



# New York State Association of School Nurses

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"Caring for New York's Future"

## POSITION STATEMENT

### SCHOOL NURSE/STUDENT RATIO

#### HISTORY

The role of the school nurse has expanded greatly over the years since the introduction of school nursing over one hundred years ago by Lillian Wald, a public health nurse and social reformer. The initial focus of school nursing was the prevention of communicable diseases. (Clark, 2003). School nursing has since evolved over time to include such services as screening for handicapping conditions (visual and hearing defects, monitoring of growth and development and making appropriate referrals based on objective findings and SED guidelines) to reduce negative impact on learning in the classroom, case management, health education to students and staff, health promotion, first aid and emergency services, medication administration, advocacy, initiating emergency and individualized health plans for students with chronic medical conditions, and tracking immunizations. (Nwabuzor 2007).

#### DESCRIPTION OF ISSUE

The importance of school nurses in New York's public schools cannot be over-emphasized. School nurses play a vital and multi-faceted role in school settings. After the child's home, school represents the second most influential environment in a child's life. As more students enter schools with physical health or mental health issues, school nurses face the challenge of managing their care throughout the school day.(AAP 2008).

A growing body of evidence supports positive links between school nurse availability and improved health, school attendance and academic performance among students.

There are many students who are considered "at risk" for academic success and often require additional case management and/or interventions by the school nurse. "At risk" students may be characterized by any one or more of the following indicators:

1. High rate of absenteeism from school
2. Failure in two or more subjects or courses of study
3. Behind in credits to graduate
4. Retention at grade level one or more times
5. Pregnancy or parenthood or both
6. Repeated commission of disciplinary infractions
7. Household at or below the poverty level using criteria for free and reduced meals
8. Limited English proficiency
9. Identified victim of physical, sexual, or emotional abuse and/or neglect

10. Substance abuse problems
11. Mental Health Problems
12. Attempted suicide
13. Identified as medically fragile or has special health needs
14. Identified with an I.E.P. for Special Education (VSSNA, 1999).

## RATIONALE

The ultimate outcome of practice for the Registered Professional School Nurse is to assist students to be successful in the learning process. There have been significant legislative changes that have impacted the role of the School Nurse. The Rehabilitation Act of 1973 and the Individuals with Disabilities Act (IDEA) of 1975/1997 have so far had the greatest impact on School Nurse's scope of practice by expanding the definition of a "student" and requiring schools to provide services to all students despite their disabilities. (Wolfe & Selekman, 2002). This process of inclusion brings increasing numbers of students with co-morbid conditions into the school setting in addition to the regular education students.

In July 2008, U.S. Congresswoman Carolyn McCarthy of New York introduced the Student-to-School Nurse Ratio Improvement Act (H.R. 6201). This legislation would provide grants through the Centers for Disease Control and Prevention (CDC) to states so that they may reduce the Student-to-School Nurse ratios. Ms. McCarthy, who has been a nurse for 30 years states, "with 97% of American children spending their days at school, the role of the school nurse is critical to the implementation of quality school health services".(McCarthy, 2008).

## CONCLUSION

The American Nurses Association (ANA), along with the American Academy of Pediatrics (AAP), the National Association of School Nurses (NASN) and several state organizations, recommend a minimum school nurse:student ratio of 1:750 for general school populations. However, there should be more stringent ratios for students with complex health care needs requiring frequent interventions. For example, one nurse per 225 students when students require daily professional nursing services, and one nurse per 125 students when students have complex health needs.(AAP, 2008). In addition, it is the position of NASN that school district should provide a full-time professionally prepared registered nurse all day, every day in each building (NASN, 2003). Also recommended is additional school nurse staff to accommodate other student health needs including, but not limited to, special education evaluations, nursing services for students with 504 Plans, and schools with large populations and large numbers of students with mental or social concerns.

The New York State Association of School Nurses (NYSASN) strongly concurs with these recommendations. The premise of these recommendations is that students have a right to safe, high quality health care while attending school. The Registered Professional School Nurse is the health care professional best suited to providing and coordinating health care services for student populations.

## REFERENCES

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Board of Directors Approval January 17, 2009