be due, in part, to the fact that districts pay counselors salaries that are higher than the salary provided in the matrix. Charter schools spent $50 per student from foundation funding—well below the matrix amount. This may be due to the fact that 15 of the 18 charter schools operating in 2014-15 had waivers either from the public school student services statutory requirements or from the guidance counseling accreditation standards. While larger districts spent more foundation funding per student than smaller districts, the difference in overall spending (from all funding sources) did not follow a distinct pattern. Low-poverty districts tended to pay more per student in foundation funding on guidance counselors than high-poverty districts, but high-poverty districts spent more on counselors from all funding sources. There was little difference among districts when grouped by student achievement.



Districts used foundation funding to cover 85% of their total expenditures for guidance counselors in 2014-15. In addition to foundation funding, districts and charter schools have a variety of other sources of funding they can use for counselors. The following chart shows all funding sources districts used to pay for guidance counselors.



NURSES

Nurses are essential to assessing the health of students, delivering emergency care, administering medication and vaccines, performing health care procedures, and providing health care counseling and programs.

Statute and Standards

State statute requires districts to have at least 1 nurse per 750 students (§ 6-18-706(c)(1)). The law also includes a provision that makes that requirement effective "only upon the availability of state funds." ADE's interpretation of this law has long been that funds were not made available for school nurses, and therefore the 1:750 ratio is not required in the accreditation standards. As a result, the department's standards assurance unit does not check that districts adhere to the nurse-to-student ratio.

State statute also notes that districts with "a high concentration of children with disabling conditions as determined by the State Board of Education" "should" have a nurse-to-student requirement of 1:400. In districts that "provide a center for profoundly disabled students," the ratio "should" be 1:125. [§ 6-18-706(c)(2) and (3)]. The use of the word "should" probably means these ratios are not required.

State statute also requires districts to provide health services as part of their student services program [§ 6-18-1005(a)(6)]. ADE accreditation standards require that school district's health services program be operated "under the direction of a licensed nurse" (16.03.1) and that districts provide the program with necessary facilities, equipment and materials. The standards require the health services programs to include screening, referral and follow-up procedures for all students.

Meeting the Requirements

No schools or districts were cited for accreditation violations related to the school nurse or the health services program in 2014-15.

STAFFING IN THE MATRIX

The matrix provides funding for a .67 FTE nurse for every 500 students.

BACKGROUND

Picus and Associates' 2003 report made no specific mention of school nurses, but their 2006 report noted that nurses had been included in their earlier recommendation for 1.0 FTE pupil support staff for every 100 FRL students. As mentioned above, the General Assembly adopted a staffing level of

2.5 FTE pupil support services staff with the passage of Act 59 of the Second Extraordinary Session of 2003. That same session, the General Assembly also passed Act 67, which increased the number of required school nurses from 1 per 1,000 students to 1 per 750 students. The new law also added a provision that made the statute effective "only upon the availability of state funds."

In 2006, the Adequacy Study Oversight Subcommittee specifically noted in its report that state law requires one school nurse per 750 students. The subcommittee also specified that of the 2.5 FTEs in the pupil support line of the matrix, .67 FTEs per 500 students is intended for nursing staff. Despite the fact that a portion of the matrix was designated for nursing staff, many interested parties have argued that funding was never specifically provided for nurses. ADE's interpretation of this law is that funds were never made available for school nurses. As a result, the department's standards assurance unit does not check that districts adhere to the nurse to student ratio.

In their final report of the 2014 Adequacy Study, the Education Committees recommended increasing the per-student foundation funding rate for school nurses in FY16 and FY17, reflecting a salary increase for these personnel in the matrix. Act 1248 of 2015 increased the per-student foundation funding rate to include the following amounts for school nurses:

	2016	2017
Per-Student Rate	$85.31	$86.02
% Change	0.82%	0.84%

CURRENT RESEARCH

Across the United States, many school districts have eliminated or reduced health services provided by registered nurses (Wang et al., 2014). A case study of the Massachusetts Essential School Health Services (ESHS) program was conducted to examine the cost-benefit of school health services provided by full-time registered nurses (Wang et al., 2014). The results showed that at a cost of $79 million, the ESHS program prevented an estimated $20 million in medical care costs, $28.1 million in parents' productivity costs, and $129.1 million in teachers' productivity loss. In short, the program generated a net benefit of $98.2 million. For every dollar invested in the program, there was a benefit gain of $2.20. Eighty-nine percent of the simulation trials resulted in a net gain.

In a seminal review of research, Basch (2010) made a strong case that healthier students are better learners, and that the relationship between health and education is a missing link in school reforms to close the achievement gap. He presented evidence from several fields of study regarding the impact of health disparities on the achievement gap. Health problems are a major mechanism through which poverty has its robust effect on academic achievement (Curry, 2009; Kaminski et al., 2013). Many of these health problems are interrelated, such as food insecurity and lack of attention and engagement in school activities, and together they have a synergistic effect on achievement and attainment (Basch, 2010; Duncan & Murnane, 2011).

The National Association of School Nurses (NASN) currently recommends a nurse-to-student ratio of 1:750 in a school with all well students, 1:225 in a school that requires daily nursing services, and 1:125 in a school with complex health care needs. In its most recent position statement on school nurse staffing levels, the NASN noted that "While a ratio of one school nurse to 750 students has been widely recommended and was acknowledged in Health People 2010 (U.S. Department of Health and Human Services, 2012) and by the American Academy of Pediatrics (2008), a one-size-fits-all workload determination is inadequate to fill the increasingly complex health needs of students and school communities."[7]

[7] National Association of School Nurses, "School Nurse Workload: Staffing for Safe Care," Adopted January 2015, retrieved at

ACTUAL STAFFING PATTERNS

On average, districts used foundation funding to employ .47 FTE nurses per 500 students. This staffing level is about .20 FTEs less than the staffing level established in the matrix. The following tables compare the matrix number for nurses with the average number of FTEs for all districts.

Nurses		
	Matrix FTE Number Per 500	Districts: Foundation Paid Staff Per 500
2013-14	.67	.47
2014-15	.67	.47

Large districts used foundation funding to employ fewer nurses per 500 students than smaller districts, but there was little difference among the districts when grouped by concentrations of poverty.

By District Size		By Poverty Level	
Districts	2014-15 Foundation Paid Staff Per 500	Districts	2014-15 Foundation Paid Staff Per 500
Small (750 or Less)	0.71	Low Poverty (>70%)	0.50
Medium (751-5,000)	0.46	Medium Poverty (70%-<90%)	0.41
Large (5,001+)	0.44	High Poverty (90%+)	0.41

When all funding sources are considered (including foundation funding, federal funding, state categorical funding, etc.), districts employed a total of 829.73 FTE nurses in 2014-15, according to ADE analysis of APSCN data.[8] Because some districts hire additional nurses by contracting for these services, rather than hiring them as employees, the employee count may not be a complete number of school nurses. To determine how many FTE nurses districts hire by contract, the BLR's district survey asked the following question:

District Survey Question: How many FTE nurses did your district hire through purchased services in 2014-15? Do not include nurses your district employed directly in your response to this question.

Twenty-two districts responded that they contracted for a total of nearly 13 FTE nurses, and four charter schools said they contracted with 4 FTE nurses. Combined with the FTE nurses that districts and charter schools employ, there were a total of 846.63 FTE nurses statewide, or about one FTE nurse for every 562 students in the state.

According to the APSCN and survey data, 33 districts do not individually meet the required number of nurses for their student population. Most of those, however, were short by a .5 FTE or less.

COST OF NURSES

The amount of funding districts and charter schools receive for nurses is based on the average teacher salary of $63,130 (with a base salary of $50,256) in 2014-15. Districts and charter schools received $42,297 for a school of 500 students, or $84.61 per student.

DISTRICT AND CHARTER SCHOOL EXPENDITURES

In 2014-15, districts and charter schools statewide spent about $21.3 million from foundation funding on nurses. This equates to about $45 per student, or nearly $40 less foundation funding per student than the matrix provides. Districts may have spent less foundation funding on nurses because they have other sources of funding to use for this purpose.

Nurses: Foundation Funding and Expenditures		
	Funding	Expenditures
2013-14	$38,774,831	$20,116,604
2014-15	$39,872,911	$21,287,485

https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/smid/824/ArticleID/803/Default.aspx

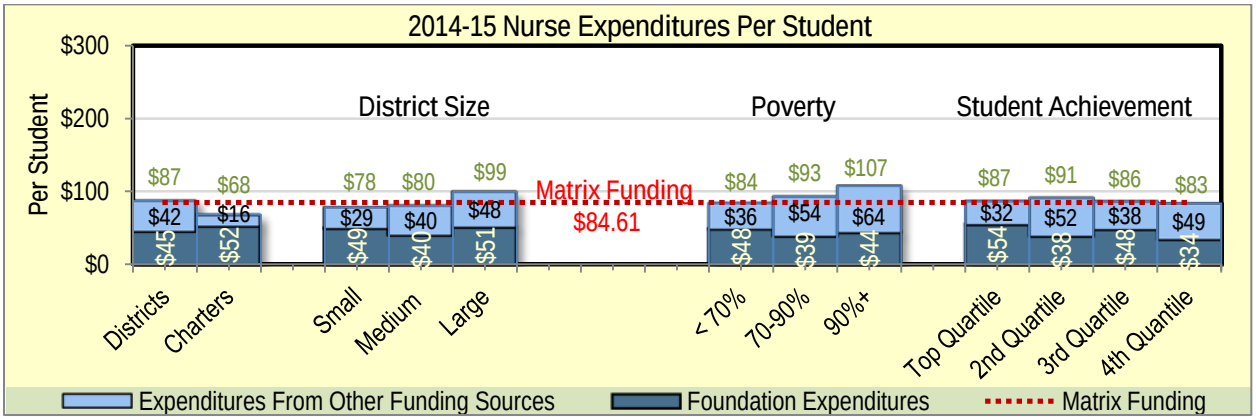
[8] Arkansas Public School Computer Network, ADE, retrieved at http://www.apscn.org/reports/hld/cycle/caja/1415/NursesFTEandSalaries.xls.

Districts paid nurses a salary that was, on average, about $15,000 less than the salary provided in the matrix. This average is calculated using expenditures from all funding sources, not just foundation funding.

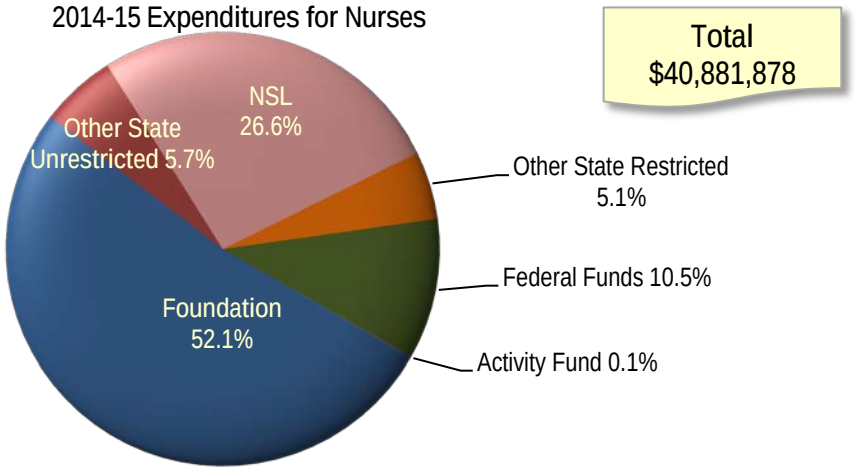
	Salary in the Matrix	District/Charter Actual Average Salary*
Nurses	$50,256	$35,166

*Calculated using all funding sources.

Few discernible patterns emerged when examining foundation funding expenditures by district size, poverty level or student achievement. Open-enrollment charter schools spent slightly more foundation funding per student than districts, but they spent less money overall. Though only seven of the 18 open-enrollment schools had waivers from the nurse-to-student ratio required by statute, all but two open-enrollment schools had a waiver from either the health services program statute or the health services program accreditation standard. Despite these waivers, most charter schools recorded expenditures for school nurses. Only two had no nurse expenditures at all, and eight had less than $10,000 worth of health expenditures.



In addition to foundation funding, districts and charter schools have a variety of other sources of funding they can use for nurses. Districts and charter schools used foundation funding to cover just 52% of their total expenditures for nurses. A little over half of the districts used state NSL funding for this purpose, thereby reducing these districts' reliance on foundation funding to employ nurses.



OTHER PUPIL SUPPORT SERVICES

Other pupil support services include psychological services, social work services, speech pathology services and audiology services. Although schools may be required to provide these services for special education students whose individualized education program (IEP) calls for them, there are no general standards requiring districts to provide these services.