HANDOUT 3

Levels of Nursing Care for Student Diseases & Conditions: Severity Coding

Students attend school with a broad range o 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. Severity Code 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 predictably require daily nursing time. For example, a student with spina bifida who is not yet independent with urinary bladder management requires 40 minute 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 attach 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 severity are (these are only a few examples and not meant to be an all-inclusive list);

Blood glucose testing
Continuous oxygen administration
Dressing changes
Gastric tube feeding
Intermittent oxygen administration
Laboratory tests
Medication Management
Monitor blood pressure
Monitor Disability
Monitor illness
Monitor weight
Nebulizer treatments
Peak flow monitoring
Sterile bladder catheterization
Suctioning
Toileting
Tracheostomy Care
Unsterile bladder catheterization

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: 1. **No/minimal occasional healthcare concerns, 2. healthcare concerns, 3. medically complex, 4. medically fragile, and 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 healthcare concerns identified. 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 medication
Activities of Daily Living
Clean Urinary Catheterization
Dental Disease
Diabetes self-managed by the student
Dietary restrictions
Eating disorders
Encopresis
Sensory impairments
Tube feeding
Orthopaedic 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, wiling and competent staff person and close supervision of that staff person by a registered nurse. The level of supervision required is determined by the R.N. but must be adequate to maintain safety and ensure competence of the direct caregiver. Adaptations of the medially 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
Diabetic Routine Monitoring without complications
Immune disorders
Moderate to severe asthma; inhaler at school and peak flow meter Oxygen, continuous or intermittent
Preteen or teenage pregnancy
Taking carefully timed medications
Taking medications with major side effects
Unstable metabolic conditions

Level 4 – 1:125 Nurse to Student Ratio

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. An individual health care plan of nursing care develop0ed 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 building.** Children in this category may be transported to school. This training must include the primary bus driver, the child, and back-up personnel. The registered nurse makes the decision of who will be trained and what level of preparation is required, and uses the nursing delegation principles described on pages ____

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 Sterile procedures	Tracheostomy with frequent and/or unpredictable suctioning Unstable and/or newly diagnosed diabetic 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 quickly and easily available and the patient [student] has been assessed by the licensed registered nursing prior to delegation of the duties to any caregiver.

Reasonable accommodation and provision 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 hours/day, frequently one-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing, or example, a child on a respirator, and/or for continuous nursing assessment and intervention. Without effective use of medical technology and availability of nursing care, the student will experience irreversible damage or death. Before a student enters school, a registered nurse will complete a nursing assessment of the student and determine an appropriate plan of care/individual health care plan.

Immediate availability of the registered nurse on the premises and is within audible and visual range of the student and student has been assessed by the registered nurse prior to the delegation of duties to any care giver.

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. However, when these services are transferred to the public, the *Nurse Practice Act* 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 Nurse's (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.

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 a 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? Does 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 the *Arkansas State Board of Nursing Rules and Regulations* Chapter Five on Delegation policies and procedures are to:

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

a. Activities of Daily Living
b. Noninvasive and non-sterile treatments
c. Data collection
d. Ambulating, positioning, turning
e. Personal hygiene
f. Oral feeding
g. Socialization activities

Recognize nursing tasks that SHALL NOT be delegated:

a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral or follow-up
b. Formulation of the plan of nursing care and evaluation of the client's response to care rendered
c. Specific tasks which require nursing judgment or intervention
d. 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.
e. Administration of intravenous medications or fluids.
f. Receiving or transmitting verbal or telephone orders

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

a. Right Task
b. Right Person
c. Right Circumstances
d. Right Communication
e. 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.

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	
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	

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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 Ambubag		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			
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			

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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			

School Nurses Qualifications

The *Arkansas Nurse Practice Act (NPA)* and ASBN Decision Making Model Position Statement authorize the professional nurse (RN) to provide nursing care. Licensed practical nurses (LPN) and licensed psychiatric technician nurses (LPTN) provide nursing care under the direction of an RN, APN, licensed physician or dentist.

The Education Chapter of the Arkansas Code addresses the issue of providing for a child's healthcare needs and who is to perform the tasks required.

A.C.A. §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."

A.C.A. §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 Arkansas Department of Education Resource Guide: Developing School Policies on Children with Special Health Care Needs (2007) requires the school district to:

> "ensure that appropriate training is provided for all school district personnel. The school district must address the issue of using only qualified, trained personnel to provide health care procedures and services. Policies should indicate that personnel performing health care services must be appropriately trained, credentialed and/or licensed prior to administering health care services. The school district should address continuing education for licensure of the nurse as part of its Comprehensive System of Personnel Development (CSPD) plan. This continuing education will ensure the nurse's competency in providing quality care for the students of the school district.

It is recommended that the school nurse hold the following minimum qualifications:

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. 5 years licensed nursing experience (2 of which must have been as an RN)
   3. 3 years experience as a school nurse
   4. 1 year experience as a supervisor (preferred)
   5. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
   6. Current certification in Scoliosis, Hearing, Vision and Growth (height and weight) screening

B. **Registered Nurse/Registered Nurse Practitioner**
   1. Hold an active Professional Nursing License (RN)
   2. 2 years licensed nursing experience (3 years preferred)

3. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
4. Current certification in Scoliosis, Hearing, Vision and Growth (height and weight) screening

C. Licensed Practical Nurse/Licensed Psychiatric Technician Nurse

1. Hold an active LPN/LPTN Nursing License
2. 2 years licensed nursing experience (3 years preferred)
3. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
4. Current certification in Scoliosis, Hearing, Vision and Growth (height and weight) screening

D. Advanced Practice Nurse

1. Hold an active Advanced Practice Nurse License
2. Certification in a field that includes pediatrics
3. 2 years APN experience
4. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
5. Current certification in Scoliosis, Hearing, Vision and Growth (height and weight) screening

Unlicensed Assistive Personnel (UAP) Qualifications

Unlicensed Assistive Personnel are those individuals who provide any of the nursing tasks listed in the Nursing Task List on pages 19-21or any similar nursing care task.

It is recommended that the Unlicensed Assistive Personnel who provide nursing care to students hold the following minimum qualifications prior to providing care:

1. Have a high school diploma or the equivalent;
2. Have successfully completed a literacy and reading comprehension screening process;
3. Have current certification in Cardiopulmonary Resuscitation and First Aid as provided by the American Red Cross or American Heart Association.
4. Have successfully completed training and competency validation in performing nursing tasks that are to be delegated by a nurse.

Note: Regardless of the school districts titling of the position or other job duties, when individuals are providing services listed in the Nursing Task List (pages 19-21) or other similar services, the delegation and supervision rules apply. Individuals who violate the Nurse Practice Act by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.