

# ARKANSAS PUBLIC SCHOOLS HEALTH SERVICES ADVISORY COMMITTEE

## 2017 Report to the Arkansas House and Senate Committees on Education

Act 935 of 2015, Arkansas Code § 6-18-709  
State of Arkansas, 90<sup>th</sup> 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 (Act 414). 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.<sup>1</sup>

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.

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

Of the 262 public school districts and public charter schools, 245 responded to the School Nurse Survey for 2017, which was combined from a two part survey in previous years to one survey.<sup>2</sup>

Key Findings from the 2016-2017 survey include:

- 157,694 students with at least one chronic health condition, which represents 33% of the total student population
- 38,145 students with a diagnosis of obesity – this is the first year obesity is greater than those with an Attention Deficit Disorder (ADD) /Attention Deficit Hyperactivity Disorder (ADHD) diagnosis
  - *Note: 76 schools gave inaccurate data using percentage or inadequate answers, thus were removed from the overall total.*
- 1,922,473 student encounters/office visits seen by a nurse and returned to class
  - *Note: This number does not reflect the number of students sent home, sent to a medical provider, or when emergency services were called.*
- 16,903 school staff were administered First Aid and 27,763 were provided blood pressure checks to monitor for hypertension

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.

In 2016, the American Academy of Pediatrics 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.<sup>3</sup> 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.”<sup>4</sup> NASN recommends considering levels of student acuity in each school, and the social determinants of health and child

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<sup>2</sup> The public school districts and charter schools who did not respond are Arkansas Connections Academy, Arkansas Virtual Academy, Barton-Lexa School District, Bradford School District, Carlisle School District, Cross County School District, Division of Youth Services School System, Exalt Academy of Southwest LR, Future School of Fort Smith, Imboden Charter School, Little Rock Preparatory Academy, Marked Tree School District, Norfolk School District, Premier High School of Little Rock, Quest of Pine Bluff, Rockbridge Montessori, and Strong-Huttig School District. There were 5 private schools that did respond, but their data is not included in this report.

<sup>3</sup> <http://pediatrics.aappublications.org/content/pediatrics/137/6/e20160852.full.pdf>

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

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.

## **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 requiring, as part of the application for the Arkansas Division of Public School Academic Facilities and Transportation Partnership Program, any new school facility 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) The ADE changed acuity cycle reporting for alignment of data with enrollment for the most precise acuity and student counts. In addition, job codes were assigned to location for the most accurate number of nurses per campus.
  - 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.



## PSHSAC Next Steps:

- Continue to raise awareness of requirements in the Arkansas Nurse Practice Act (NPA) about LPN supervision. An ADE Commissioner’s Memo is released annually and letters to superintendents are sent to include and explain *Nurse Practice Act School Nurse Guidelines*.
- A workgroup consisting of representation from multi-state agencies led by the ADE State School Nurse Consultant will work to revise and update the nursing delegation guidelines.
- The ADE will develop resources for school administration in regards to school nurse supervisor roles and school nurse evaluations.
- Continue to 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.
- Develop communication procedures to ensure all public school districts and public charter schools respond to the annual nurse survey.

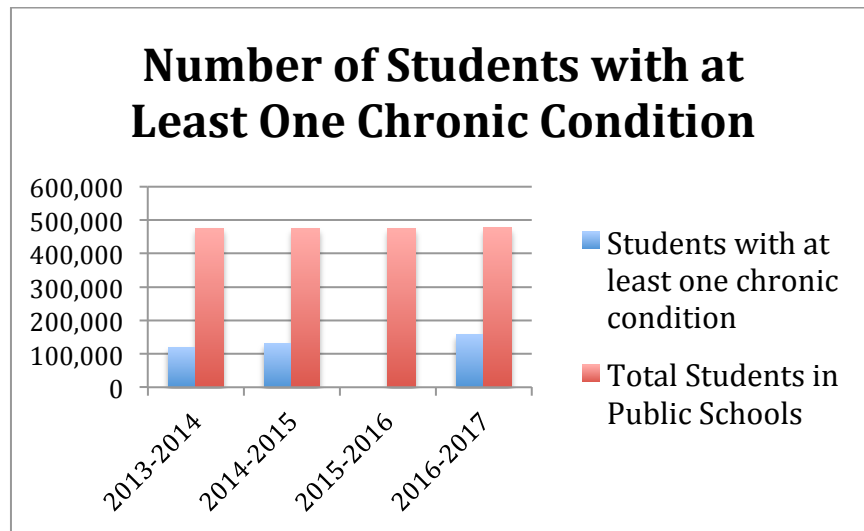


## Needs of Arkansas Children

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.<sup>5,6</sup>

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.<sup>7</sup> Having a full-time registered nurse (RN) in schools has been shown to improve attendance and health outcomes for children with chronic conditions.<sup>8</sup> 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.<sup>9</sup>



**\* 2016-2017 represents a 24.5% increase since the survey began tracking in 2013-2014**

<sup>5</sup> Annie E. Casey Foundation. [Brochure]. <http://www.aecf.org/m/resourcedoc/aecf-2014kidscountdatabook-2014.pdf>

<sup>6</sup> 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/>

<sup>7</sup> 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

<sup>8</sup> 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

<sup>9</sup> Wang, L. Y., Vernon-Smile, 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

## Current Status of School Health Services and School Nursing Workforce

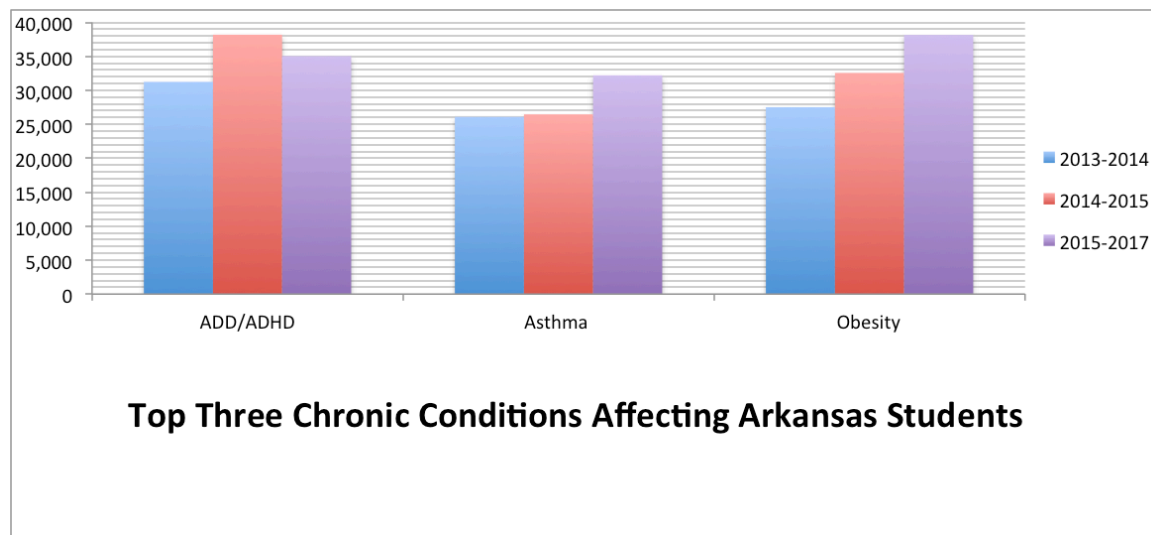
Act 414 mandates the School Nurse Survey to be completed by every public and charter campus in the state and is made available to the schools and districts on the Arkansas Department of Education’s website, under School Health Services: School Nursing.

The 2016-2017 survey was condensed to a one-part survey in order to refine the questions to address changes at a state level rather than at a local level, which is different in every district. Additionally, the changes provide more accurate reporting by allowing for better data entry at the local level.

***Based on the School Nurse presentation, 245 of the 262 Arkansas school districts and charter schools responded to the 2016-2017 survey. Total student enrollment in these schools was 477,268.***

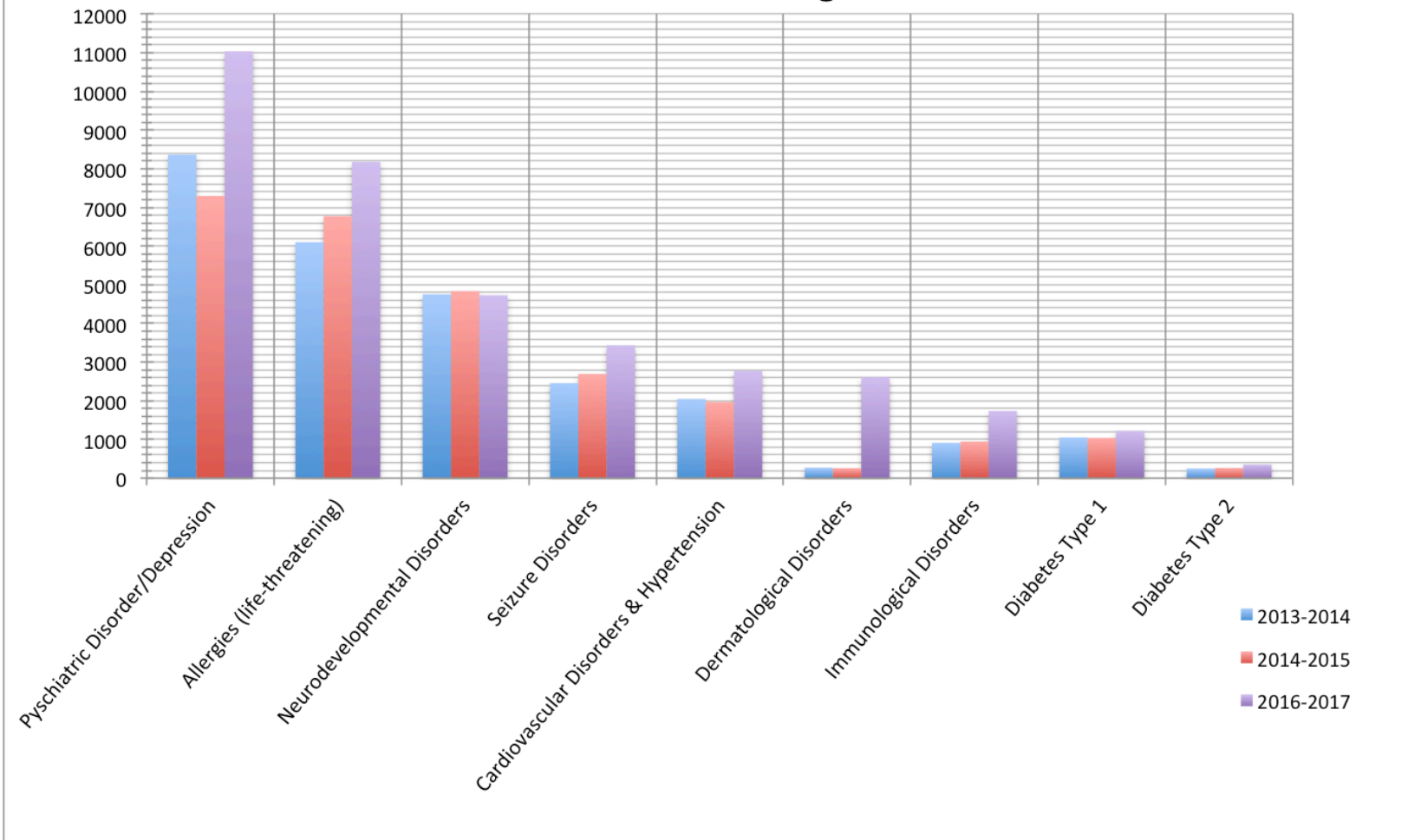
**Following is a summary of the 2016-17 School Nurse Survey results pertinent to this report.**

There were 56,797 meetings with parents, staff, wellness committees, IEP, 504, support staff-OT, PT, and mental health that occurred in 2016-2017.



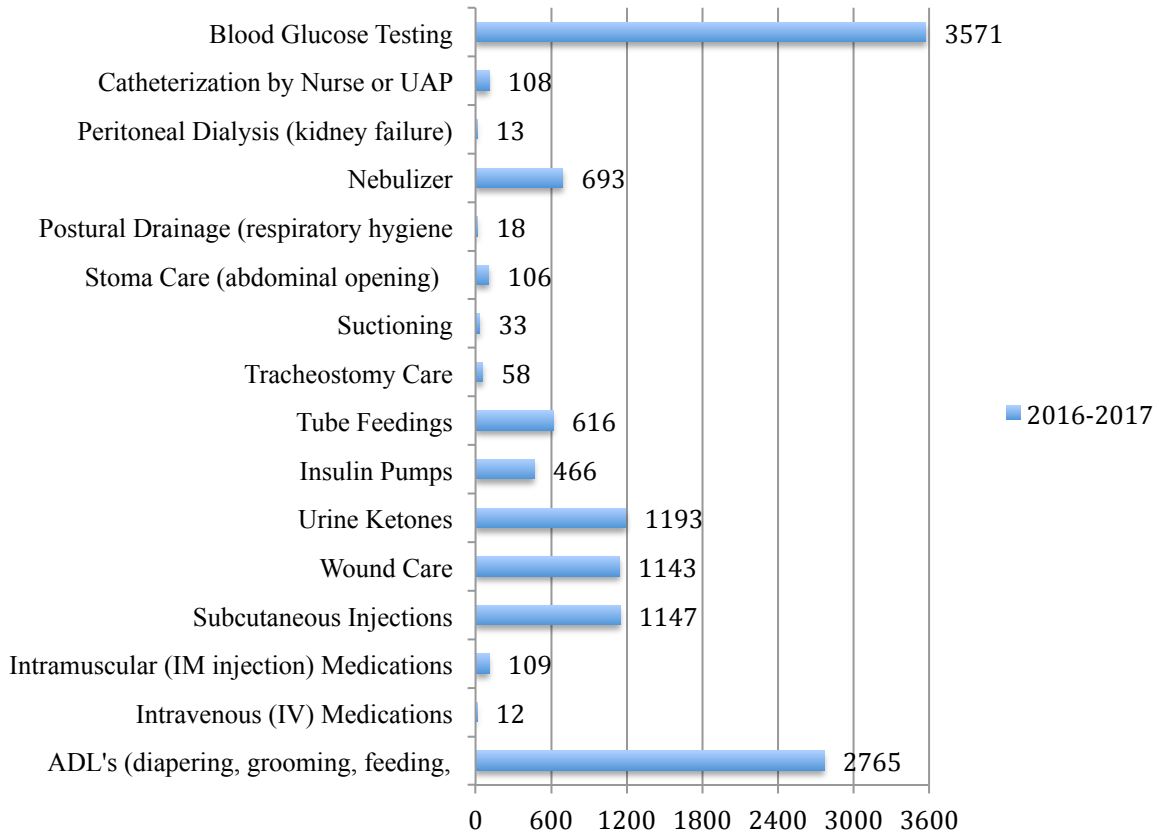


## Other Chronic Conditions Affecting Arkansas Students

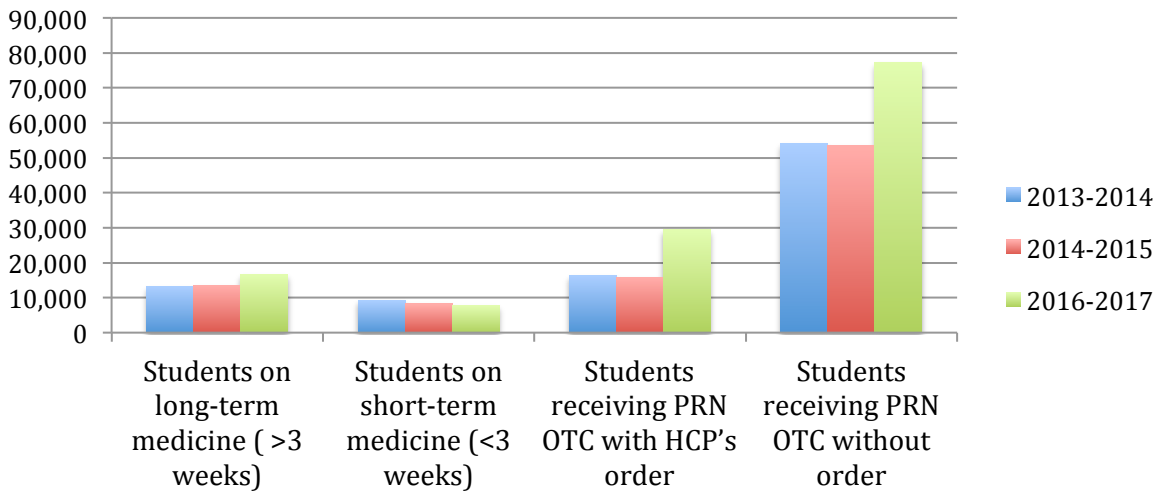


*\* There are 16,228 other chronic conditions that include numerous diagnoses including, but not limited to, substance abuse, genetic diseases, deaf/hearing impaired, blind/visually impaired, migraines, and orthopedic disability.*

## # of Students Requiring the Following Procedures



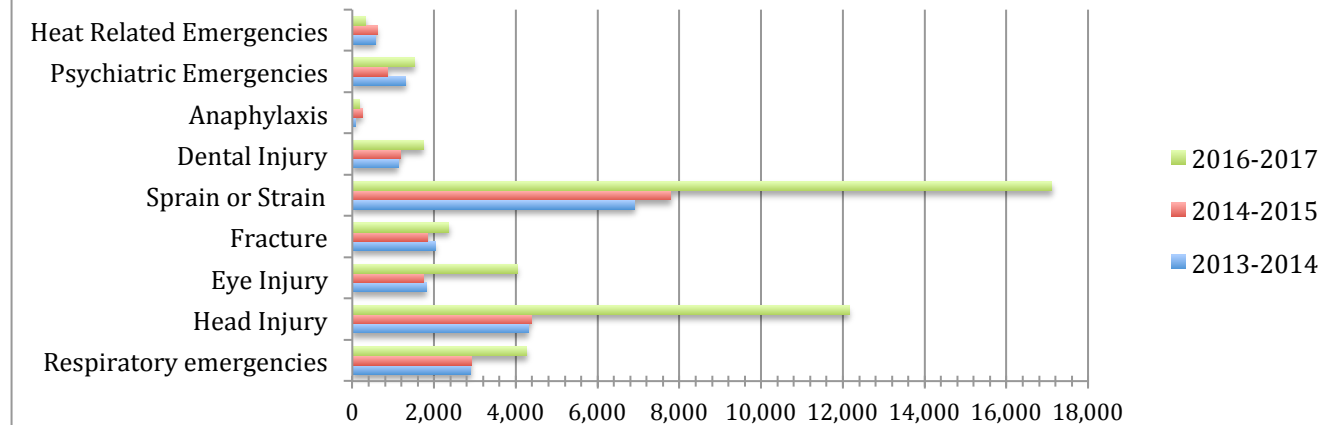
## Number of Students Receiving Medications at School



## 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	2016-2017	2013-2014	2014-2015	2016-2017	2013-2014	2014-2015	2016-2017	2013-2014	2014-2015	2016-2017	2013-2014	2014-2015	2016-2017
Epinephrine	4,393	5,053	5,563	4,235	4,741	5,183	44	40	75	41	20	12	29	26	65
Glucagon	923	893	1,064	902	891	1,039	19	7	69	0	2	3	2	2	2
Albuterol	14,545	16,045	16,864	12,481	13,186	13,970	88,759	91,888	127,517	18,404	17,897	17,368	170	134	126
Diazepam (rectal)	562	680	873	530	652	822	78	60	50	1	0	0	33	33	22
Midazolam (nasal)	36	51	73	34	53	69	25	26	30	0	0	0	1	0	2
Lorazepam (buccal)	48	43	104	56	41	103	18	5	147	0	0	0	1	2	4

## # of Students with Injuries or Illness Requiring EMS or Immediate Transfer



\* Total Minor Injuries Requiring First Aid Action = 723,174

## Current School Nursing Staff Fact Sheet

RNs Reported in eSchool	→ 700
LPNs Reported in eSchool	→ 244
Registered Nurse Practitioners (RNP) reported in eSchool	→ 5
Clinical Nurse Specialists (CNP) reported in eSchool	→ 1
<b>Total Nurses Reported in eSchool</b>	<b>→ 950</b>

### School Staffing Calculator Per Acuity Level for 2016-2017

Ratio	Students	Nurses Needed
1:750	430,522	574.02
1:400	53,049	132.62
1:225	18,297	81.32
1:125	3,320	26.56
1:1	69	69
<b>Total Nurses Needed based on Acuity Level</b>		<b>883.52</b>

Degree Held	Number of Nurses
Diploma	94
Associate	281
BSN	220
MSN	14
LPN	190

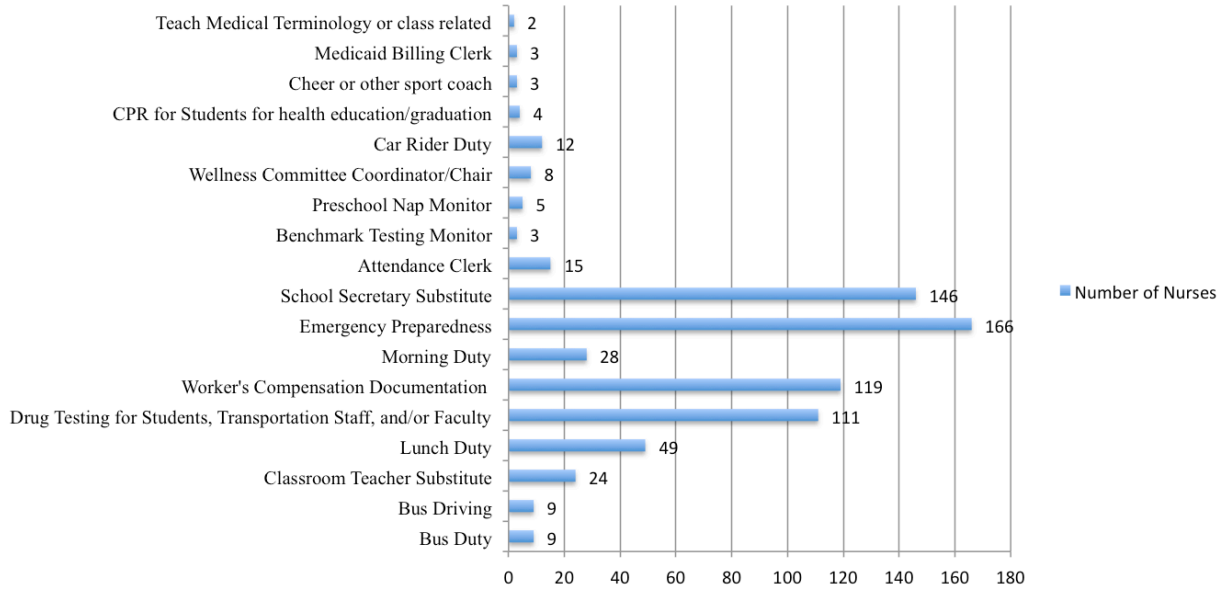
### Number of Campuses Each Nurse Covers

1 Campus	571
2 Campuses	173
3 Campuses	34
4 Campuses	15
5 or more Campuses	6

### Drive Time for Nurses with More Than One Campus

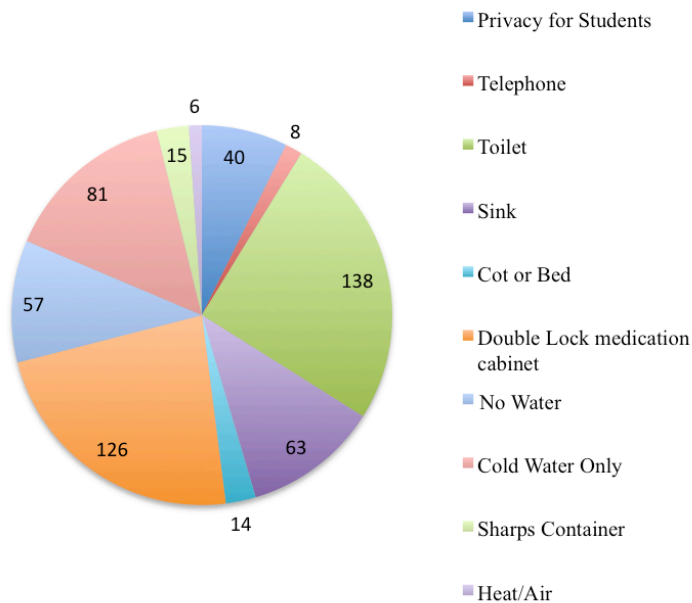
<5 minutes	177
5-10 minutes	49
10-15 minutes	17
15-20 minutes	12
20-25 minutes	6
25-30 minutes	3
>30 minutes	2

### Other Job Duties of School Nurses



- 308 Nurses reported they are also the CPR/FA/AED provider for school staff
- Of the 799 school nurse responses, 471 have sub-nurses that provide services when the nurse is off for the day.

### Areas/Facilities Where Schools Reported "No" Availability



## Arkansas School Nursing Workforce

Summary of key points reported in the May 31, 2016, Resource Allocation Funding Report<sup>10</sup> 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 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.*

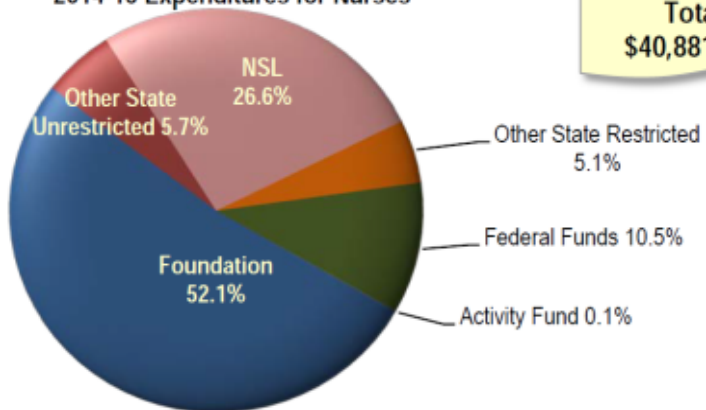
*Districts paid nurses a salary that was, on average, about \$15,000 less than the salary provided in the matrix.*

*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.*

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<sup>10</sup><http://www.arkleg.state.ar.us/assembly/2015/Meeting%20Attachments/410/I14503/Resource%20Allocation%20Report.pdf>

### 2014-15 Expenditures for Nurses



**Total**  
**\$40,881,878**



## 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. Baker	Tamara	Director of School Health Services	Arkansas Department of Health
2. Bentley	Rep. Mary	Representative	District 73
3. Beshears	Valerie	State Director to National School Nurses Association	Arkansas School Nurses Association
4. Caldwell	Sen. Ronald	State Senator	District 23
5. Copeland	Dennis	Superintendent of Mountainburg School District	Rural Education Association
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, School Health Services Unit
13. Little	Marquita	Health Policy Director	Arkansas Advocates for Children and Families
14. Lindsey	Cheria	State School Nurse Consultant	Arkansas Department of Education
15. Mayberry	Julie	Parent	Parent
16. McCarthy	Suzanne	Program Director	Arkansas Center for Health Improvement



17. Mertens	Mike	Assistant Executive Director	Arkansas Association of Educational Administrators
18. Newton	Sancha	Area Project Manager, Planning and Construction	Arkansas Department of Education, Facilities and Transportation
19. Prater*	Sandra	Grandparent	Child with Special Care Needs
20. Robinson	Brenda	President	AR Education Association
21. Rogers	Greg	Assistant Commissioner	Arkansas Department of Education, Division of Fiscal and Administrative Services
22. Smith	Michelle	Director, Office of Minority Health	Arkansas Department of Health
23. Starks **	Tracy	Program 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	Monitor weight
Continuous oxygen administration	Nebulizer treatments
Dressing changes	Peak flow monitoring
Gastric tube feeding	Sterile bladder catheterization
Intermittent oxygen administration	Unsterile bladder catheterization
Medication management	Suctioning
Monitor blood pressure	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		<b>750</b>	
1:400	<b>Health concerns</b> 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.		<b>400</b>	
1:225	<b>Medically Complex:</b> 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.		<b>225</b>	
1:125	<b>Medically Fragile:</b> 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.		<b>125</b>	
1:1	<b>Nursing Dependent:</b> Nursing dependent students require 24 hours/day, frequently one-to-one, skilled nursing care for survival.		<b>1</b>	
<b>Total Number Nurses Needed</b>				

## 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						
<b>A = Within Scope of Practice</b> <b>S = Within Scope of Practice with supervision</b> <b>D = Delegated task with supervision</b> <b>EM = In emergencies</b> <b>X = Cannot perform</b>			<b>Provider = Person w/legal authority to prescribe – M.D., APN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.</b>			
Procedure	Provider Order Required	RN	LPN/ LPTN	Unlicensed Assistive Personnel	Self	<b>RN Scope of Practice:</b> The delivery of health care services which require <b>assessment, diagnosis, planning, intervention, and evaluation.</b>  <b>LPN Scope of Practice:</b> The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including <b>observation, intervention and evaluation.</b>
<b>1.0 Activities of Daily Living</b>						
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						
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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	
<b>2.0 Urinary Catheterization</b>						
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	
<b>3.0 Medical Support Systems</b>						
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	
<b>4.0 Medication administration</b>						
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						
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4.11 Per Gastrostomy Tube	Yes	A	S	D	X	
4.12 Intravenous	Yes	A	S	X	X	
<b>5.0 Ostomies (colostomy, ileostomy)</b>						
5.1 Ostomy Care (empty bag, cleanse w/soap & water)		A	S	S	S	
5.2 Ostomy Irrigation	Yes	A	S	X	S	
<b>6.0 Respiratory</b>						
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	
<b>7.0 Screenings</b>						
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	
<b>8.0 Specimen Collecting/Testing</b>						
8.1 Blood Glucose	Yes	A	S	D	S	
8.2 Urine Glucose/Ketone	Yes	A	S	D	S	
<b>9.0 Other Healthcare Procedures</b>						
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	
<b>10.0 Developing Protocols</b>						
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**

<b>Healthcare Services Provided</b>	<b>RN</b>	<b>LPN</b>	<b>UAP Other School Personnel</b>	<b>Other Healthcare Worker</b>
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 <ul style="list-style-type: none"> <li>• Parent Conference</li> <li>• Physician Consultation</li> </ul>	Yes	No but may contribute information	No	Contributes Within the discipline's scope of practice
Screening as required by Education Regulation <ul style="list-style-type: none"> <li>• Vision</li> <li>• Hearing</li> <li>• Scoliosis</li> <li>• Height &amp; Weight (BMI calculation)</li> </ul>	Yes Yes Yes  Yes	Yes Yes Yes  Yes	With Training	Within the discipline's scope of practice
Referrals to other disciplines <ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Physical Therapy</li> <li>• Speech Therapy</li> </ul>	Yes	No	No	Within the discipline's scope of practice
Flu Clinic	Yes	Yes	No	Within the discipline's scope of practice
Community Partner Liaison	Yes	Yes		Within the discipline's scope of practice
Home Visits	Yes	No	No	Within the discipline's scope of practice
<b>Healthcare Services Provided</b>	<b>RN</b>	<b>LPN</b>	<b>UAP Other School Personnel</b>	<b>Other Healthcare Worker</b>
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 <ul style="list-style-type: none"> <li>• Healthy Life Style</li> <li>• Health Classes</li> <li>• Parent Education</li> <li>• Certified Nursing Assistant Course</li> <li>• First Aid/CPR/AED</li> </ul>	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 <ul style="list-style-type: none"> <li>• Assessment</li> <li>• Filing paperwork</li> </ul>	Yes Yes	No Yes	No Yes	Within the discipline's scope of practice
Assistance Needs Identification <ul style="list-style-type: none"> <li>• Food/Clothing Pantry</li> <li>• FINS – DHS</li> </ul>	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 <ul style="list-style-type: none"> <li>• Monitor expiration dates</li> <li>• Order Supplies/Equipment</li> <li>• Maintenance of supplies/equipment</li> <li>• Bill Payment Authorization</li> <li>• Billing for Personal Care</li> <li>• Scheduling/Assignments</li> </ul>	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](http://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 (HIPAA/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.

## Appendix I: 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 School Level Improvement Plan and School District Support Plan.<sup>11</sup>
- 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.<sup>12</sup>

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<sup>11</sup> Under Act 930 of 2017, a school has a School-Level Improvement Plan that goes into the overall district wide School District Support Plan rather than an ACSIP plan

<sup>12</sup><http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/641/Electronic-School-Health-Records-School-Nurse-Role-in-Adopted-January-2014>