REPORT OF THE
DEPARTMENT OF EDUCATION ON

A Study On Ways to Encourage Local School Divisions to Recognize the Importance of School Nurses and the Feasibility of Establishing Standards for School Health Services

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

HOUSE DOCUMENT NO. 19

COMMONWEALTH OF VIRGINIA
RICHMOND
1989

COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION
P.O. BOX 60
RICHMOND 23216-2060

LETTER OF TRANSMITTAL

TO Members of the 1989 Session of the General Assembly of Virginia

FROM S John Davis
Superintendent of Public Instruction

C M. Buttery, Commissioner of Health

SUBJECT: House Joint Resolution Number 33

As requested through House Joint Resolution Number 33 (HJR 33), the Department of Education, in cooperation with the Department of Health, collaborated on ways to encourage local school divisions to recognize the importance of school nurses and the feasibility of establishing standards for school health services. In response to the request, the Departments of Education and Health convened a study committee to facilitate the charge of HJR 33

Several activities were undertaken which included:

1) Presentations during committee meetings,

2) Public forum on **"The Importance of School Nursing and Health Needs of School-Age Children"**; and

3) Distribution and analyses of survey and questionnaire.

In 1986, the Secretary of Health and Human Resources was requested by the General Assembly to study the health needs of school-age children. The results of this study, Senate Document Number 22, generated a number of recommendations and findings significant to the charge of HJR 33 In light of these recommendations and findings, this report contains several of these recommendations pertaining to the importance of nurses in school settings All of the recommendations cited in the report are contingent upon appropriate funding being made available to the Virginia Departments of Education and Health during the 1990-92 biennial session.

The involvement of nurses within school settings and the establishment of standards for school health services are essential to the academic progress of our young people

Investing in the health of our school-age population is an investment in the social and economic well-being of the future of the Commonwealth of Virginia.

SJD/CMB/pl

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ACKNOWLEDGEMENT

On behalf of the Departments of Education and Health, appreciation is expressed to Mrs. Debbie Oswalt, Special Assistant to the Secretary of Health and Human Resources, and Mr David Temple, Deputy Secretary of Education, for their advice and assistance given regarding the activities of the study committee. Their support strengthened the relationship of interagency networking and cooperation.

PREFACE

The purpose of this report is to present ways to encourage local school divisions to recognize the importance of school nurses and the feasibility of establishing school health standards. This report summarizes the committee's activities pursuant to its charge. The committee met over several months during the summer and fall of 1988. Several activities were initiated and completed related to the importance of school nurses and standards for school health services.

The exchange of information, issues, and recommendations was generated through the following activities:

1) study committee meetings;

2) public forum on "The Importance of School Nursing and the Health Needs of School-Age Children"; and

3) distribution and analyses of survey and questionnaire.

HOUSE JOINT RESOLUTION NO. 33

House Amendments in [ ] - February 16, 1988

Requesting the Department of Education, in cooperation with the Department of Health, to study ways to encourage local school divisions to recognize the importance of school nurses and the feasibility of establishing standards for health services in the public schools in the Commonwealth.

Patron--O'Brien

Referred to the Committee on Rules

WHEREAS, in the school divisions in Virginia, school nurses frequently do not have the status of school teachers, although they play an enormously important role; and

WHEREAS, school nurses, regardless of their training, are frequently not paid on the same scale as teachers; and

WHEREAS, the role of the school nurse cannot be overemphasized in prevention of disease and illnesses among children, providing early identification and intervention for diseases and handicapping conditions and assisting children and their parents with obtaining appropriate community services; and

WHEREAS, in the proposed revision of the Standards of Quality, the Board of Education has recognized for the first time that health services are essential support services for the public schools; and

WHEREAS, in the report of the Secretary of Human Resources on "The Health Needs of School-age Children," it was recognized that "inequities exist among Virginia's 134 school divisions" in the delivery of health services; and

WHEREAS, in this report, it was recommended that "The number of nurses providing school health services should be increased to allow for at least one nurse in every school or a ratio of one nurse per 1,000 students"; and

WHEREAS, this report also includes recommendations that "Minimum standards for school health services in Virginia should be developed jointly by the Departments of Education and Health" and "a nursing position" should be established within the Department of Education "to supervise and coordinate the provision of school health services"; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Education is hereby requested to study, in cooperation with the Department of Health, ways to encourage local school divisions to recognize the importance of school nurses and the feasibility of establishing standards for health services in the public schools in the Commonwealth.

The [~~Department of Education~~ Departments] shall complete their work in time to report to the 1989 Session of the General Assembly.

Official Use By Clerks	
Agreed to By The House of Delegates	**Agreed to By The Senate**
without amendment ☐	without amendment ☐
with amendment ☐	with amendment ☐
substitute ☐	substitute ☐
substitute w/amdt ☐	substitute w/amdt ☐
Date: _____	Date: _____
Clerk of the House of Delegates	Clerk of the Senate

HJR 33 STUDY COMMITTEE MEMBERS

Dr. Frances Dunston, Director
Richmond City Health Department

Ms. Sandy Graumann, R.N.
Fairfax County Health Department

Mrs. Shirley S. Hall, R.N.,M.S.N., Consultant
Hampton University

Dr. Raymond S. Jones
Virginia Society of Pediatrics

Mrs. Linda Koogler, R.N.
Chesterfield County Health Dept.

Dr. Zsolt H. Koppanyi, Study Committee Co-Chairman
Director, Office of Family Health Services
Virginia Department of Health

Dr. Alice Linyear, Director
Division of Maternal and Child Health
Virginia Department of Health

Ms. Judith M. Malachowski, R.N.,M.S.N., Graduate Intern
University of Virginia
School of Nursing

Ms. Gail Nuckols
Virginia School Boards Association

Mr. Dick Pulley
Virginia Education Association

Dr. Kathleen J. Sawin, Interim Chair
Maternal and Child Nursing
Medical College of Virginia/Virginia Commonwealth
University
School of Nursing

HJR 33 Study Committee Members (Cont.)

Mrs. Nancy Taylor
Virginia Parent - Teacher Association

Dr. Patricia A. White, Study Committee Co-Chairman
Associate Director
Division of Pupil Personnel Services
Virginia Department of Education

Mrs. Ann Yankovich, R.N., President
Virginia Association of School Nurses
Coordinator of School Health Services
Williamsburg-James City Co. Schools

EXECUTIVE SUMMARY

The Department of Education, in cooperation with the Department of Health, was requested by the 1988 General Assembly of Virginia to study ways to encourage local school divisions to recognize the importance of school nurses and the feasibility of establishing standards for health services in the public schools in the Commonwealth (House Joint Resolution Number 33 (HJR 33)). A study committee was established to respond to the task as defined by HJR 33.

Activities of Study Committee

The collection of data, discussion of issues, and development of recommendations regarding the importance of school nurses and school health standards were generated through these activities:

1) analyses of statewide survey and questionnaire;
2) public forum on **"The Importance of School Nursing and the Health Needs of School-Age Children"**; and
3) presentations during committee meetings.

Findings

A descriptive survey, **The Importance of the Role and Function of School Nurses in the Provision of School Health Services**, was conducted to assess the importance of school nurses in implementing comprehensive school health services. Of the 315 respondents, 180 (57.3%) were school nurses and the remaining number of respondents 135 (42.7%) included teachers, principals, psychologists, counselors, social workers, and central office administrators Based on the findings of the

survey, the following data highlight the importance of school nurses

- 72.3% of the respondents ranked school nurses as being very important in reducing absenteeism and tardiness.
- 50% of the respondents indicated that school nurses are important in reducing the number of dropouts.
- 84.8% of the respondents indicated that school nursing practice is important in increasing positive health behavior.
- 83.2% of the respondents rated school nurses as being very important in the provision of care for handicapped and chronically ill pupils.
- 81% of the respondents indicated that nurses are very important in the identification of high-risk population for health-related interferences to learning.
- 85.1% of the respondents ranked school nurses as being very important in collaborating with school teams and 74.8% indicated their importance in collaborating with community resources.
- 89.2% of the respondents indicated that it is important for school nurses to be involved in emergency care procedures.
- 80.3% of the respondents indicated that it is important for nurses to be involved in performing specialized physical care procedures for handicapped children.
- 86% of the respondents indicated that it is important for nurses to be involved in maintaining protocols for administering medication.
- Other areas which indicated a high percentage of the respondents' ratings regarding the importance of the involvement of school nurses included: Safety measures and programs (75.5%); Health education (61.9%); training of health aides and volunteers (77.8%); inservice programs (80.3%); identification of handicapped and at-risk students (84.1%); promoting awareness concerning academic stress in relationship to mental health of students (76.5%); and assessing health status in relationship to educational and personal achievements of students (82.7%).

Through this survey data, the recognition of the importance of school nurses in implementing comprehensive school health services was valued by the majority of the respondents. However, it was apparent that, the role and function of school nurses varied and standards to govern and regulate the practice of school nursing in the public schools of Virginia need to be developed.

The one-day forum on the **Importance of School Nursing and the Health Needs of School-age children** addressed issues pertaining to standards for school health services and quality education; role and function of school nurses; the new morbidities and the implications for trends in education; and the involvement of the medical community in school health services. The 210 participants attending the forum responded to a questionnaire which focused on the following questions·

1) What innovative and creative approaches would you recommend to encourage local school divisions to recognize the importance of school nurses?

2) What are the benefits of school health services and school nurses to the educational achievement of school-age children?

3) What do you feel would contribute to continuity and consistency in the delivery of health services in the school environment?

Examples of solutions given in regards to the questionnaire include the following:

- Marketing and public relations campaigns regarding the importance of school nurses;

- Research on the role of school nurses in relationship to the enhancement of educational skills of students,

- Inservice opportunities regarding the health status of children, using nurses as key presenters;
- School nurses and educators should collaborate as a team on issues involving the health of school-age children;
- Promotion of school health services to establish continuity and consistency in the delivery of health services; and
- Documentation of health encounters to aide in the establishment of standards of practice for school health.

The health needs of Virginia's school-age population warrant top priority when considering health-care costs, poor school performance, and incidence of the new morbidities. Virginia's children deserve more than minimal attention to their unmet health needs when many of them suffer appreciably from unfavorable socio-economic conditions.

Based on the study committee's research and formal discussions, the following recommendations are offered as ways to encourage local school divisions to recognize the importance of school nurses and the feasibility of standards for school health services:

Recommendation 1:
Qualified school nurses should be required in every school division contingent upon appropriate funding.

Recommendation 2:
The goal for nurse/student ratios should conform to the standards set by the National Association of School Nurses, American Nurses Association, and the American School Health Association.

Recommendation 3:

School health advisory boards, composed of public and private sector representatives, should be established to enhance community support for school health services and to assist in the development of local school health policy.

Recommendation 4:

Minimum standards for school health services in Virginia should be developed jointly by the Departments of Education and Health.

Recommendation 5:

A nursing position should be established by the Departments of Education and Health within their respective departments to supervise and coordinate the provision of school health services.

Recommendation 6:

School nurses should be involved as members of school teams to facilitate learning by providing care and treatment to students with chronic and handicapping conditions.

Recommendation 7:

Students and school personnel should be counselled as a means of reducing the "new morbidities."

Recommendation 8:

A cooperative agreement should be established in every school division with a physician to serve in the capacity of consulting medical director to provide medical care, consultation, and backup to nursing personnel.

Recommendation 9:

Formal written emergency medical procedures should be developed in every school division within the state.

Recommendation 10:

Appropriate documentation on all student injuries should be maintained by all school divisions as part of a program of comprehensive risk management.

Recommendation 11:

Continuing education opportunities, especially in the new morbidities, should be co-sponsored by the Departments of Education, Health, Mental Health and Mental Retardation on a regional basis, and at regular intervals for school nursing personnel.

Recommendation 12:

Qualifications for school nurses should be developed jointly by the Departments of Education and Health.

INTRODUCTION

Nurses' involvement in specific areas of child health and welfare is marked by some notable examples. Nurses from the early settlement houses began health care programs for school children. They screened and treated children with tracnoma, assessed children for nutritional deficits, and provided follow-up care in the home. Nurses were active in promoting the Children's Bureau legislation. Lillian Wald was a key speaker at the 1909 White House Conference on the Care of Dependent Children and eloquently presented the stand on the need for federal intervention in the welfare of children. With the enactment of the 1935 Social Security Act, the nursing organizations collaborated with governmental agencies to define the qualifications needed by nurses to care for crippled children. The organizations also evaluated nurse training and educational programs. They suggested relevant course and field work to prepare competent practitioners of orthopedic nursing.

Historically, America has vacillated on the need, indeed, on the desire, for federal intervention in child welfare. Debate continues over where the responsibility for child welfare lies. Recent data have once again brought the problems of children to the forefront. The evidence clearly points to the fact of poverty and of deteriorating child health. There is an inherent difficulty in determining the causal point in this cycle of poverty, disproportionate level of minority health care, declining child health, and the presence or

absence of governmental programs. Related problems that bear on a feasible solution include: 1) allocation of governmental resources -- there is a conflict between the proponents of elderly support and those who legislate for children, 2) attracting and retaining competent health professionals in the poorer regions of the nation; 3) the diversity of cultural groups in the United States; and 4) the prevalence of the "new morbidities" (teenage pregnancy, sexually transmitted diseases, i.e. AIDS, drug abuse, suicide, and dropouts).

Recently, the question of the responsibility for child health has moved into the educational arena. The reports of many national commissions and study groups in the 1980's (Commission on Excellence in Education, 1983; Task Force on Education for Economic Growth, 1983; College Board, 1983; Twentieth Century Fund Task Force on Federal Elementary and Secondary Education Policy, 1983) heralded a "crisis in education." Given the research background of these studies leading to a strong sense of truth and urgency in their recommendations, one problem that emerged was the need to help at-risk children and youth succeed in meeting the new educational standards.

The descriptors of "socially deprived," "economically deprived," "low educational achievement," "disadvantaged," and "functional illiteracy" characterized the school population toward whom educational policies should be directed in addressing the recommendations generated through the above referenced reports.

Virginia has intended to make a legislative commitment to improve child health for many years. In 1974, House Document Number 8 described Nursing Services in the Public Schools. Twelve years later, Senate Joint Resolution (SJR) 76 (1986) requested the Secretary of Human Resources to study the health needs of school-age children. A Task Force was convened to examine the problem and report back to the 1987 General Assembly. The document, The Health Needs of School-Age Children (1987), summarized the findings and recommendations of the Task Force. Even though the Task Force believed that substantial gains had been made in health care of the estimated 1.2 million school-age children, there still remains inequalities regarding the health status of children in Virginia's school divisions and an increasing concern in the following areas:

* Over 50% of Virginia's school-age population at any one time is in need of dental care for the restoration of decayed teeth.

* A total of 5,092 cases of gonorrhea in children were reported during 1984-85, constituting 27% of all reported cases in the State.

* In 1984, there were 19,872 pregnancies in teenagers under the age of 19.

* It is estimated that 10-15% of school-age children are overweight and the incidence of bulimia and anorexia is increasing.

* In 1985, 101,517 children and young adults or about 10% of that population were in Special Education programs.

* Fourteen school divisions have no school nurse

* Virginia's school nurse to student ratio is 58 school nurses per 1,000 students. (pp. iii, iv, 4, 8)

Statistically, school-age children are considered a healthy group of people. Increasingly, however, these children are exposed and succumbing to the "new morbidities," those disorders with social and emotional causes rather than strictly biological roots learning disabilities, drug and alcohol abuse, suicide and depression, violent behavior and child abuse, and school dropout (Carpenter, Doherty, Lingaraju, & Oswalt, 1987). There is generally an inability of children to care for themselves; yet, parents are experiencing increased difficulty in handling the health and social needs of their children. This trend is related to single parent families, working parents, poverty, and limited availability of health care resources for many people. Thus, current health problems arise from the cumulative effects of lack of health care, risk-taking behavior, and deviations in growth and development (Carpenter et al., 1987).

The concern over the health status of the school-aged child surfaced again in the 1988 Virginia General Assembly. Delegate J.W. O'Brien (Committee on Education) sponsored House Bill (HB) 614 recommending in part that:

> the [State] Board [of Education] shall establish staffing levels and qualifications for school nurses in elementary and secondary schools. (Part B)
>
> Each local school board shall provide those support services which are necessary for the operation and maintenance of its public schools including, but not limited to, administration, instructional support, student attendance and health, including the staffing levels for qualified school nurses as established by the Board. (Part C)

In the Senate Committee on Education and Health, Senators R Saslaw, E.F Miller, R Scott, and Y.B. Miller endorsed Senate Bill 284 asking for support services to improve the health of students.

House Bill 614 was postponed until the 1989 session The legislators felt that there was a need for more information before putting the bill to vote. As a result, Delegate O'Brien proposed House Joint Resolution 33 in the Committee on Rules

> Requesting the Department of Education, in cooperation with the Department of Health, to study ways to encourage local school divisions to recognize the importance of school nurses and the feasibility of establishing standards for health services in the public schools in the Commonwealth.

MISSION AND GOALS OF SCHOOL NURSING PRACTICE IN THE DELIVERY OF SCHOOL HEALTH SERVICES

Mission

School nursing practice involves the promotion of health services, healthy and safe environments, and health education programs. The contribution of nursing practice to school health services is to enhance the educational process for children and youth through the modification or removal of health-related barriers to learning and to promote decision making that leads to an optimal level of wellness (American Nurse's Association Standards of School Nursing Practice, 1983).

Goals

The goals of school nursing practice in the delivery of health services to school-age children in the public schools of Virginia include the following:

1. establishing and maintaining a comprehensive school health program;
2. assessing health problems related to infectious diseases, the new morbidities, chronic illnesses, minor illnesses, handicapping conditions, and other health-related barriers to learning;
3. collaborating with other disciplines within the school and community setting to plan and implement health care programs for children;
4. establishing and maintaining a data management system to monitor the health needs of school-age children,
5. maintaining appropriate documentation of all student injuries;
6. utilizing available resources for referral of school-age children with unmet health needs;

7. conducting inservice and educational programs designed to meet the health-care needs of the school-age population, and

8 evaluating the effectiveness of the school health program

OVERVIEW OF THE HEALTH NEEDS OF SCHOOL-AGE CHILDREN

The health status of school-age children in the public schools of Virginia is described through the following data. These data are taken from the findings of the Report of the Secretary of Health and Human Resources, The Health Needs of School-Age Children (Senate Document No. 22, 1986, pp. 4-5).

Population Estimates

The population of school-age children in Virginia in 1985 was estimated to be 1,242,574 constituting 22% of the total population. The school-age population is expected to decline over the next two decades to about 16% of the total population.

Mortality

The age groups 5-9 and 10-14 have the lowest mortality rates of all age groups. In 1984, there were 477 deaths statewide in the 5-19 year age group, 50% of which were due to accidents. In the 15-19 year age group, accidents were the leading cause of death followed by suicide and homicide. The rates for suicide are increasing in the 10-14 and 15-19 age groups. There are 50-100 suicidal gestures for every fatal suicide. Alcohol is implicated in 50% of motor vehicle fatalities and homicides.

Morbidity and Pregnancy

1. Injuries: Injuries are the leading cause for hospital visits and hospitalizations for males. The ratio of motor vehicle accident fatality to injuries is 1:100. The other common injuries are related to sports, athletics, bicycle and other recreational activities.

2. Pregnancy. In 1984, there were 19,872 pregnancies in teenagers under age 19. Fifty-three percent (53%) of these pregnancies terminated in live births. This proportion varies from 39% in the northern region to 62% in the southwest region. Sixty to ninety percent

(60-90%) of pregnant teenagers drop out of school.

3 Gonorrhea In 1984-85, there were 5,092 cases of gonorrhea in children 10-19 years constituting 27% of all cases of gonorrhea in the State

4. Abuse and Neglect In 1983-84, 56% or 6,760 of the 12,072 of the reports of abuse and neglect were in the 7-18 age group.

5 Special Education In 1985, 101,517 children and young adults or about 10% of that population were in Special Education programs. Forty-four percent (44%) of enrollees were for learning disabilities, 29% for speech/language impairments, 14% for mental retardation, and 7% for serious emotional disturbance.

6. Juvenile Arrests: In 1984, there were 33,622 arrests of children under 18 of which 12,237 of the arrests were of children under 15 years of age.

7 Substance Abuse: National estimates indicate that 72% of high school seniors have used alcohol and 35% have smoked cigarettes within a 30 day period. Cigarette smoking is increasing among female students.

8. Nutrition: About 10-15% of students are overweight. The incidence of bulimia and anorexia is increasing.

Dental Health

Recent surveys conducted in the State indicate that over 50% of the school-age children at any one time are in need of dental care for the restoration of decayed teeth. Less than 33% of the primary and 55% of the permanent teeth affected by dental decay have been restored as reported by the Department of Education in their annual health screening program.

Clearly, Virginia's school-age children have health needs which must be met if they are to grow and develop both physically and mentally at an optimal level.

THE IMPORTANCE OF THE ROLE AND FUNCTION OF SCHOOL NURSES IN THE PROVISION OF SCHOOL HEALTH SERVICES

A survey, The Importance of the Role and Function of School Nurses in the Provision of School Health Services, was conducted to assess the importance of school nurses in implementing comprehensive school health services. Items for the survey were adopted from the Standards of School Nursing Practice as published by the American Nurses Association (ANA), 1983. The ANA standards govern nursing practice and "reflect the current state of knowledge in the field and are therefore provisional, dynamic, and subject to testing and subsequent change" (ANA Standards). The ANA standards are guidelines which enable nurses to provide quality care, therefore they were appropriate for this survey to assess the importance of the role and function of school nurses in providing school health services.

Participants attending a forum, **The Important of School Nursing and the Health Needs of School-Age Children**, on November 15, 1988 were asked to respond to the survey. In addition, surveys were mailed to school nurses and selected school personnel. Descriptive statistics were used to describe and synthesize data obtained from the survey respondents.

Demographic Data

Individuals responding to the survey included school nurses, classroom teachers, health educators, counselors, social workers, school psychologists, central office administrators, school of nursing faculty and school principals. Items 1-12 on the questionnaire presented demographic characteristics of the survey respondents. Table 1 describes the respondents by professional status.

TABLE 1

Description of Respondents by Professional Status

Professional	Number	Percent
School Nurses	168	53 3
Teachers	18	5.7
Health Educators	6	1 9
Counselors	27	8.6
Social Workers	10	3.2
School Psychologists	5	1.6
Central Office Administrators	16	5.1
Faculty School of Nursing	2	0.6
School Principals	50	15.9
(No Response to Variable 1)	13	4.1
Total	**315**	**100.0**

Of the 315 respondents, 168 (53.3%) were school nurses. However, 12 of the school nurses did not respond to item 1 (profession) but indicated that they were school nurses by responding to item 2 (highest level of nursing preparation) see Table 2. Therefore, the total number of school nurses responding to the survey represented 57.3% (180) of the total number of respondents (315) as shown in Table 2.

School nurses who are graduates of diploma programs of nursing education comprised 27.1 percent of the total number (180) of school nurses responding to the survey. Graduates of baccalaureate nursing programs comprised the second largest group of school nurses, 20.1 percent (63). Eight (2.5%) licensed practical nurses were among the respondents.

Table 2

Description of School Nurses by Professional Level

Professional Level	Number	Percent
Licensed Practical Nurse	8	2.5
Diploma	85	27.1
Associate Degree	8	2.5
Bachelor of Science/Nursing	63	20.1
Masters Science/Nursing	9	2.9
Nurse Practitioner	7	2.2
Sub-Total (School Nurses)	180	57.3
Other Respondents	134	42.5
Missing Case	1	0.2
Total	**315**	**100.0**

The data described in Table 3 show that the 174 school nurses responding to item 3, (year of graduation from basic nursing license program) 65 (37.3%) graduated 28 or more years ago. One hundred and nine (62.6%) of the school nurses completed the basic nursing program within the past 27 years Ten (5 7%) of the respondents indicated graduating within the past 10 years and 3 (1.7%) graduated 40 years ago or more

Table 3

Description of School Nurses by Year of Graduation from Basic Nursing License Program

Year	Number	Percent
1940 and Under	2	1.1
1941-1945	1	0.6
1946-1950	10	5.7
1951-1960	52	29.9
1961-1965	33	19.0
1966-1970	30	17.2
1971-1975	22	12.6
1976-1980	14	8.0
1981-1985	9	5.2
1986-1988	1	0.6
Total	**174**	**100.0**

While 65 (37.3%) of the school nurses indicated graduating from the basic nursing program 28 or more years ago, only 37 (20.6%) of the total group (180) indicated 16 or less years in school health services. Forty-six (25.6%) indicated 6-10 years in school nursing services and 59 (32.8%) indicated 5 years or less in school nursing practice.

Fifteen (8.3%) of the school nurses indicated school nurse certification. The certifications were awarded by the following states: Alabama, Arkansas, New Jersey, New York and Virginia.

The local school board employed 135 (75%) of the school nurses, (20%) were employed by the public health department, and 9 (5%) indicated employment by other agencies such as the Virginia School for the Deaf and Blind. The majority of school nurses responding to the survey were located in city school systems, 76 (42.2%), with 39 (22%) located in urban systems and 36 (20%) in rural systems. Thirty-one nurses (17.2%) indicated location in a combination of the geographic regions.

Of the 179 school nurses responding to item 8 of the survey (work setting), 48 (26.8%) were located in elementary schools, sixteen (8.9%) in middle schools, and 24 (13 4%) in secondary schools. The remaining 83 (46 4%) nurses indicated that they were assigned to a combination of school settings or in all of the settings with 19 (10 6%) indicating administrative or supervisory positions.

There was considerable variety indicated by the respondents as to the hours worked per week. Sixty-four (35.5%) worked 35 hours per week, 42 (23.3%) worked 40 hours per week with the remaining 74 (41.8%) school nurses indicating that they worked from two hours per day to 20 hours per week

One hundred sixty-eight school nurses responded to item 9 (number of schools served). The number of schools served ranged from 1 (0.5%) to 99 (1%). Some respondents were supervisors with responsibility for all of the schools in a particular region. Fifty-three respondents (29.4%) served 1 school and 28 (15.6%) served 2 schools.

Table 4 describes the responses of the 180 school nurses to item 11 (number of children served). Sixty-three (35.0%) served 1,000 children or less; 49 (27.2%) served from 1,012 to 2,000 children, 19 (10.5%) served between 2,033 and 3,000 children; 8 (4.4%) served between 3,000 and 4,000 children; 5 (2.8%) served between 4,100 and 5,000 children, and 14 (7.8%) served between 5,300 and 6,700 children. These data included supervisors and administrators who indicated responsibility for all of the school children in their region. Twenty-two school nurses (12.2%) indicated no children served.

Table 4

Description of School Nurses by Number of Children Served

Number of Children Served

SN*	SN	SN	SN
	00012 -3	00100 -2	00150 -1
00152 -1	00213 -1	00260 -1	00290 -1
00300 -2	00363 -1	00375 -1	00400 -1
00422 -1	00459 -1	00523 -1	00600 -3
00619 -1	00653 -2	00654 -1	00659 -1
00670 -1	00693 -2	00700 -3	00710 -1
00733 -1	00750 -3	00762 -1	00800 -1
00825 -1	00850 -2	00864 -1	00900 -5
00910 -1	00919 -1	00921 -1	00950 -1
00970 -1	00975 -2	01000 -9	01012 -1
01072 -1	01074 -1	01100 -1	01180 -1
01200 -5	01250 -2	01275 -1	01300 -4
01331 -1	01350 -1	01397 -1	01400 -1
01457 -1	01500 -11	01575 -1	01600 -5
01700 -3	01800 -4	01851 -1	02000 -2
02033 -1	02100 -2	02200 -1	02400 -2
02550 -1	02600 -1	02800 -2	02854 -1
02900 -2	03000 -6	03200 -2	03400 -1
03500 -3	03700 -1	04000 -2	04100 -1
04200 -1	04790 -1	05000 -2	05300 -1
05400 -1	05900 -1	06000 -1	07700 -1
09000 -1	10000 -1	12000 -1	13380 -1
14000 -1	19000 -1	26000 -1	32000 -1
42000 -1	67000 -1		

*SN = School Nurse

Survey Data

Respondents in all professional categories as noted in Table 1 were asked to respond to items 1, 12, 13, 14 and 18. In addition, school nurses were asked to respond to the demographic data (2-11) and items 15, 16 and 17 (refer to Appendix D for the survey questionnaire).

Item 12

Item 12 was designed to determine the benefits of school health nurses in modifying or removing health-related barriers to learning and development. Respondents were asked to rank the importance of school health nursing practice regarding eight benefits that students could receive. The respondents were to indicate the importance (very important, somewhat important, not important) of each benefit.

1. **Fewer health related absences and tardiness.**

n = 314 cases

227 (72.3%)	respondents ranked School Nursing Practice as being very important in reducing absences and tardiness,
74 (23.6%)	respondents indicated somewhat important
4 (1.3%)	respondents indicated not important

Breakdown of Respondents for Very Important

School Nurses	137	60.4%
Teachers	12	5.3%
Counselors	19	8.4%
Principals	28	12.3%
Health Educators	2	0.9%
Social Workers	7	3.1%
School Psychologists	4	1.8%
Administrators	7	3.1%

2. **Few School Dropouts.**

n = 314 cases

157 (50%)	respondents ranked school nursing practice as being very important
107 (34.1%)	indicated somewhat important
36 (11.5%)	indicated not important

Breakdown of Respondents for Very Important

School Nurses	110	70.1%
Teachers	8	5.1%
Counselors	9	5.7%
Principals	10	6.4%
Health Educators	0	0%
Social Workers	4	2.5%
School Psychologists	2	1.3%
Administrators	4	2.5%

3. **Increase in positive health behavior.**

n = 315 cases

267 (84.4%)	respondents ranked school nursing practice as being very important
37 (11.7%)	indicated somewhat important
2 (0.6%)	indicated not important

Breakdown of Respondents for Very Important

School Nurses	153	57.3%
Teachers	12	4.5%
Counselors	26	9.7%
Principals	33	12.4%
Health Educators	6	2.2%
Social Workers	8	3.0%
School Psychologists	4	1.5%
Administrators	13	4.9%

4. **Provision of care for handicapped and chronically ill pupils.**

n = 315 cases

262 (83.2%)	respondents ranked school nursing practice as being very important
44 (14.4%)	indicated somewhat important
1 (0.3%)	indicated not important

Breakdown of Respondents for Very Important

School Nurses	153	58.4%
Teachers	14	5.3%
Counselors	21	8.0%
Principals	31	11.8%
Health Educators	4	1.5%
Social Workers	8	3.1%
School Psychologists	5	1.9%
Administrators	13	5.0%

5. **Identification of high-risk population for health-related interferences to learning.**

n = 315 cases

255 (81.0%)	respondents ranked school nursing practice as being very important
47 (14.9%)	indicated somewhat important
6 (1.9%)	indicated not important

Breakdown of Respondents for Very Important

School Nurses	149	58.4%
Teachers	11	4.3%
Counselors	20	7.8%
Principals	34	13.3%
Health Educators	4	1.6%
Social Workers	8	3.1%
School Psychologists	4	1 6%
Administrators	13	5.1%

6. **Provision of comprehensive and well-documented health care records.**

n = 315 cases

251 (79.7%)	respondents ranked school nursing practice as being very important
53 (16.8%)	indicated somewhat important
6 (1.3%)	indicated not important

Breakdown of Respondents for Very Important

School Nurses	141	56.2%
Teachers	15	6.0%
Counselors	21	8.4%
Principals	40	5.9%
Health Educators	6	2.4%
Social Workers	5	2.0%
School Psychologists	3	1.2%
Administrators	10	4.0%

7. **Collaboration with educational team.**

n = 315 cases
268 (85.1%) respondents ranked school nursing practice as being very important
38 (12.1%) indicated somewhat important
1 (0.3%) indicated not important

Breakdown of Respondents for Very Important

School Nurses	150	56.3%
Teachers	15	5.6%
Counselors	23	8.6%
Principals	39	14.6%
Health Educators	5	1.9%
Social Workers	10	3.7%
School Psychologists	4	1.5%
Administrators	11	4.1%

8. **Collaboration with Community Resources.**

n = 314 cases
235 (74.8%) respondents ranked school nursing practice as being very important
68 (21.7%) indicated somewhat important
3 (1.0%) indicated not important

Breakdown of Respondents for Very Important

School Nurses	137	58.0%
Teachers	12	5.1%
Counselors	20	8.5%
Principals	32	13.6%
Health Educators	4	1.7%
Social Workers	7	3.0%
School Psychologists	2	0.9%
Administrators	11	4.7%

School health nursing practice was consistently identified as being very important to modifying or removing health-related barriers to learning and development. The benefits identified were considered to be very important by the greater percentage of all respondents in each professional category including school of nursing faculty (2) who rated 100% for the eight benefits.

Item 13

Item 13 was designed to examine the role and function of the school nurse in establishing, maintaining and insuring a comprehensive school health program. The respondents were asked to place a check in the space by those activities believed to be important for the involvement of school nurses.

1. **Emergency care procedures.**

n = 315 cases

281 (89.2%) respondents ranked this activity as <u>important</u> for the involvement of school nurses

34 (10.8%) <u>did not respond</u>

<u>Breakdown of Respondents for Important</u>

School Nurses	158	56.2%
Teachers	10	3.6%
Counselors	23	8.2%
Principals	45	16.0%
Health Educators	5	1.8%
Social Workers	9	3.2%
School Psychologists	5	1.8%
Administrators	14	5.0%

2. **Specialized physical care procedures.**

n = 315 cases

253 (80.3%) respondents ranked this activity <u>important</u> for the involvement of school nurses

62 (19.7%) <u>did not respond</u>

<u>Breakdown of Respondents for Important</u>

School Nurses	153	60.5%
Teachers	5	2.0%
Counselors	19	7.5%
Principals	40	15.8%
Health Educators	3	1.2%
Social Workers	4	1.6%
School Psychologists	5	2 0%
Administrators	12	4 7%

3. **Protocols for administering medications.**

n = 315 cases

271 (86.0%) respondents ranked this as important for the involvement of school nurses

44 (14.0%) did not respond

Breakdown of Respondents for Important

School Nurses	158	58.3%
Teachers	9	3.3%
Counselors	23	8.5%
Principals	39	14.4%
Health Educators	4	1.5%
Social Workers	9	3.3%
School Psychologists	5	1.8%
Administrators	14	5.2%

4. **Safety measures and programs.**

n = 315 cases

238 (75.5%) respondents ranked this activity as important for the involvement of school nurses

77 (24.2%) did not respond

Breakdown of Respondents for Important

School Nurses	147	61.8%
Teachers	8	3.4%
Counselors	15	6.3%
Principals	34	14.3%
Health Educators	1	0.4%
Social Workers	5	2.1%
School Psychologists	2	0.8%
Administrators	14	5.9%

5. **Health Education.**

n = 315 cases

195 (61.9%) respondents ranked this activity as <u>important</u> for the involvement of school nurses

120 (38.1%) <u>did not respond</u>

<u>Breakdown of Respondents for Important</u>

School Nurses	145	74.4%
Teachers	7	3.6%
Counselors	0	0.0%
Principals	15	7.7%
Health Educators	1	0.5%
Social Workers	7	3.6%
School psychologists	0	0.0%
Administrators	11	5.6%

6. **Training of Participants (Health aides and volunteers).**

n = 315 cases

245 (77.8%) respondents ranked this activity as <u>important</u> for the involvement of school nurses

70 (22.2%) <u>did not respond</u>

<u>Breakdown of Respondents for Important</u>

School Nurses	148	60.4%
Teachers	8	3.3%
Counselors	18	7.3%
Principals	38	15.5%
Health Educators	2	0.8%
Social Workers	5	2.0%
School Psychologists	2	0.8%
Administrators	12	4.9%

7. **Inservice programs.**

n = 314 cases
252 (80.3%) respondents ranked this activity as <u>important</u> for the involvement of school nurses
62 (19.7%) <u>did not respond</u>

<u>Breakdown of Respondents for Important</u>

School Nurses	150	59.5%
Teachers	9	3.6%
Counselors	17	6.7%
Principals	39	15.5%
Health Educators	3	1.2%
Social Workers	6	2.4%
School Psychologists	3	1.2%
Administrators	13	5.2%

8. **Identifying at-risk and suspected handicapped students with physical and psycho-social problems.**

n = 315 cases
265 (84.1%) respondents ranked this activity as <u>important</u> for the involvement of school nurses
50 (15.9%) <u>did not respond</u>

<u>Breakdown of Respondents for Important</u>

School Nurses	156	58.9%
Teachers	10	3.8%
Counselors	18	6.8%
Principals	45	17.0%
Health Educators	1	0.4%
Social Workers	6	2.3%
School Psychologists	4	1.5%
Administrators	12	4.5%

9. **Establishing, reporting and recording systems for continuity/accountability of student records.**

n = 314 cases
254 (80.9%) respondents ranked this activity as <u>important</u> for the involvement of school nurses
60 (19.1%) <u>did not respond</u>

<u>Breakdown of Respondents for Important</u>

School Nurses	152	59.8%
Teachers	6	2.4%
Counselors	21	8.3%
Principals	39	15.4%
Health Educators	4	1.6%
Social Workers	5	2.0%
School Psychologists	3	1.2%
Administrators	13	5.1%

10. **Promoting an awareness of the influences of curriculum, policies, activities, communication, and stress levels on the mental health of students.**

n = 315 cases
222 (76.5%) respondents ranked this activity as <u>important</u> for the involvement of school nurses
93 (29.5%) <u>did not respond</u>

<u>Breakdown of Respondents for Important</u>

School Nurses	142	64.0%
Teachers	8	3.6%
Counselors	11	5.0%
Principals	31	14.0%
Health Educators	0	0.0%
Social Workers	5	2.3%
School Psychologists	2	0.9%
Administrators	11	5.0%

11. **Assessing health status in relationship to educational and personal achievements of students.**

n = 313 cases
259 (82 7%) respondents ranked this activity as important for the involvement of school nurses
54 (17.3%) did not respond

Breakdown of Respondents for Important

School Nurses	152	58.7%
Teachers	8	3.1%
Counselors	21	8.1%
Principals	38	14.7%
Health Educators	2	0.8%
Social Workers	8	3.1%
School Psychologists	3	1.2%
Administrators	14	5.4%

12. **Nutrition and diet education.**

n = 313 cases
259 (82.4%) respondents ranked this activity as important for the involvement of school nurses
55 (17.6%) did not respond

Breakdown of Respondents for Important

School Nurses	153	59.3%
Teachers	9	3.5%
Counselors	19	7.4%
Principals	36	14.0%
Health Educators	4	1.6%
Social Workers	8	3.1%
School Psychologists	4	1.6%
Administrators	12	4.7%

School nurses, school principals and counselors consistently identified the 12 activities listed as being important for school nurses. The two school of nursing faculty identified the activities as being important to the role and function of school nurses in managing school health programs.

Item 14

Item 14 was designed to examine the role and function of the school nurse as related to health education in the school. Respondents were asked to identify the person in the school responsible for health education as listed by placing the appropriate number by the health education needs: 1 = School nurse, 2 = Health educator, 3 = Teacher, and 4 = Other. In addition to the four options provided, and directions to identify "the person" responsible for health education, many respondents elected to identify more than 1 person as being responsible for health education needs in the schools. To capture the data, the responses were combined and identified as "combination including school nurse" and "combination not including school nurse." The combinations included counselors, social workers, safety/security personnel, and volunteer groups.

In response to health education needs, the following results are noted in the seven subcategories:

1. **Nutrition/Diet.**

Eighty-one (48.2%) of the school nurses identified the combination of school workers, including the nurse, as being responsible for health education while 32 (19.0%) identified the teacher as being responsible. Nineteen (38.0%) of the principals identified the teachers as being responsible for health education.

2. **Substance Abuse.**

Eight-one (48.2%) of the school nurses identified the combination of school workers, including the nurse, as being responsible for health education while 23 (13.7%) identified the teacher as being responsible. Seventeen (34.0%) of the school principals identified the teachers as being responsible for health education.

3. **Psychological and Emotional Problems.**

Seventy-six (45.2%) of the school nurses identified the combination of school workers, including the nurse, as being responsible for health education. Twenty (40.0%) of the principals identified other (counselors, social workers, safety/security personnel and volunteer groups) as being responsible.

4. **Sex Education.**

Eighty (47.6%) of the school nurses identified the combination of school workers, including the nurse, as being responsible for health education, 25 (14.9%) identified the health educator while 23 (13.7%) identified the school nurse. Twelve (24.0%)

of the school principals identified the teacher as being responsible for sex education.

5. **Teenage Pregnancy.**

Ten (20%) of the principals identified the combination of school workers, including the school nurse, as being responsible for health education. Nine (33.3%) of the counselors identified the school nurse as being responsible.

6. **Sexually Transmitted Diseases (STD).**

Sixty-two (37.1%) of the school nurses and 14 (28%) of the principals identified the combination of school workers, including the school nurse, as being responsible for (STD) education.

7. **Safety/Accident Prevention.**

Sixty-three (37.5%) of the school nurses and 15 (30.0%) of the principals identified the combination of school workers, including the school nurse, as being responsible for safety education. Fifteen (30.0%) of the principals identified the teacher as being responsible.

The role of the school nurse in health education was not clearly defined by the responses to this item. The role is shared with school teachers, counselors, health educators, social workers, safety and security personnel and volunteer groups. See Tables 5 through 11.

School nurses were asked to respond to items 15, 16, and 17 of the questionnaire. These items were designed to examine specific functions of the school nurse practice-role in the areas of assessment, intervention and collaboration. (Refer to Appendix D).

Item 15

Item 15 directed the school nurse to rate 13 data sources as very, least or not important as these sources impact the school health program. The results were rated as very important by more than 100 of the 180 respondents. Screening data for hearing and vision rated first and second of importance (hearing, 170 (94.4%); vision 169 (93.3%).

Item 16

Item 16 directed the school nurse to prioritize 8 interventions as frequently, seldom or rarely used to implement school health nursing practice.

Table 5

HEALTH EDUCATION NEEDS

Nutrition / Diet

	School Nurses	Teachers	Health Educator	Counselor	Social Worker	School Psychologist	Administrator	Principal
	N=168 # (%)	N=18 # (%)	N=6 # (%)	N=27 # (%)	N=10 # (%)	N=16 # (%)	N=16 # (%)	N=50 # (%)
0 = no response	8 (4.8)	1 (5.6)	0	1 (3.7)	2 (20.0)	0	1 (6.3)	0
1 = School Nurse	17 (10.1)	3 (16.7)	0	2 (7.4)	1 (10.0)	1 (20.0)	1 (6.3)	2 (4.0)
2 = Health Educator	21 (12.5)	4 (22.2)	3 (50.0)	8 (29.6)	2 (20.0)	2 (40.0)	0	10 (20.0)
3 = Teacher	32 (19.0)	6 (33.3)	1 (16.7)	5 (18.5)	3 (30.0)	2 (40.0)	1 (6.3)	19 (38.0)
4 = Other	4 (2.4)	1 (5.6)	1 (16.7)	2 (7.4)	0	0	0	9 (18.0)
5 = Combination including school nurse	81 (48.2)	3 (16.7)	1 (16.7)	5 (18.5)	2 (20.0)	0	8 (50.0)	7 (14.0)
6 = Combination not including school nurse	5 (2.9)	0	0	4 (14.8)	0	0	5 (31.3)	3 (6.0)

Table 6

Substance Abuse
(Alcohol, drugs, and tobacco)

	School Nurses	Teachers	Health Educator	Counselor	Social Worker	School Psychologist	Administrator	Principal
	N=168 # (%)	N=18 # (%)	N=6 # (%)	N=27 # (%)	N=10 # (%)	N=5 # (%)	N=16 # (%)	N=50 # (%)
0 = no response	4 (2.4)	1 (5.6)	0	0	0	0	2 (12.5)	0
1 = School Nurse	7 (4.2)	2 (11.1)	0	0	0	0	0	0
2 = Health Educator	22 (13.1)	6 (33.3)	3 (50.0)	7 (25.9)	3 (30.0)	0	2 (12.5)	6 (12.0)
3 = Teacher	23 (13.7)	2 (11.1)	1 (16.7)	4 (14.8)	2 (20.0)	0	1 (6.3)	17 (34.0)
4 = Other	12 (7.1)	3 (16.7)	0	6 (22.2)	3 (30.0)	4 (80.0)	3 (18.8)	4 (8.0)
5 = Combination including school nurse	81 (48.2)	3 (16.7)	1 (16.7)	7 (25.9)	0	0	6 (37.5)	10 (20.0)
6 = Combination not including school nurse	19 (11.3)	1 (5.6)	1 (16.7)	1 (3.7)	2 (20.0)	1 (20.0)	2 (12.5)	13 (26.0)

Table 7

Psychological and Emotional Problems

	N=168 # (%)	N=18 # (%)	N=6 # (%)	N=27 # (%)	N=10 # (%)	N=5 # (%)	N=16 # (%)	N=50 # (%)
0 = no response	8 (4.8)	2 (11.1)	0	0	1 (10.0)	0	1 (6.3)	0
1 = School Nurse	22 (13.1)	0	1 (16.7)	1 (3.7)	1 (10.0)	0	0	2 (4.0)
2 = Health Educator	6 (3.6)	0	0	0	0	0	0	2 (4.0)
3 = Teacher	10 (6.0)	2 (11.1)	1 (16.7)	3 (11.1)	2 (20.0)	0	0	11 (22.0)
4 = Other	39 (23.2)	9 (50.0)	3 (50.0)	16 (59.3)	5 (50.0)	5 (100.0)	9 (56.3)	20 (40.0)
5 = Combination including school nurse	76 (45.2)	4 (22.2)	1 (16.7)	5 (18.5)	1 (10.0)	0	4 (25.0)	7 (14.0)
6 = Combination not including school nurse	7 (4.2)	1 (5.5)	0	2 (7.4)	0	0	2 (12.5)	8 (16.0)

Table 8

Sex education

	School Nurses	Teachers	Health Educator	Counselor	Social Worker	School Psychologist	Administrator	Principal
	N=168 # (%)	N=18 # (%)	N=6 # (%)	N=27 # (%)	N=10 # (%)	N=5 # (%)	N=16 # (%)	N=50 # (%)
0 = no response	15 (8.9)	3 (16.7)	0	0	2 (20.0)	1 (20.0)	4 (25.0)	6 (12.0)
1 = School Nurse	23 (13.7)	2 (11.1)	0	4 (14.8)	0	0	1 (6.3)	4 (8.0)
2 = Health Educator	25 (14.9)	5 (27.8)	3 (50.0)	10 (37.0)	2 (20.0)	2 (40.0)	0	8 (16.0)
3 = Teacher	18 (10.7)	3 (16.7)	1 (16.7)	2 (7.4)	2 (20.0)	1 (20,0)	2 (12.5)	12 (24.0)
4 = Other	4 (2.4)	0	1 (16.7)	2 (7.4)	0	0	0	5 (10.0)
5 = Combination including school nurse	80 (47.6)	3 (16.7)	1 (16.7)	8 (29.6)	3 (30.0)	1 (20.0)	7 (43.7)	9 (18.0)
6 = Combination not including school nurse	3 (1.8)	2 (11.1)	0	1 (3.7)	1 (10.0)	0	2 (12.5)	6 (12.0)

Table 9

Teenage pregnance

	N=168 # (%)	N=18 # (%)	N=6 # (%)	N=27 # (%)	N=10 # (%)	N=5 # (%)	N=16 # (%)	N=50 # (%)
0 = no response	4 (30.8)	5 (27.8)	0	4 (14.8)	1 (10.0)	0	3 (18.8)	14 (28.0)
1 = School Nurse	2 (15.4)	1 (5.6)	1 (16.7)	9 (33.3)	0	2 (40.0)	2 (12.5)	5 (10.0)
2 = Health Educator	0	4 (22.2)	2 (33.3)	4 (14.8)	2 (20.0)	0	0	2 (40.0)
3 = Teacher	1 (7.7)	1 (5.6)	0	1 (3.7)	1 (10.0)	0	0	8 (16.0)
4 = Other	3 (23.1)	3 (16.7)	2 (33.3)	2 (7.4)	2 (20.0)	2 (40.0)	4 (25.0)	7 (14.0)
5 = Combination including school nurse	3 (23.1)	3 (16.7)	1 (16.7)	6 (22.2)	3 (30.0)	1 (20.0)	6 (37.5)	10 (20.0)
6 = Combination not including school nurse	0	1 (5.6)	0	1 (3.7)	1 (10.0)	0	1 (6.25)	4 (8.0)

Table 10

Sexually transmitted diseases

	School Nurses	Teachers	Health Educator	Counselor	Social Worker	School Psychologist	Administrator	Principal
	N= 167 # (%)	N=18 # (%)	N=6 # (%)	N=27 # (%)	N=10 # (%)	N=5 # (%)	N=16 # (%)	N=50 # (%)
0 = no response	19 (11.4)	4 (22.2)	0	4 (14.8)	2 (20.0)	1 (20 0)	4 (25.0)	8 (16.0)
1 = School Nurse	49 (29.3)	2 (11.1)	1 (16.7)	10 (37.0)	1 (10.0)	2 (40.0)	1 (6.3)	6 (12.0)
2 = Health Educator	20 (12.0)	6 (33.3)	2 (33.3)	6 (22.2)	2 (20.0)	1 (20.0)	2 (12.5)	4 (8.0)
3 = Teacher	10 (6.0)	2 (11.1)	0	0	1 (10.0)	0	0	11 (22.0)
4 = Other	5 (3.0)	1 (5.6)	2 (33.3)	0	1 (10.0)	0	0	3 (6.0)
5 = Combination including school nurse	62 (37.1)	3 (16.7)	1 (16.7)	6 (22.2)	1 (10.0)	1 (20.0)	6 (37.5)	14 (28.0)
6 = Combination not including school nurse	1 (1.2)	0	0	1 (3.7)	2 (20.0)	0	1 (6.3)	4 (8.0)

Table 11

Safety / accident prevention

	N=168 # (%)	N=18 # (%)	N=6 # (%)	N=27 # (%)	N=10 # (%)	N=5 # (%)	N=16 # (%)	N=50 # (%)
0 = no response	9 (5.4)	1 (5.6)	0	1 (3.7)	1 (10.0)	0	2 (12.5)	1 (2.0)
1 = School Nurse	28 (16.7)	1 (5.6)	2 (33.3)	2 (7.4)	0	1 (20.0)	2 (12.5)	1 (2.0)
2 = Health Educator	19 (11.3)	5 (27.8)	2 (33.3)	6 (22.2)	1 (16.0)	0	0	12 (24.0)
3 = Teacher	30 (17.9)	5 (27.8)	1 (16.7)	4 (14.8)	4 (40.0)	3 (60.0)	3 (18.8)	15 (30.0)
4 = Other	12 (7.1)	1 (5.6)	0	2 (7.4)	2 (20.0)	0	0	2 (4.0)
5 = Combination including school nurse	63 (37.5)	4 (22.2)	1 (16.7)	7 (25.9)	2 (20.0)	1 (20.0)	6 (37.5)	12 (24.0)
6 = Combination not including school nurse	7 (4.2)	1 (5.6)	0	5 (18.5)	0	0	3 (18.8)	6 (12.0)

Counseling/referrals and providing information about current health status rated high priority among the 180 respondents: counseling/referrals (169 or 93.9%); providing information (164 or 91.1%), providing programs/services for at-risk populations rated lowest among the interventions (96 or 53.3%).

Item 17

Item 17 directed the school nurse to identify 6 areas of collaborative involvement which contribute greatly to role and function of the nurse.

The collaborative area in which most of the 180 school nurses identified as contributing greatly to role and function was with school personnel (164 or 91.1%). Collaboration with community agencies (155 or 86.1%) and local health departments (154 or 86%) were also identified as being important. Each of the 6 collaborative areas received more than 100 responses 164 (91.1%) to 130 (72.2%) with physicians receiving the fewest responses.

Item 18

Additional comments from all respondents were requested in Item 18.

The comments generally noted the value and importance of school nurses to school health services. The demand for an increase in the number of school nurses was requested by many of the respondents with suggestions for, at least, one nurse in each school.

Required school nurse certification was suggested through the comments, especially those made by the school nurses. In addition, there were comments which recommended that all school health personnel be licensed as registered nurses.

Summary

This survey, The Importance of the Role and Function of School Nurses in the Provision of School Health Services presented data that recognize the importance of school nurses in implementing comprehensive school health services. However, the role and function of the school nurse is varied and warrants standards to govern and regulate the practice of school nursing in the Commonwealth of Virginia as suggested by the school nurse respondents.

Additional surveys from the mailout were received after the deadline. These surveys will be analyzed in an expanded presentation of the data at some future date and made available for review

NATIONAL PERSPECTIVE ON SCHOOL NURSES AND SCHOOL HEALTH SERVICES

In an effort to obtain a national perspective on the arrangement of school nurses and standards for school health services, the study committee requested information from the various 50 states. An analysis of policy manuals on school health services and a review of recent research on school health in America were conducted. The following information, taken from the report, School Health in America· An Assessment of State Policies to Protect and Improve the Health of Students (1985) addresses these questions raised by the study committee:

1) Are school health services exclusively provided [by] your State Department of Education or are these services provided by your State Department of Health?

2) What are the certification standards/standards of practice for school nurses?

3) What are your state's standards for school health?

Question #1

> The individual responsible for school health services in 29 states (5%) was employed by the state department of education. In 18 states (35%), the state department of health employed the person responsible for school health services. Responses from 4 states (8%) were not received (Kolbe, Allensworth, Lovato, Hogan, Cook, 1985, p.9).
>
> In the 18 states in which the individual responsible for school health services was employed by the state department of health: individuals in 4 states (22%) were designated by their title as responsible for school health services; individuals in 3 states (17%) for school nursing; individuals in 2 states (11%) for health education and services; and individuals in 4 states (22%) were designated with other titles (i.e., public health nursing, dental/health education bureau, pediatrics). Five of the 18 states (28%) which indicated that the individual responsible for school health services was

employed by the department of health did not designate a title for that individual.

In the 29 states in which the individual responsible for school health services was employed by the state department of education: individuals in 8 states (28%) were designated by their title as responsible for health education and services; individuals in 7 states (24%) for school health services; individuals in 4 states (14%) for student services, individuals in 3 states (10%) for health education, services, and physical education, an individual in one state (3%) for school nursing; and an individual in one state (3%) was designated as a curriculum consultant. Five of the 29 states (17%) which indicated that the individual responsible for school health services was employed by the department of education did not designate a title for that individual (Kolbe, et al. p. 9).

Question #2

Thirty-eight states (75%) required those employed as school nurses to be registered nurses; 2 states (4%) required them to be either registered nurses or licensed practical nurse; and 11 states (22%) did not respond to this item.

Nineteen states (37%) mandated that those employed as school nurses attain specific school nurse certification requirements. In 12 other states (24%), although specific school nurse certification was available, those employed as school nurses were not required by the state to attain such certification requirements. In 15 states (29%) certification specifically for school nurses was neither available nor required. Five states (10%) did not respond to this item (Kolbe, et a.., p.13).

Question #3

A specific school nurse-to-student ratio was mandated in seven state (14%). Guidelines for an optimal school nurse-to-student ratio were recommended in 21 states (41%). Seventeen states (33%) provided no such guidelines. Responses were not received from 6 states (12%).

The 21 states that recommended a school nurse-to-student ratio were as follows: 9 states (43%) recommended a specific ratio of students per school nurse (M=1,611 students per school nurse); 6 states (29%) recommended one nurse per school system or school; 4 states (19%) recommended one nurse per school, and 2 states (10%) recommended one nurse per school system (Kolbe, et al, p.16).

FORUM: THE IMPORTANCE OF SCHOOL NURSING AND STANDARDS FOR SCHOOL HEALTH SERVICES

Highlights of Discussion

The 210 participants in the Forum, **The Importance of School Nursing and the Health Needs of School-Age Children**, gathered into twenty-five work groups and discussed the following open-ended questions.

1. **What innovative and creative approaches would you recommend to encourage local school divisions to recognize the importance of school nurses?**
2. **What are the benefits of school health services and school nurses to the educational achievement of school-age children?**
3. **What do you feel would contribute to continuity and consistency in the delivery of health services in the school environment?**

The participants' collective responses (the data) were recorded by facilitators and examined using content analysis methodology. The themes that emerged from the discussions were varied yet tended to reflect common needs concerning the importance of school nursing and the health needs of school-age children.

As a result of the discussions, the following solutions emerged. While the Study Committee realized that these solutions were not all-inconclusive, they represented a foundation on which to emphasize the need for school nurses and health services in the public schools in the Commonwealth of Virginia.

Solutions Pertaining to Question #1: What innovative and creative approaches would you recommend to encourage local school divisions to recognize the importance of school nurses?

Solution 1.
School nurses should improve their visibility and image in the community through marketing and public awareness campaigns.

Solution 2
School nurses should initiate activities to become involved with other school personnel, specifically pupil personnel services professionals (i.e., psychologists, school social workers, guidance counselors).

Solution 3:
School nurses should research their role in relationship to the enhancement of educational skills of students.

Solution 4:
School nurses should clarify and disseminate their professional role and function which clearly reflect the wide array of their skills and abilities.

Solution 5:
School nurses should continue to augment their skills through professional development activities.

Solution 6:
School nurses should be mandated for every school division.

Solution 7:
School health advisory boards should be established to enhance community support for school nurses and the health needs of school-age children.

Discussion

The participants generated 124 themes in response to this question. On the average, each group proposed nearly five themes (M = 4.96) with a standard deviation of 2.18. The range of responses over the groups was from one to ten.

A categorization system, emerging from the themes, centered on. public relations (43 themes; 34.7% of the total themes), involvement in professional teams (27; 21.8%), research on role functions (20; 16 1%), clarification and dissemination of job

description (9; 7.3%), enhancement of skills (8; 6.5%), official proclamations (7; 5.6%), creation of advisory boards (5; 4.0%), and spend a day with a nurse (5; 4.0%).

Public relations. The public relations category contains those responses that focus on improving the school nurse's visibility and image in the community through marketing and publicity. The participants suggested that nurses use television and print media (including business cards), sponsor health fairs, and attend local school board meetings. The purpose, according to one group, was to "make people aware of what nurses can do." Public relations took on an individual meaning as one group proposed that notable school nurse advocates, such as The Honorable Eva Teig and Dr. Patricia White, "visit localities to raise awareness" of the need for school nurses.

Involvement in professional teams. Working with other disciplines and community organizations was discussed as a way to encourage local school divisions to recognize the importance of school nurses. Specific disciplines and organizations mentioned were medicine, education, special education, nutrition, and parent-teacher associations. Some participants exhorted that nurses need "better working relationship and communication with [the] medical community. We are all working for health benefits of children." Others hoped that nurses could be represented on every school committee and team in order to "act as a resource person in school for health and

wellness." Specifically mentioned was the necessity for school nurses to be a part of the Family Life Education curriculum.

Research on role functions. Economics drives many if not all policy decisions. With this in mind, the participants proposed cost/benefit studies. One specific approach was to "compare schools with school nurses and those without school nurses." Other people discussed documenting "how nurses could decrease the non-secretarial workload of clerical staff and allow them to have more time for their secretarial duties." Another technique was to identify how monies spent for school nursing could reduce the monies spent for special education. See Appendix B for other examples involving cost benefit models.

Clarification and dissemination of job description. It was perceived as important that school nurses clarify and disseminate a job description that actually reflected the wide array of nurses' skills and abilities. "School nurses [should] compose their own job description." School personnel and parents should be informed of the role and function of school nurses.

Enhancement of skills. Related to the need for a clearer job description was the need for school nurses to improve their skills, particularly in the area of physical assessment. Some believed that certification held the key to increased credibility and thus to recognition as being important. Others suggested that schools of nursing take leadership in educating nurses to the realities of health care in the public schools.

It was also essential that nurses continue their own professional development.

Official proclamations. "Nurses are important!" Participants considered that, if legislators and administrators believed in the value of school nurses, they should express this belief. Actions speak louder than words. The state should mandate school nurses for every school district as an expression of its belief in the significance of school nurses for the health of the children in the public schools of this Commonwealth.

Creation of advisory boards. Five groups specifically asked for advisory boards for each school system. These boards would include members from social services, public health departments, medical community, parents, school boards, school administrators, and school nurses. The purpose of the boards is to enhance community support for school nurses and school health services.

Spend a day with a nurse. Five groups also asked that legislators, local school boards, administrators, and principals spend a day with the school nurse. "Seeing is believing" seems to get at the essence of importance of the school nurses and school health services issue.

Solutions Pertaining to Question #2: What are the benefits of school nurses and school health services to the educational achievement of school-age children?

Solution 8

School nurses should be supported by school personnel in assuring that students in appropriate age groups receive screenings and health assessments.

Solution 9

School nurses should be supported by professionals of the medical community to assist in prevention and detection of health problems which impede learning outcomes for school-age children.

Solution 10·

School nurses should collaborate with other disciplines in investigating the cost effectiveness of their services to school-age children.

Solution 11:

School nurses should provide care and treatment to students with chronic and handicapping conditions to facilitate learning.

Solution 12:

School nurses should educate and counsel students as a means of reducing the "new morbidities."

Discussion

Benefits of school nurses and school health services to the educational achievement of students, as identified by the forum participants, were diversified and included the following major areas:

* Reducing barriers to learning through vision and hearing screening.
* Referrals and follow-up assessments to assure proper treatment of vision and hearing deficits.
* Advocacy for students in areas such as family and student/teacher relationships; and, in negotiation for community services.
* Prevention of disease through monitoring immunization records and screening of children in the school clinics.

* Providing the care and treatment of students with chronic and handicapping conditions thus facilitating the educational achievement of these students.

* identifying students in high risk populations, especially in those areas identified as the "new morbidities."

* Comforting students which included acting as confidante and building self-esteem.

* Serving as liaison between school health services, the home and medical services.

* Serving as a resource to school faculty, students and families for available community agencies.

* Providing health care oriented inservice programs for teachers.

* Providing health education programs for parents and students.

* Interpreting relationships of good health to good education:

  a) informs teachers of health needs
  b) informs teachers of health deficits

Solutions Pertaining to Question #3: What do you feel would contribute to continuity and consistency in the delivery of health services in the school environment?

Solution 13:
The State should take an active role in promoting school health services in order to contribute to continuity and consistency in the delivery of health services.

Solution 14
School nurses should be involved as a member of the school team.

Solution 15:
School nurses should be qualified.

Solution 16:
A school nurse coordinator position should be established at the state level.

Solution 17:
All health encounters in the school should be documented to establish standards of practice for school health.

Discussion

The participants generated 113 themes in response to this question. The range of responses over the groups was from one to thirteen, averaging four and one-half (M = 4.52) per group with a standard deviation of 2.38.

A categorization system, emerging from the themes, focused on: a pro-active state role (49 themes; 43.4% of the total themes), involvement in professional teams (21; 18.6%), qualifications for school nurses (19; 16.8%), state level coordinator position for school nursing (14; 12.4%), and documentation (10; 8.8%).

A pro-active state role. The participants were quite clear that the state must take an active role in promoting school health services in order to contribute to continuity and consistency in the delivery of health services. Over 40% of the

themes emphasized developing and mandating state-wide standards for health services and for school nurses The participants asked for "state guidelines for health services in the schools," "establishment of state standards for all school health services," and "mandated minimum standards."

The state role was also seen in the request for "adequate numbers of nurses." Some asked for "a school nurse in every school"; others looked for "school nurse in every district"; while a third group suggested "an established pupil/nurse ratio." The participants proposed the use of health aides, licensed practical nurses, and clerical staff to "free the school nurse to be more involved with health education, disease prevention, and coordination of services."

Involvement in professional teams. Involvement with other disciplines and community organizations is critical and essential to the delivery of school health services. Along with encouraging recognition of the importance of school nurses, team work was seen as a way to improve continuity and consistency in the delivery of health services. The participants addressed specific approaches such as "more cooperation with special education, pupil personnel service" and "working with neighborhood agencies to provide comprehensive services." The group members believed that parental involvement was a key to the success of service delivery. "The community needs to develop an attitude or value of putting children first!"

Qualifications for school nurses. Education was of prime importance to some groups for improving continuity and consistency in the delivery of school health services. Almost a third (31.6%) of the data in this category specified that school nurses needed to be registered nurses. Continuing education and nursing certification were proposed as requirements for the school nurse. One group proposed recruitment efforts designed to increase "enrollment in pediatric nursing programs and practitioner programs."

Coordinator position for school nursing. Most expressed that a consultant for school nursing/health services position belonged on the state level. We need "a state level position for a nurse to oversee school health services whether provided by a school division or a public health department."

Documentation. Better record keeping and documentation of actions were recommended as ways to improve continuity and consistency. "Document all health encounters" stated one group. Documentation also provides evidence of accountability in compliance with standards.

In addition to the above solutions, the Study Committee fully supported the following recommendations which were included in Senate Document No. 22 (pp. v-vii):

1. The number of nurses providing school health services should be increased to allow for at least one nurse in every school or a ratio of one nurse per 1,000 students.

2. Minimum standards for school health services in Virginia should be developed jointly by the Departments of Education and Health.

3. The Departments of Education and Health should establish a nursing position within the State Department of Education to supervise and coordinate the provision of school health services in the Commonwealth.

4 The Departments of Health and Education along with the Virginia Dental Association should work together on a state and local level to coordinate dental care resources and to increase dental screenings and educational programs.

5. The Departments of Education, Health, and Mental Health and Mental Retardation should co-sponsor at regular intervals continuing education opportunities for school nursing personnel on a regional basis.

6. The Departments of Health, Education, and Mental Health and Mental Retardation should provide for school personnel continuing education opportunities about the new morbidity facing today's school-age children.

7. Every school division within the state should have a school health advisory body composed of public and private sector representatives to assist with school health policy.

8. Every school division should establish a cooperative agreement with a physician to serve in the capacity of consulting medical director to provide medical care consultation and backup to nursing personnel.

9. Formal, written emergency medical procedures should be developed in every school division within the state.

10. The State Department of Education should direct all school divisions to maintain appropriate documentation on all student injuries as part of a program of comprehensive risk management.

11. The State Department of Education should continue to monitor and insist that all schools comply with state laws pertaining to vision and hearing assessments.

12. The Department of Education should direct all school divisions to provide time in the curriculum for health education. Further, there should be a strong emphasis on health promotion and disease and injury prevention programs.

RECOMMENDATIONS OF THE STUDY COMMITTEE

Recommendation 1:
Qualified school nurses should be required in every school division contingent upon appropriate funding.

Recommendation 2:
The goal for nurse/student ratios should conform to the standards set by National Association of School Nurses, American Nurses Association, American School Health Association.

Recommendation 3:
School health advisory boards, composed of public and private sector representatives, should be established to enhance community support for school health services and to assist in the development of local school health policy.

Recommendation 4:
Minimum standards for school health services in Virginia should be developed jointly by the Departments of Education and Health.

Recommendation 5:
A nursing position should be established by the Departments of Education and Health within their respective departments to supervise and coordinate the provision of school health services.

Recommendation 6:
School nurses should be involved as members of school teams to facilitate learning by providing care and treatment to students with chronic and handicapping conditions.

Recommendation 7:
Students and school personnel should be counselled as a means of reducing the "new morbidities."

Recommendation 8:
A cooperative agreement should be established in every school division with a physician to serve in the capacity of consulting medical director to provide medical care, consultation, and backup to nursing personnel.

Recommendation 9:
Formal written emergency medical procedures should be developed in every school division within the state.

Recommendation 10:

Appropriate documentation on all student injuries should be maintained by all school divisions as part of a program of comprehensive risk management

Recommendation 11:

Continuing education opportunities, especially in the new morbidities, should be co-sponsored by the Departments of Education, Health, Mental Health and Mental Retardation on a regional basis, and at regular intervals for school nursing personnel

Recommendation 12:

Qualifications for school nurses should be developed jointly by the Departments of Education and Health.

APPENDICES

Appendix A

Letter of Charge

September 13, 1988

Mrs. Ann R. Yankovich, President
Virginia School Nurses Association
Williamsburg-James City County Schools
P. O. Box 179
Williamsburg, Virginia 23187

Dear Mrs. Yankovich:

The Department of Education, in cooperation with the Department of Health, has been requested by the 1988 General Assembly to study ways to encourage local school divisions to recognize the importance of school nurses and the feasibility of establishing standards for health services in the public schools in the Commonwealth {House Joint Resolution No. 33 (HJR 33)}. We would like for you or a member of your organization to serve as a representative of the study committee to address the implications of HJR 33.

Copies of House Joint Resolution No. 33 and Senate Document No. 22 are enclosed. Senate Document No. 22 provides comprehensive data on the health needs of school-age children.

Several meetings have been planned in order to prepare a report for the 1989 Session of the General Assembly. These dates have been selected:

September 27, 1988 1:30 p.m.	Richmond, Va. James Monroe Building 18th Floor Large Conference Roo
October 21, 1988 1:30 p.m.	Richmond, Va. James Monroe Building 18th Floor Large Conference Roo
November 10, 1988 1:30 p.m.	Richmond, Va. James Monroe Building (Location to be Determined)

November 18, 1988	Statewide Forum on Health Needs of School-Age Children (Time and Place to be Announced)
November 30, 1988 1:30 p.m.	Richmond, Va. James Monroe Building 18th Floor Large Conference Roo

A favorable response to participate as a member of the study committee will be greatly appreciated. Your involvement and expertise are essential for addressing the issues identified by this resolution. Please let me or Dr. Zsolt Koppanyi, Director, Office of Family Health Services, Virginia Department of Health, know of your interest by September 16, 1988. My telephone number is (804) 225-2861 and Dr. Koppanyi's number is (804) 786-5214.

Sincerely,

Patricia A. White, Ed.D., Associate Director
Visiting Teacher/School Social Work, School Psychology, and School Health Services

PAW/pl

Enclosures

cc: Dr. Zsolt Koppanyi
Dr. Rondle E. Edwards
Dr. William L. Helton

Appendix B

Highlights of Agenda

OVERVIEW OF COMMITTEE ACTIONS AND ACTIVITIES

Dr Patricia A. White, Associate Director for Visiting Teacher/School Social Work, School Psychology, and School Health Services of the Department of Education and Dr Zsolt H. Koppanyi, Director of Office of Family Health Services of the Virginia Department of Health were co-facilitators of this study committee. The 14-member study committee included representatives from the Virginia Education Association, Virginia Academy of Pediatrics, Virginia School Boards Association, Virginia School Nurses Association, Virginia Parent-Teacher Association, public health department officials, collegiate schools of nursing, Department of Education, and Department of Health.

The full committee met five times, including the public forum. Several highlights of the meetings were as follows:

Meeting Dates	Meeting Highlights
September 13, 1988	* Cost Benefit Models
September 27, 1988	* Explanation of the Committee Charge
	* Imaginative school health programs
October 21, 1988	* National overview of certification of school nurses
	* Analysis of school health services manuals
	* Review of school health in America
	* Review of survey form, The Importance of the Role and Function of School Nurses in the Provision of School Health Services

November 10, 1988	* Review of research on cost documentation of school nursing follow-up services and evaluation of school-based high school services
	* The importance of the role of school nurses in recognizing the need for therapeutic and preventive measures for dental services among school-age children
November 15, 1988	* **Forum--The Importance of School Nursing and the Health Needs of School-Age Children**
November 30, 1988	* Review and critique draft of committee report

Appendix C

Summary and Evaluation of Forum

"The Importance of School Nursing and the Health Needs of School-Age Children"

EVALUATION QUESTIONNAIRE

FORUM
The Importance of School Nursing
and the Health Needs of the School-Age Child

The majority of the participants attending the forum were school nurses and public health nurses. Other participants included school administrators, counselors, teachers, physicians, and higher education faculty. Most participants rated the presentations as very effective in meeting the objectives of the forum. The study committee members were interested in the responses of the participants regarding question number 7 of the forum evaluation instrument.

As the study committee was particularly interested in the issues and concerns of the participants, question number 7 was selected for in-depth analysis. Eighty-five participants at the Forum individually considered and answered the open-ended question: What concerns and questions do you have about the school nursing and school health services issue in general? Their individual responses (the data) indicated strong feelings surrounding the importance of school nursing and the establishment of standards for health services. The data were analyzed using content analysis methodology. The theme or sentence or phrase within each of the 85 responses was used as the coding unit.

The participants generated 152 themes. A categorization scheme, emerging from the data, brought the responses together in the following way: a pro-active state role (38 themes, 25.0% of the total themes); professional development (37, 24.3%);

professional equality (17, 11.2%); team work (17, 11.2%), a coordinator position for school nursing (16, 10 3%), funding (13, 8 6%), reports to the legislators (5, 3.3%); liability (3, 2 0%), time (2, 1.3), role of public health (2, 1.3%), infrastructure (1, 0.7%), and early childhood development (1, 0.7%)

A pro-active state role

One-fourth of the themes echoed the sentiment of the workshop discussion groups "there should be a uniform standard for the delivery of health services across Virginia." The respondents asked for "consistency" and "guidelines" and "statewide direction." They clearly believed that "backing by the legislature to give some authority to health needs" was one sure way to improve the health status of Virginia's children.

Professional development

Within the umbrella of professional development, the respondents addressed the themes of minimum standards for practice, certification, and continuing education. The concern was that competent professionals were needed to implement any health care services. As one respondent said: "I feel strongly that certification should be implemented quickly in order to meet the changing needs of our society." The definition of the importance of school nursing must come from caring, qualified nurses. Two respondents also wished that notices of inservices and continuing education offerings would come directly to them and not to the administrators and superintendents.

Professional equality

While the burden of proof for professional development may be with the nurse, the focus in professional equality shifts to those in leadership and power positions. What are the expectations for the professional nurse working in the schools? "School nurses are often classified with support staff which includes custodians, cafeteria workers. We are professional staff." They are subject to "lack of treatment ... as a professional on equal footing with teachers." The respondents felt that school nurses belonged in the Standards of Quality and considered for salaries on par with other professionals in the schools.

Team work

Concerns about involvement with other health and school professionals surfaced as an issue for the respondents. The themes identified nurse interaction with other nurses ("How can school nurses work together to ensure that all school children have access to full time school nurses?"; with teachers (We would like a "role in family life education and sex education"); and with physicians. There was an appeal for recognition and understanding of the value of the school nurse in the school setting.

A coordinator position for school nursing

Quite simply: "We need a nurse coordinator at the state level to coordinate services." Ten percent of the themes spoke to this need. One key person is required to unite school nurses and to speak for their concerns on the state level.

Funding

Given the possibility of a state mandate for school health services and for numbers and qualifications for school nurses, the ever-present bottom line arises "Money - where is it coming from? Many school systems in the state are already financially strapped and these systems need nursing services perhaps more than some in the more affluent areas in the state." Who will pay? Many respondents tied the funding question with their request for a pro-active state role and said that the state must provide financial assistance.

Reports to the legislators

Five themes expressed the directive to "stop collecting information and get on with implementation and persuasion of those in power to improve school health services!" There was confidence in the ability of the "88-89 legislative session [to] bring health services for school-age children into the 21st century with adequate provisions for all children."

Liability

Three themes asked for state sponsored malpractice insurance for school nurses. "How can schools provide malpractice insurance for nurses? Can they link up with state coverage for public health?"

Time

Two respondents were concerned about not having enough time to do their job. "What can be done to reduce the pressure placed upon school nurses to give care to students in the time they have allotted during the school day?"

Role of public health

What is the role of public health in school nursing? Two people highlighted the primary responsibility of the public health departments to public health and concluded. "I don't feel that public health can provide school health services for the public schools."

Infrastructure

There was one plea to focus on helping Virginia school divisions to develop infrastructures that would support changes in school health services.

Early childhood development

A final concern was on the health needs of children: "We are creating future problems in our children by giving them too much, too soon" by forcing preschool children to perform school duties."

Appendix D - Survey Form

"The Importance of the Role and Function of School Nurses in the Provision of School Health Services"

SURVEY

The Importance of the Role and Function of School Nurses in the Provision of School Health Services

Introduction

The purpose of this survey is to assess the importance of school nurses in implementing comprehensive school health services. Herein the term "school nurse" is used to indicate any nurse who has responsibility for school health services within local school settings.

Only group data will be reported from the survey. It will take approximately 15 minutes to complete these items. Return of the questionnaire implies your consent to be a part of this important study.

Your timely assistance in completing this survey is appreciated.

PLEASE RETURN QUESTIONNAIRE TO:

Dr. Patricia A. White, Associate Director
Division of Pupil Personnel Services
Department of Education
P. O. Box 6Q
Richmond, Virginia 23216

Directions: This questionnaire is to be completed by nurses and other professionals responsible for school health services.

Note: Questions 1,12,13,14,& 18 should be answered only by individuals other than nurses.
Questions 1 through 18 should be answered only by nurses who work in environments, i.e public health nurses and school nurses.

Demographic Data: Check appropriate self-description below

1 Profession:

School Nurse	_____
Principal	_____
Classroom Teacher	_____
Health Educator	_____
Counselor	_____
Social Worker	_____

2. Your highest level of nursing preparation:

LPN	_____
Diploma	_____
AD (Associate Degree)	_____
BSN	_____
MS	_____
NP (Nurse Practitioner)	_____

3. Year of graduation from your basic nursing license program 19___.

4. Number of years you have practiced in **SCHOOL HEALTH SERVICES**:

0-5	_____
6-10	_____
11-15	_____
16 or over	_____

5. Current School Nurse Certification: Yes _____ No _____
If yes, identify state: _____
Certifying Agency: _____

6. Employing agency: (Please check one)

Public Health Department	_____
Local School Board	_____
Other	_____

7. Geographical Location of employment

City _____ County _____
Urban _____ Rural _____

8. Work assignment. (Check more than one, if necessary)

Elementary School _____
Middle School _____
Secondary School _____
Central Office Administration _____

9 Number of schools served. _____

10. Number of **HOURS** per day or per week related to delivery of health care to school-age children.

Per day _____ Per week _____

11. Total number of children served:_____

The purpose of school health nursing practice is to enhance the educational process by modification or removal of health-related barriers to learning and development.

BENEFITS	12. Rank the importance of school health nursing practice regarding the following benefits to education: 1 = Very important 2 = Somewhat important 3 = Not important
Fewer health-related absences and tardiness	
Fewer school dropouts	
Increase in positive health behavior	
Provision of care for handicapped and chronically ill pupils	
Identification of high-risk population for health-related interferences to learning	
Provision of comprehensive and well documented health care records	
Collaboration with educational team	
Collaboration with community resources	

The school nurse uses a management system to establish, maintain, and ensure a comprehensive school health program.

ACTIVITY	13. Place a (✓) in the space provided by those activities which you believe to be important for involvement of school nurses.
Identifying at-risk and suspected handicapped students with physical and psycho-social problems	
Establishing, reporting and recording systems for continuity/accountability of student records	
Promoting an awareness of the influence of curriculum, policies, activities, communications, and stress levels on the mental health of students	
Assessing health status in relationship to educational and personal achievement of students	
Nutrition and diet education	

The school nurse assists students, families, and groups to achieve optimal levels of wellness through health education.

HEALTH EDUCATION NEEDS	14. Identify the person in your school who is responsible for the health education needs listed by placing the appropriate number in the space provided: 1 = School Nurse 2 = Health Educator 3 = Teacher 4 = Other
Nutrition/Diet	
Substance Abuse (Alcohol, drugs, and tobacco)	
Psychological and emotional problems	
Sex education	
Teenage pregnancy	
Sexually transmitted diseases	
Safety/accident prevention	

The school nurse utilizes the nursing process to systematically and continuously collect data about the health and developmental status of students, particularly handicapped students.

DATA COLLECTION	15. Rate these data sources from most important to least important as they impact on your school health program. 1 = Very important 2 = Least important 3 = Not important
Growth and development history	
Health history	
Screening results:	
Vision	
Hearing	
Dental	
Scoliosis	
Physical assessment	
Emotional status	
Nutritional status	
Immunization status	
Student's perception of his/her health status	
Student health goals	
Cultural uniqueness	

The school nurse intervenes to provide for student and family participation in health promotion, maintenance, restoration, prevention of illness and rehabilitation.

INTERVENTION	16. Prioritize the interventions which you use to implement the school health nursing practice 1 = Frequently 2 = Seldom 3 = Rarely
Provides programs/services for individuals and populations at risk for preventable, potential health problems	
Coordinates services for well children with acute illness, injury or temporary handicapping condition	
Teaches self-care skills	
Informs students and family about current health status	
Encourages students' collaboration in development of self-care plan	
Provides necessary health counseling or refers to appropriate agency	
Provides necessary health educational opportunities	
Provides health counseling and/or programs which involve parents/significant others of school-age children	

The school nurse collaborates with parents, school personnel, and community agents in assessing, planning, implementing, and evaluating school health programs/activities.

COLLABORATION	17. Place a (✓) in those areas of collaboration which your involvement contributes greatly to the performance of your role and function.
Multidisciplinary educational team; i.e. child study, eligibility committee	
School personnel, i.e. teachers, principal, health educators	
Local health departments	
Physicians	
Community agencies and organizations, i.e. social services, mental health, PTA	
Parent/significant others of students	

18 Additional Comments_

Reference:

The 1983 publication, Standards of School Nursing Practice of The American Nurses Association, was used as a guide in developing this questionnaire.

Dr Frances Dunston, Director
Richmond City Health Department

Sandy Graumann, R N
Fairfax County Health Department

Shirley S, Hall, R N , Consultant
School of Nursing
Hampton University

Linda Koogler, R N
Chesterfield County Health Department

Dr Zsolt Koppanyi, Director, Co Chairperson
Office of Family Health Services
Virginia Department of Health

Dr Alice Linyear, Director
Division of Maternal and Child Health
Virginia Department of Health

Judith M Malachowski, R.N , Graduate Intern
School of Nursing
University of Virginia

Gail Nuckols
Virginia School Boards Association

Deborah Oswalt
Special Assistant to the
Secretary of Health and Human Resources

Dick Pulley
Virginia Education Association

Dr Kathleen J Sawin
Interim Chair School of Nursing
Medical College of Virginia

Nancy Taylor
Virginia Parent - Teacher Association

David Temple
Deputy Secretary of Education

Dr Patricia A. White, Co Chairperson
Associate Director
Division of Pupil Personnel Services
Virginia Department of Education

Ann Yankovich, R N.
Coordinator of School Health Services
Williamsburg James City Co , Schools

11/88 Media/Technology
Virginia Department of Education

Virginia Department of Education
and
Virginia Department of Health
Forum

"The Importance of School Nursing and the Health Needs of School-Age Children"

Tuesday, November 15, 1988
10:00 a.m. - 4:00 p.m.
Richmond Marriott

Forum Agenda

Salon IV

10:00 a.m. - 10:15 a.m.
Coffee

10:15 a.m. - 10:30 a.m.
Opening Remarks
Dr Patricia A White, Associate Director
Division of Pupil Personnel Services
Virginia Department of Education

Greetings
Delegate J. W O' Brien

10:30 a.m. - 10:45 a.m.
Purpose of Forum
Dr. Patricia A White

10:45 a.m. - 11:15 a.m.
Opening Session
Introduction of Speaker
David Temple
Deputy Secretary of Education

Speaker
Eva S. Teig
Secretary of Health and Human Resources
Topic: **Health needs of School-Age Children and the Implications for Trends in Education**

11:15 a.m. - 11:30 a.m.
Break

Salon E

11:30 a.m. - 12:15 p.m.
Interaction of Forum Participants Regarding Survey and Questionnaire

12:15 p.m. - 1:00 p.m.
Lunch

1:00 p.m. - 1:45 p.m.
Keynote Address

Introduction of Keynote Speaker
Dr Alice Linyear, Director
Division of Maternal and Child Health
Virginia Department of Health

Keynote Speaker
Judith B Igoe, R N
Associate Professor/Director
School Health Program
University of Colorado school of Nursing
Topic: **The Essentials of School Health and Quality Education: The Role and Function of School Nurses**

1:45 p.m. - 2:00 p.m.
Break

Salon IV

2:00 p.m. - 3:00 p.m.
Panel Discussion
Moderator: Dr. Kathleen J. Sawin
Interim Chair - School of Nursing
Medical College of Virginia/Virginia Commonwealth University

Panelists: Dr. Rondle E. Edwards
Assistant Superintendent for Special Education Programs and Pupil Personnel Services
Topic: **The Importance of School Nurses and School Health Services Within School Settings**

Dr. Jenifer Paars, Director
School Health Services
Richmond City Public Schools
Topic: **The Importance of the Involvement of the Medical Community in School Health Services**

Ann Yankovich, R.N.
Coordinator of Health Services
Williamsburg-James City Schools
Topic: **The Role of School Nurses and Their Relationship to the Educational Process**

Dr. Valerie A. Stallings
Acting Director
Norfolk Department of Public Health
Topic: **The Importance of the Linkage of Public Health Service Providers and School Health Services**

3:00 p.m. - 3:30 p.m.
Question and Response Period

3:30 p.m. - 3:45 p.m.
Forum Evaluation/Closing Remarks

Linda Koogler, R N.
Supervisor of School Health Services
Chesterfield County Health Department

Dr Patricia A. White

QUESTIONNAIRE

- *What innovative and creative approaches/practices would you recommend to encourage local school divisions to recognize the importance of school nurses?*

- *In your opinion, what are the benefits of school nurses and school health services to the educational achievement of school-age children?*

- *What do you feel would contribute to continuity and consistency in the delivery of health services in the school environment?*

EVALUATION QUESTIONNAIRE
The Importance of School Nursing
and the Health Needs of the School-Age Child

Richmond Marriott
November 15, 1988

The purpose of this questionnaire is to get feedback on the forum activities. This information will be summarized and become a part of the report to the 1989 Virginia General Assembly on ways to encourage local school divisions to recognize the importance of school nurses and on the feasibility of establishing standards for health services in the public schools in the Commonwealth.

SECTION A

1. Please check the group which you represent.

( ) Nurse (School, Public Health)
( ) Administrator
( ) Physician
( ) Classroom Teacher
( ) Health Educator
( ) Counselor
( ) Social Worker
( ) Other - Specify _____

SECTION B

In this section, rate each of the items as to its effectiveness in meeting the purpose and objectives of the forum by placing a check in the appropriate space. If you have comments on individual items, use the space immediately below each item.

2. Presentation by Ms. Eva Teig on "Health Needs of School-Age Children and the Implications for Trends in Education."

( )	( )	( )	( )	( )
Very Ineffective		Somewhat Effective		Very Effective

Comments:

3. Interaction of forum participants regarding survey and questionnaire.

( )	( )	( )	( )	( )
Very Ineffective		Somewhat Effective		Very Effective

Comments:

4. Presentation by Ms. Judith Igoe on "The Essentials of School Health and Quality Education: The Role and Function of School Nurses."

( )	( )	( )	( )	( )
Very Ineffective		Somewhat Effective		Very Effective

Comments:

5. Panel Discussion:
Dr. Rondle Edwards on "The Importance of School Nurses and School Health Services within School Settings."

( )	( )	( )	( )	( )
Very Ineffective		Somewhat Effective		Very Effective

Comments:

Dr. Jenifer Paars on "The Importance of the Involvement of the Medical Community in School Health Services."

( )	( )	( )	( )	( )
Very Ineffective		Somewhat Effective		Very Effective

Comments:

Mrs. Ann Yankovich on "The Role of School Nurses and Their Relationship to the Educational Process."

( )	( )	( )	( )	( )
Very Ineffective		Somewhat Effective		Very Effective

Comments:

Dr. Valerie Stallings on "The Importance of the Linkage Between Public Health Providers and School Health Programs."

( )	( )	( )	( )	( )
Very Ineffective		Somewhat Effective		Very Effective

Comments:

SECTION C

6. What suggestions would you make for improving this type of forum?

7. What concerns and questions do you have about the school nursing and school health services issue in general?

THANK YOU !

Appendix E

Statutory References which Relate Specifically to the Practice of School Nursing

§ 22.1-270. Preschool physical examinations. — A. No pupil shall be admitted for the first time to any public kindergarten or elementary school in a school division unless such pupil shall furnish, prior to admission, (i) a report from a qualified licensed physician of a comprehensive physical examination of a scope prescribed by the State Health Commissioner performed no earlier than twelve months prior to the date such pupil first enters such public kindergarten or elementary school or (ii) records establishing that such pupil furnished such report upon prior admission to another school or school division and providing the information contained in such report.

B. The physician making a report of a physical examination required by this section shall, at the end of such report, summarize the abnormal physical findings, if any, and shall specifically state what, if any, conditions are found that would identify the child as handicapped.

C. Such physical examination report shall be placed in the child's health record at the school and shall be made available for review by any employee or official of the State Department of Health or any local health department at the request of such employee or official.

D. Such physical examination shall not be required of any child whose parent or guardian shall object on religious grounds and who shows no visual evidence of sickness, provided that such parent or guardian shall state in writing that, to the best of his knowledge, such child is in good health and free from any communicable or contagious disease.

E. The health departments of all of the counties and cities of the Commonwealth shall conduct such physical examinations for medically indigent children without charge upon request and may provide such examinations to others on such uniform basis as such departments may establish.

F, G. [Repealed.]

H. The provisions of this section shall not apply to any child who was admitted to a public school prior to July 1, 1972.

I. Parents or guardians of entering students shall complete a health information form which shall be distributed by the local school divisions. Such forms shall be developed and provided jointly by the Department of Education and Department of Health, or developed and provided by the school division and approved by the Superintendent of Public Instruction. Such forms shall be returnable within fifteen days of receipt unless reasonable extensions have been granted by the superintendent or his designee. Upon failure of the parent or guardian to complete such form within the extended time, the superintendent may send to the parent or guardian written notice of the date he intends to exclude the child from school. (Code 1950, § 22-220.1; 1972, c. 761, 1973, c. 300; 1974, c. 160; 1979, cc. 120, 260; 1980, c. 559; 1982, c. 510; 1983, c. 195; 1985, c. 334.)

§ 22.1-271.2. Immunization requirements. — A. No student shall be admitted by a school unless at the time of admission the student or his parent or guardian submits documentary proof of immunization to the admitting official of the school or unless the student is exempted from immunization pursuant to subsection C. If a student does not have documentary proof of immunization, the school shall notify the student or his parent or guardian (i) that it has no documentary proof of immunization for the student; (ii) that it may not admit the student without proof unless the student is exempted pursuant to subsection C, (iii) that the student may be immunized and receive certification by a licensed physician or an employee of a local health department; and (iv) how to contact the local health department to learn where and when it performs these services. Neither this Commonwealth nor any school or admitting official shall be liable in damages to any person for complying with this section.

Any physician or local health department employee performing immunizations shall provide to any person who has been immunized or to his parent or guardian, upon request, documentary proof of immunizations conforming with the requirements of this section.

B. Any student whose immunizations are incomplete may be admitted conditionally if that student provides documentary proof at the time of enrollment of having received at least one dose of the required immunizations accompanied by a schedule for completion of the required doses within ninety days.

The immunization record of each student admitted conditionally shall be reviewed periodically until the required immunizations have been received.

Any student admitted conditionally and who fails to comply with his schedule for completion of the required immunizations shall be excluded from school until his immunizations are resumed.

C. No certificate of immunization shall be required for the admission to school of any student if (i) the student or his parent or guardian submits an affidavit to the admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices; or (ii) the school has written certification from a licensed physician or a local health department that one or more of the required immunizations may be detrimental to the student's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization.

D. The admitting official of a school shall exclude from the school any student for whom he does not have documentary proof of immunization or notice of exemption pursuant to subsection C.

E. Every school shall record each student's immunizations on the school immunization record. The school immunization record shall be a standardized form provided by the State Department of Health, which shall be a part of the mandatory permanent student record. Such record shall be open to inspection by officials of the State Department of Health and the local health departments.

The school immunization record shall be transferred by the school whenever the school transfers any student's permanent academic or scholastic records.

Within thirty calendar days after the beginning of each school year or entrance of a student, each admitting official shall file a report with the local health department. The report shall be filed on forms prepared by the State Department of Health and shall state the number of students admitted to school with documentary proof of immunization, the number of students who have been admitted with a medical or religious exemption and the number of students who have been conditionally admitted.

F. The requirement for mumps immunization as provided in § 32.1-46 shall not apply to any child admitted for the first time to any grade level, kindergarten through grade twelve, of a school prior to August 1, 1981.

G. The Board of Health shall promulgate rules and regulations for the implementation of this section in congruence with rules and regulations of the Board of Health promulgated under § 32.1-46 and in cooperation with the Board of Education. (1982, c. 510; 1983, c. 433; 1988, c. 216.)

The 1988 amendment substituted the present last paragraph of subsection A for the former sentence which read: "Documentary proof of immunization shall be provided to any person who has been immunized or to his parent or guardian."

§ 22.1-272. Contagious and infectious diseases. — Persons suffering with contagious or infectious disease shall be excluded from the public schools while in that condition. (Code 1950, § 22-249; 1968, c. 445; 1970, c. 526; 1973, c. 491, 1974, c. 160; 1977, c. 220; 1979, c. 262; 1980, c. 559.)

Law Review. — For comment, "AIDS and Employment Discrimination under the Federal Renabilitation Act of 1973 and Virginia's Rights of Persons with Disabilities Act," see 20 U. Rich. L. Rev. 425 (1986).

§ 22.1-273. Sight and hearing of pupil to be tested. — The Superintendent of Public Instruction shall prepare or cause to be prepared, with the advice and approval of the State Health Commissioner, suitable test cards, blanks, record books, and other appliances for testing the sight and hearing of the pupils in the public schools and necessary instructions for the use thereof. The State Department of Education shall furnish the same free of expense to all schools in a school division upon request of the school board of such division accompanied by a resolution of the school board directing the use of such test cards, blanks, record books and other appliances in the schools of the school division. Within a time period to be established by the Board of Education, the principal of each such school shall test the sight and hearing of all the pupils in the school and keep a record of such examinations in accordance with instructions furnished. Whenever a pupil is found to have any defect of vision or hearing or a disease of the eyes or ears, the principal shall forthwith notify the parent or guardian, in writing, of such defect or disease. Copies of the report shall be preserved for the use of the Superintendent of Public Instruction as he may require. (Code 1950, § 22-248; 1980, c. 559; 1981, c. 142.)

§ 22.1-274. Expenditures for nurses, physicians and therapists. — A school board may employ school nurses, physicians, physical therapists, occupational therapists and speech therapists. No such personnel shall be employed unless they meet such standards as may be determined by the Board of Education. Subject to the approval of the appropriate local governing body, a local health department may provide personnel for health services for the school division. (Code 1950, § 22-241; 1956, c. 656; 1980, c. 559.)

CHAPTER 12.1

Child Abuse and Neglect

Sec.

§ 63.1-248.1. Policy of the State. — The General Assembly declares that it is the policy of this Commonwealth to require reports of suspected child abuse and neglect for the purpose of identifying children who are being abused or neglected, of assuring that protective services will be made available to an abused or neglected child in order to protect such a child and his siblings and to prevent further abuse or neglect, and of preserving the family life of the parents and children, where possible, by enhancing parental capacity for adequate child care. (1975, c. 341.)

Law Review. — For survey of Virginia law on domestic relations for the year 1974-1975, see 61 Va. L. Rev. 1732 (1975); for the year 1975-1976, see 62 Va. L. Rev. 1431 (1976).

§ 63.1-248.2. Definitions. — The following terms, when used in this chapter, shall have the meanings respectively set forth below unless a different meaning is clearly required by the context:

A. *"Abused or neglected child"* shall mean any child less than eighteen years of age whose parents or other person responsible for his care:

1. Creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon such child a physical or mental injury by other than accidental means, or creates a substantial risk of death, disfigurement, impairment of bodily or mental functions;

2. Neglects or refuses to provide care necessary for his health; provided, however, that no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall for that reason alone be considered to be an abused or neglected child;

3. Abandons such child; or

4. Commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law.

B. *"Department"* shall mean the State Department of Social Services.

C. *"Local department"* shall mean the department of public welfare or social services of any county or city in this Commonwealth.

D. *"Report"* shall mean an official document on which information is given concerning abuse and neglect and which is required to be made by persons designated herein and by local departments in those situations in which investigation of a complaint from the general public reveals suspected abuse or neglect.

E. *"Complaint"* shall mean any information or allegation of abuse or neglect made orally or in writing other than the reports referred to above.

F *"The court"* shall mean the juvenile and domestic relations district court of the county or city (1975, c. 341, 1981, c. 123.)

§ 63.1-248.3. Physicians, nurses, teachers, etc., to report certain injuries to children; penalty for failure to report. — A. Any person licensed to practice medicine or any of the healing arts, any hospital resident or intern, any person employed in the nursing profession, any person employed as a social worker, any probation officer, any teacher or other person employed in a public or private school, kindergarten or nursery school, any person providing full or part-time child care for pay on a regularly planned basis, any duly accredited Christian Science practitioner, any mental health professional, any law-enforcement officer, in his professional or official capacity and any professional staff person, not previously enumerated, employed by a private or state-operated hospital, institution or facility which children have been committed to or placed in for care and treatment who has reason to suspect that a child is an abused or neglected child, shall report the matter immediately, except as hereinafter provided, to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred. If neither locality is known, then such report shall be made to the local department of the county or city where the abuse or neglect was discovered. If an employee of the local department is suspected of abusing or neglecting a child, the report shall be made to the juvenile and domestic relations district court of the county or city where the abuse or neglect was discovered. If the information is received by a teacher, staff member, resident, intern or nurse in the course of professional services in a hospital, school or similar institution, such person may, in place of said report, immediately notify the person in charge of the institution or department, or his designee, who shall make such report forthwith. The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the State Board of Social Services. The person required to make the report shall disclose all information which is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department investigating the reported case of child abuse or neglect any records or reports which document the basis for the report.

B. Any person required to file a report pursuant to subsection A of this section who is found guilty of failure so to do shall be fined not more than five hundred dollars for the first failure and for any subsequent failures not less than one hundred dollars nor more than one thousand dollars. (1975, c. 341; 1976, c. 348; 1978, c. 747.)

Law Review. — For survey of Virginia law on domestic relations for the year 1974-1975, see 61 Va. L. Rev. 1732 (1975); for the year 1975-1976, see 62 Va. L. Rev. 1431 (1976).

§ 63.1-248.4. Complaints by others of certain injuries to children. — Any person who suspects that a child is an abused or neglected child may make a complaint concerning such child, except as hereinafter provided, to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred. If an employee of the local department is suspected of abusing or neglecting a child, the complaint shall be made to the juvenile and domestic relations district court of the county or city where the abuse or neglect was discovered. Such a complaint may be oral or in writing and shall disclose all information which is the basis for the suspicion of abuse or neglect of the child. (1975, c. 341, 1976, c. 348.)

Law Review. — For survey of Virginia law on domestic relations for the year 1975-1976, see 62 Va. L. Rev. 1431 (1976).

§ 63.1-248.5. Immunity of person making report, etc., from liability. — Any person making a report pursuant to § 63.1-248.3, a complaint pursuant to § 63.1-248.4, or who takes a child into custody pursuant to § 63.1-248.9, or who participates in a judicial proceeding resulting therefrom shall be immune from any civil or criminal liability in connection therewith, unless it is proven that such person acted with malicious intent. (1975, c. 341.)

Law Review. — For survey of Virginia law on domestic relations for the year 1974-1975, see 61 Va. L. Rev. 1732 (1975).

§ 63.1-248.6. Local departments to establish child-protective services; duties. — A. Each local department shall establish child-protective services under a departmental coordinator within such department or with one or more adjacent local departments which shall be staffed with qualified personnel pursuant to regulations promulgated by the State Board of Social Services. The local department shall be the public agency responsible for receiving and investigating complaints and reports, except that (i) in cases where the reports or complaints are to be made to the juvenile and domestic relations district court, the court shall be responsible for the investigation and, (ii) in cases where an employee at a private or state-operated hospital, institution or other facility, or an employee of a school board is suspected of abusing or neglecting a child in such hospital, institution or other facility, or public school, the local department shall request the Department to assist in conducting the investigation in accordance with rules and regulations approved by the State Board.

B. The local department shall insure, through its own personnel or through cooperative arrangements with other local agencies, the capability of receiving reports or complaints and responding to them promptly on a twenty-four hours a day, seven days per week basis.

C. The local department shall widely publicize a telephone number for receiving complaints and reports.

D. The local department shall upon receipt of a report or complaint:

1. Make immediate investigation;

2. When investigation of a complaint reveals cause to suspect abuse or neglect, complete a report and transmit it forthwith to the central registry;

3. When abuse or neglect is found, arrange for necessary protective and rehabilitative services to be provided to the child and his family;

4. If removal of the child or his siblings from his home is deemed necessary, petition the court for such removal;

5. When abuse or neglect is suspected in any cases involving death of a child or injury to the child in which a felony is also suspected for which the penalty prescribed by law is not less than five years imprisonment or where there is sexual abuse or suspected sexual abuse of a child involving the use or display of the child in sexually explicit visual material, as defined in § 18.2-374.1, report immediately to the Commonwealth's attorney and make available to the Commonwealth's attorney the records of the local department upon which such report is founded;

6. Send a follow-up report based on the investigation to the central registry within fourteen days and at subsequent intervals to be determined by department regulations;

7. Determine within forty-five days if a report of abuse or neglect is founded or unfounded and transmit a report to such effect to the central registry;

8. If a report of abuse or neglect is unfounded, transmit a report to such effect to the complainant and parent or guardian and the person responsible for the care of the child in those cases where such person was suspected of abuse or neglect.

E. The local department shall foster, when practicable, the creation, maintenance and coordination of hospital and community-based multi-discipline teams which shall include where possible, but not be limited to, members of the medical, mental health, social work, nursing, education, legal and law-enforcement professions. Such teams shall assist the local departments in identifying abused and neglected children, coordinating medical, social, and legal services for the children and their families, helping to develop innovative programs for detection and prevention of child abuse, promoting community concern and action in the area of child abuse and neglect, and disseminating information to the general public with respect to the problem of child abuse and neglect and the facilities and prevention and treatment methods available to combat child abuse and neglect. The local department shall also coordinate its efforts in the provision of these services for abused and neglected children with the judge and staff of the court.

F. The local department shall report annually on its activities concerning abused and neglected children to the court and to the Child-Protective Services Unit in the Department on forms provided by the Department. (1975, c. 341; 1978, c. 747; 1979, cc. 347, 348; 1984, c. 392.)

The 1984 amendment substituted "State Board of Social Services" for "State Board of Welfare" at the end of the first sentence of subsection A and in the second sentence of subsection A inserted "or an employee of a school board" preceding "is suspected of abusing," inserted "or public school" following "other facility," and substituted "shall request" for "may request."

Law Review. — For survey of Virginia law on domestic relations for the year 1974-1975, see 61 Va. L. Rev. 1732 (1975). For survey of Virginia criminal law for the year 1978-1979, see 66 Va. L. Rev. 241 (1980).

§ 63.1-248.7. Establishment of Child-Protective Services Unit; duties. — There is created a Child-Protective Services Unit in the Department of Social Services. This Unit, pursuant to regulations of the Board of Welfare, shall have the following powers and duties:

A. To evaluate and strengthen all local, regional and state programs dealing with child abuse and neglect.

B. To assume primary responsibility for directing the planning and funding of child-protective services. This shall include reviewing and approving the annual proposed plans and budgets for protective services submitted by the local departments.

C. To assist in developing programs aimed at discovering and preventing the many factors causing child abuse and neglect.

D. To prepare and disseminate, including the presentation of, educational programs and materials on child abuse and neglect.

E. To provide educational programs for professionals required by law to make reports under this chapter.

F. To establish standards of training and provide educational programs to qualify workers in the field of child-protective services.

G. To help coordinate child-protective services at the state, regional, and local levels with the efforts of other state and voluntary social, medical and legal agencies.

H. [Repealed.]

I. To maintain a central state registry of all reports of child abuse and neglect within the Commonwealth.

J. To provide, by Department regulation, for methods to preserve the confidentiality of all records in order to protect the rights of the child, his parents or guardians. (1975, c. 341, 1984, c. 734.)

The 1984 amendment substituted "Social Services" for "Welfare" at the end of the first sentence of the introductory paragraph and deleted subdivision H, which read "To prepare an annual report to be submitted to the Commissioner of Public Welfare and the Governor. This report shall include a compilation of data from the central registry and will integrate the reports of the local departments."

§ 63.1-248.8. Central registry; disclosure of information. — The central registry shall contain such information as shall be prescribed by Department regulation. The information contained in the central registry shall not be open to inspection by the public. However, appropriate disclosure may be made in accordance with Department regulations. (1975, c. 341.)

§ 63.1-248.9. Authority to take child into custody. — A physician or protective service worker of a local department or law-enforcement official investigating a report or complaint of abuse and neglect may take a child into custody for up to seventy-two hours without prior approval of parents or guardians provided:

A. The circumstances of the child are such that continuing in his place of residence or in the care or custody of the parent, guardian, custodian or other person responsible for the child's care, presents an imminent danger to the child's life or health to the extent that severe or irremediable injury would be likely to result; and

B. A court order is not immediately obtainable; and

C. The court has set up procedures for placing such children; and

D. Following taking the child into custody, the parents or guardians are notified as soon as practicable that he is in custody; and

E. A report is made to the local department; and

F. The court is notified and the person or agency taking custody of such child obtains, as soon as possible, but in no event later than seventy-two hours, an emergency removal order pursuant to § 16.1-251; provided, however, if a preliminary removal order is issued after a hearing held in accordance with § 16.1-252 within seventy-two hours of the removal of the child, an emergency removal order shall not be necessary. (1975, c. 341, 1977, c. 559.)

§ 63.1-248.10. Authority to talk to child or sibling. — Any person required to make a report or investigation pursuant to this chapter may talk to any child suspected of being abused or neglected or to any of his siblings without consent of his parent or guardian. (1975, c. 341; 1979, c. 453.)

§ 63.1-248.11. Physician-patient and husband-wife privileges inapplicable. — In any legal proceeding resulting from the filing of any report or complaint pursuant to this chapter, the physician-patient and husband-wife privileges shall not apply. (1975, c. 341.)

Law Review. — For comment on confidential communication privileges under federal and Virginia law, see 13 U. Rich. L. Rev. 593 (1979).

§ 63.1-248.12: Repealed by Acts 1977, c. 559.

Cross reference. — For provisions covering the subject matter of the repealed section, see § 16.1-266 A.

Editor's note. — The repealed section derived from Acts 1975, c. 341.

§ 63.1-248.13. Photographs and X rays of child; use as evidence. — In any case of suspected child abuse, photographs and X rays of said child may be taken without the consent of the parent or other person responsible for such child as a part of the medical evaluation. Photographs of said child may also be taken without the consent of the parent or other person responsible for such child as a part of the investigation of the case by the local department or the juvenile and domestic relations district court; provided, however, that such photographs shall not be used in lieu of medical evaluation. Such photographs and X rays may be introduced into evidence in any subsequent proceeding. The court receiving such evidence may impose such restrictions as to the confidentiality of photographs of any minor as it deems appropriate. (1975, c. 341, 1978, c. 553.)

§ 63.1-248.14. Court may order certain examinations. — The court may order psychological, psychiatric and physical examinations of the child alleged to be abused or neglected and of the parents, guardians, caretakers or siblings of a child suspected of being neglected or abused. (1975, c. 341, 1976, c. 186.)

Law Review. — For survey of Virginia law on domestic relations for the year 1974-1975, see 61 Va. L. Rev. 1732 (1975).

§ 63.1-248.15. Prima facie evidence for removal of child custody. — In the case of a petition in the court for removal of custody of a child alleged to have been abused or neglected, competent evidence by a physician that a child is abused or neglected shall constitute prima facie evidence to support such petition. (1975, c. 341.)

§ 63.1-248.16. Creation of advisory committee. — There is hereby created an advisory committee to be composed of seven persons appointed by the Governor for three-year staggered terms, and permanent members including the Director of the Virginia Division for Children, the Superintendent of Public Instruction, the Commissioner of the Department of Health, the Commissioner of the Department of Mental Health and Mental Retardation, the Commissioner of the Department of Social Services, the Director of the Department of Corrections and the Attorney General of Virginia, or their designees. The advisory committee shall meet quarterly and as the need may arise, to advise the Department, Board of Social Services and Governor on matters concerning programs for the prevention and treatment of abused and neglected children and their families. (1975, c. 341; 1979, c. 700; 1980, c. 319.)

§ 63.1-248.17. Cooperation by State entities. — All law-enforcement departments and other State and local departments, agencies, authorities and institutions shall cooperate with each child-protective services coordinator of a local department and any multi-discipline teams in the detection and prevention of child abuse. (1975, c. 341.)

Law Review. — For survey of Virginia law on domestic relations for the year 1974-1975, see 61 Va. L. Rev. 1732 (1975).

Appendix F

Federal Regulations which Relate to School Health Services

Public Law 99-457
99th Congress

An Act

To amend the Education of the Handicapped Act to reauthorize the discretionary programs under that Act, to authorize an early intervention program under that Act for handicapped infants and toddlers and their families, and for other purposes.

Oct. 8, 1986
[S. 2294]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Education of the Handicapped Act Amendments of 1986.
Contracts.
Grants.
20 USC 1400 note.

SECTION 1. SHORT TITLE; REFERENCE.

(a) SHORT TITLE.—This Act may be cited as the "Education of the Handicapped Act Amendments of 1986"

(b) REFERENCE.—References in this Act to "the Act" are references to the Education of the Handicapped Act.

20 USC 1400.

TITLE I—HANDICAPPED INFANTS AND TODDLERS

SEC. 101. ADDITION OF A NEW PART RELATING TO HANDICAPPED INFANTS AND TODDLERS.

(a) AMENDMENT.—The Act is amended by inserting after the part added by section 316 the following new part:

"PART H—HANDICAPPED INFANTS AND TODDLERS

"FINDINGS AND POLICY

20 USC 1471.

"SEC. 671. (a) FINDINGS.—The Congress finds that there is an urgent and substantial need—

"(1) to enhance the development of handicapped infants and toddlers and to minimize their potential for developmental delay,

"(2) to reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after handicapped infants and toddlers reach school age,

"(3) to minimize the likelihood of institutionalization of handicapped individuals and maximize the potential for their independent living in society, and

"(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps.

State and local governments.

"(b) POLICY.—It is therefore the policy of the United States to provide financial assistance to States—

"(1) to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for handicapped infants and toddlers and their families,

"(2) to facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage), and

"(3) to enhance its capacity to provide quality early intervention services and expand and improve existing early interven-

"DEFINITIONS

20 USC 1472. "SEC. 672. As used in this part—

"(1) The term 'handicapped infants and toddlers' means individuals from birth to age 2, inclusive, who need early intervention services because they—

"(A) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: Cognitive development, physical development, language and speech development, psychosocial development, or self-help skills, or

"(B) have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

Such term may also include, at a State's discretion, individuals from birth to age 2, inclusive, who are at risk of having substantial developmental delays if early intervention services are not provided.

"(2) 'Early intervention services' are developmental services which—

"(A) are provided under public supervision,

"(B) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees,

"(C) are designed to meet a handicapped infant's or toddler's developmental needs in any one or more of the following areas:

"(i) physical development,

"(ii) cognitive development,

"(iii) language and speech development,

"(iv) psycho-social development, or

"(v) self-help skills,

"(D) meet the standards of the State, including the requirements of this part,

"(E) include—

"(i) family training, counseling, and home visits,

"(ii) special instruction,

"(iii) speech pathology and audiology,

"(iv) occupational therapy,

"(v) physical therapy,

"(vi) psychological services,

"(vii) case management services,

"(viii) medical services only for diagnostic or evaluation purposes,

"(ix) early identification, screening, and assessment services, and

"(x) health services necessary to enable the infant or toddler to benefit from the other early intervention services,

"(F) are provided by qualified personnel, including—

"(i) special educators,

"(ii) speech and language pathologists and audiologists,

"(iii) occupational therapists,

"(iv) physical therapists,

"(v) psychologists,

"(vi) social workers,
"(vii) nurses, and
"(viii) nutritionists, and
"(G) are provided in conformity with an individualized family service plan adopted in accordance with section 677.
"(3) The term 'developmental delay' has the meaning given such term by a State under section 676(b)(1).
"(4) The term 'Council' means the State Interagency Coordinating Council established under section 682.

"GENERAL AUTHORITY

"SEC. 673. The Secretary shall, in accordance with this part, make grants to States (from their allocations under section 684) to assist each State to develop a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for handicapped infants and toddlers and their families.

State and local governments. Grants. 20 USC 1473.

"GENERAL ELIGIBILITY

"SEC. 674. In order to be eligible for a grant under section 673 for any fiscal year, a State shall demonstrate to the Secretary (in its application under section 678) that the State has established a State Interagency Coordinating Council which meets the requirements of section 682.

State and local governments. Grants. 20 USC 1474.

"CONTINUING ELIGIBILITY

"SEC. 675. (a) FIRST TWO YEARS.—In order to be eligible for a grant under section 673 for the first or second year of a State's participation under this part, a State shall include in its application under section 678 for that year assurances that funds received under section 673 shall be used to assist the State to plan, develop, and implement the statewide system required by section 676.

State and local governments. Grants. 20 USC 1475.

"(b) THIRD AND FOURTH YEAR.—(1) In order to be eligible for a grant under section 673 for the third or fourth year of a State's participation under this part, a State shall include in its application under section 678 for that year information and assurances demonstrating to the satisfaction of the Secretary that—
"(A) the State has adopted a policy which incorporates all of the components of a statewide system in accordance with section 676 or obtained a waiver from the Secretary under paragraph (2),
"(B) funds shall be used to plan, develop, and implement the statewide system required by section 676, and
"(C) such statewide system will be in effect no later than the beginning of the fourth year of the State's participation under section 673, except that with respect to section 676(b)(4), a State need only conduct multidisciplinary assessments, develop individualized family service plans, and make available case management services.
"(2) Notwithstanding paragraph (1), the Secretary may permit a State to continue to receive assistance under section 673 during such third year even if the State has not adopted the policy required by paragraph (1)(A) before receiving assistance if the State demonstrates in its application—
"(A) that the State has made a good faith effort to adopt such a policy,

"(B) the reasons why it was unable to meet the timeline and the steps remaining before such a policy will be adopted, and

"(C) an assurance that the policy will be adopted and go into effect before the fourth year of such assistance.

"(c) FIFTH AND SUCCEEDING YEARS.—In order to be eligible for a grant under section 673 for a fifth and any succeeding year of a State's participation under this part, a State shall include in its application under section 678 for that year information and assurances demonstrating to the satisfaction of the Secretary that the State has in effect the statewide system required by section 676 and a description of services to be provided under section 676(b)(2).

"(d) EXCEPTION.—Notwithstanding subsections (a) and (b), a State which has in effect a State law, enacted before September 1, 1986, that requires the provision of free appropriate public education to handicapped children from birth through age 2, inclusive, shall be eligible for a grant under section 673 for the first through fourth years of a State's participation under this part.

"REQUIREMENTS FOR STATEWIDE SYSTEM

20 USC 1476.

"SEC. 676. (a) IN GENERAL.—A statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all handicapped infants and toddlers and their families shall include the minimum components under subsection (b).

"(b) MINIMUM COMPONENTS.—The statewide system required by subsection (a) shall include, at a minimum—

"(1) a definition of the term 'developmentally delayed' that will be used by the State in carrying out programs under this part,

"(2) timetables for ensuring that appropriate early intervention services will be available to all handicapped infants and toddlers in the State before the beginning of the fifth year of a State's participation under this part,

"(3) a timely, comprehensive, multidisciplinary evaluation of the functioning of each handicapped infant and toddler in the State and the needs of the families to appropriately assist in the development of the handicapped infant or toddler,

"(4) for each handicapped infant and toddler in the State, an individualized family service plan in accordance with section 677, including case management services in accordance with such service plan,

"(5) a comprehensive child find system, consistent with part B, including a system for making referrals to service providers that includes timelines and provides for the participation by primary referral sources,

Public information.

"(6) a public awareness program focusing on early identification of handicapped infants and toddlers,

"(7) a central directory which includes early intervention services, resources, and experts available in the State and research and demonstration projects being conducted in the State,

"(8) a comprehensive system of personnel development,

"(9) a single line of responsibility in a lead agency designated or established by the Governor for carrying out—

"(A) the general administration, supervision, and monitoring of programs and activities receiving assistance under section 673 to ensure compliance with this part,

National Association of State School Nurse Consultants Define Role of School Nurse In "PL 94-142 - Education For All Handicapped Children Act of 1975"

Articles published on the responsibilities of the school nurse in PL 94-142 have appeared many times in journals since Nov. 25, 1975 when President Gerald Ford signed this historic legislation. Also, an excellent position statement on the "School Nurse Working With Handicapped Children" was published in 1980 by the American Nurses' Association, co-sponsored by the American School Health Association, the National Association of School Nurses, and endorsed by the National Association of State School Nurse Consultants. However, in reviewing these articles and position statement, it is difficult to find the role defined into activities that are the responsibility of the school nurse. Therefore, the purpose of this paper is to identify the requirements, the purpose, and the activities that school nursing services should provide to the students under PL 94-142.

The Rules and Regulations for PL 94-142 list School Nursing Services as one of the "Related Services." The section reads as follows:

"34CFR 300a.13* Related Services

(a) As used in this part, the term "related services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in school, and parent counseling and training.

(b) The terms used in this definition are defined as follows:" (Those related to health services are the only ones quoted.)

"(2) 'Counseling services' means services provided by qualified social workers, psychologists, guidance counselors, or other qualified personnel.

(3) 'Early identification' means the implementation of a formal plan for identifying a disability as early as possible in a child's life.

(4) 'Medical services' means services provided by a licensed physician to determine a child's medically related handicapping condition which results in the child's need for special education and related services.

(6) 'Parent counseling and training' means assisting parents in understanding the special needs of their child and providing parents with information about child development.

(10) 'School health services' means services provided by a qualified school nurse or other qualified person."

The term "qualified school nurse" and "other qualified person" appears several times in the above quotation. The rules and regulations define it thus:

"34CFR 300a.12 Qualified

As used in this part, the term 'qualified' means that a person has met state educational agency approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area in which he or she is providing special education or related services."

In identifying the role of the school nurse serving

*On November 19, 1980, regulations implementing Part B of the Education of the Handicapped Act formerly found at 45 CFR Part 121 were transferred to Title 34 and redesignated at 34 CFR Part 300. (45 FR 77388)

children with special needs, the remainder of this paper will be divided into the following six parts: Child Identification, Assessment, Staffing, Development of an Individual Educational Program, Implementation of an Individual Educational Program, and Annual Review or Re-evaluation.

CHILD IDENTIFICATION PROCESS

Requirement: "34CFR 300a.220 Child Identification

> Each local educational agency must include procedures which insure that all children residing within the jurisdiction of the local education agency who are handicapped, regardless of the severity of their handicap, and who are in need of special education and related services are identified, located, and evaluated, including a practical method of determining which children are currently receiving needed special education and related services and which children are not currently receiving needed special education and related services."

Purpose: To locate and identify those handicapped children, between the ages of birth and 21, whose educational needs are unserved and/or inappropriately served.

Activities of the School Nurse:

1. Be knowledgeable about activities of child find that identify out-of-school children. Serve as a consultant to these child find personnel. Form linkages with these groups for follow-up when child becomes school age.
2. Direct and/or coordinate all in-school health screening programs to identify health concerns (including, but not limited to, vision and hearing) at periodic grade levels, and to gather health information on all students new to the school district.
3. Follow-up on all health screening referrals by conferring with parents and students, by referring for professional services, and by monitoring health needs in school.
4. Refer students with educationally significant health concerns to the referral conference held in the student's school. The purpose of the referral conference is to explore different modifications and alternatives to a student's present educational program when the child appears to be having difficulties that interfere with his/her own learning, or the learning process of others. This can be accomplished by:
   a. Reviewing records for known health information.
   b. Observing the student in the school setting.
   c. Identifying the need for additional health information.
   d. Exploring the alternatives to the present educational program.
   e. Determining if there is an indication of a possible need for educationally handicapped or special services, and making appropriate recommendations and referrals.

ASSESSMENT PROCESS

Requirement: "34CFR 300a.532 Evaluation Procedures

> State and local education agencies shall insure, at a minimum, that:
> (a) Tests and other evaluation materials:
> (1) Are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so.
> (e) The evaluation is made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability.
> (f) The child is assessed in all areas relating to the suspected disability, including where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities."

Purpose: To determine the child's present level of functioning educationally/developmentally, communicatively, physically, psychologically, and socially; to identify the strengths and weaknesses.

Activities of the School Nurse:

1. Verify that parent/child permission has been obtained prior to assessment for staffing and possible placement in special education, and determine the intensity of the health assessment required.
2. Obtain a health history.
3. Evaluate the child's current health status, including but not limited to vision and hearing.
4. Obtain additional information from family physician or health care source if indicated.
5. Summarize health information in *educator terms* in a written report which includes recommendations to meet the child's health needs.

STAFFING PROCESS

Requirement: "34CFR 300a.533 Placement procedures

> (a) In interpreting evaluation data and in making placement decisions, each public agency shall:
> (1) Draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior;
> (2) Insure that information obtained from all of these sources is documented and carefully considered;
> (3) Insure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and

(4) Insure that the placement decision is made in conformity with the least restrictive environment rules in 330a.550 -300a.554.

(b) If a determination is made that a child is handicapped and needs special education and related services, an individualized education program must be developed for the child in accordance with 300a.340 - 300a.349 of Subpart C."

Purpose: To determine as a team the child's level of performance; the child's special educational needs; whether or not the child is handicapped; the nature, scope and intensity of services that will meet the child's identified needs in the least restrictive environment.

Activities of the School Nurse:

1. State the child's strengths as well as weaknesses.
2. Identify the health needs of the child.
3. Relate the health needs of the child to his/her total needs.
4. Decide with the team, if the needs and services do identify the child as educationally handicapped according to the eligibility requirements.
5. Determine the services required to meet the health needs.
6. Recommend appropriate services or placement in the least restrictive, most productive environment.

DEVELOPMENT OF AN INDIVIDUAL EDUCATIONAL PROGRAM

Requirement: "34CFR 300a.346 Content of individualized educational program

The individual program for each child must include:

(a) A statement of the child's present levels of educational performance;

(b) A statement of annual goals, including short term instructional objectives;

(c) A statement of the specific special education and related sources to be provided to the child, and the extent to which the child will be able to participate in regular programs;

(d) The projected dates for initiation of services and the anticipated duration of services; and

(e) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives were achieved."

Purpose: To serve as the vehicle by which an appropriate education is provided to a handicapped student. (The IEP is to be developed by the staffing team, or by a separate IEP committee if such is the practice.)

Activities of the School Nurse:

1. Incorporate the health component as part of the total I.E.P
2. State the health needs of the child, including input from parent/child, and from the family physician when appropriate.
3. Establish goals to meet these identified health needs.
4. Establish measurable short term objectives for the child stated in behavioral terms.
5. Identify the person(s) or type of person(s) who might most appropriately deliver the services to meet the health needs.
6. Identify dates for initiation of health services and anticipated length of time these services will be required.
7. Develop a process to determine to what extent the child's needs are being met.

IMPLEMENTATION OF THE INDIVIDUAL EDUCATIONAL PROGRAM

Requirement: "34CFR 300a.349 Individual Education Program-accountability

Each public agency must provide special education and related services to a handicapped child in accordance with an individualized educational program. However, Part B of the Act does not require that any agency, teacher, or other person be held accountable if a child does not achieve the growth projected in the annual goals and objective."

Purpose: To provide educational and related services to the child as directed in the IEP.

Activities of School Nurse:

1. Manage the health care plan for the child's special health needs in the school setting.
2. Interpret for school personnel the physician's orders for medication and special treatments.
3. Provide direct health care services for the child when appropriate.
4. Develop procedures and provide training for carrying out the services to meet the health needs.
5. Monitor the health care services provided by other school personnel.
6. Make recommendations to modify the school program to meet the child's health needs.
7. Provide emotional support to school personnel working with children who have special needs.
8. Provide health consultation/health education/health promotion to the child and the family.
9. Act as liaison between school, community health care providers, parent, and child.

ANNUAL REVIEW OR RE-EVALUATION PROCESS

Requirement: "34CFR 300a.534 Re-evaluation

Each state and local educational agency shall insure:

(a) That each handicapped child's individual educational program is reviewed in accordance with 300a.340 - 300a.349 of Subpart C, and

(b) That an evaluation of the child based on procedures which meet the requirements under 300a.532 is conducted every three years or more frequently if conditions warrant or if the child's parent or teacher requests an evaluation."

Purpose: To assure that the child is succeeding and to determine if an appropriate placement has been made to meet the identified needs.

Activities of the School Nurse:

1. Review the identified health needs, goals, and objectives.
2. Identify progress made in accomplishing those goals and objectives.
3. Obtain current appropriate health information, including but not limited to vision and hearing status.
4. Make any recommendations necessary to identify current health needs.
5. As a member of the multidisciplinary team, set new goals and objectives to meet the students' current needs.
6. Revise the IEP to meet the current needs.
7. Continue to re-evaluate as directed.

QUALIFICATIONS

As stated earlier "School health services means services provided by a qualified school nurse or other qualified person." To provide the services described in this paper it is felt that the person should be able to demonstrate the following competencies:

- Knowledge and skill in the use of various methods of obtaining health information.
- Knowledge and ability to determine the depth of the health assessment which is required for each individual student.
- Knowledge and ability to use physical assessment skills in determining the current health status of the student.
- Ability to interpret health history information, medical reports, observations, and test results.
- Ability to determine the importance of health information and its impact on the child as a learner in the educational process.
- Ability to make specific recommendations for the student's individual educational program.

SUMMARY

In summary, school health services are a very important and, at times, a mandatory "related service" A child is better able to benefit from the educational process, if he/she is functioning in an optimal health condition. The school nurse is best prepared to identify the health needs of the child and facilitate remediation of the condition or assist the school setting in adapting to the child's needs.

Most states have a state law, as well as the Federal law, which mandates services for the handicapped or exceptional child. In addition, there is Section 504 of the Rehabilitation Act that was passed in 1973. Section 504 states "no qualified handicapped person shall on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from Federal financial assistance".

All three laws need to be considered when developing state guidelines and school district policies.

References

1. Del Campo, E.J., Josephson, D.B. "Accommodating the Severely Retarded Child in Our Schools." *MCN*, 3(1):34-7, Jan-Feb. 1978.
2. Motz, P.A. "The School Aged Child, The Law, & The School Nurse." *J. Sch. Health*, 48(9): 568, Nov. 1978.
3. MacDonough, G.P "Nursing is the Name of the Game." *J. Sch. Health*, 48(10): 618, Dec. 1978.
4. Jones, E.H. "P.L. 94-142 & the Role of School Nurses in Caring for Handicapped Children." *J. Sch. Health*, 49(3): 147-156, Mar. 1979.
5. Buser, B.N. "The Evolution of School Health Services: New York & Nationwide." *J. Sch. Health* 50(8): 475-7, Oct. 1980.
6. Igoe, J.B. "Summary Statement on School Nurses Working with Handicapped Children" *J. Sch. Health*, 50(5): 287, May 1980.
7. Steenson, C.B., Sullivan, A.R. "Support Services in the School Setting: The Nursing Model." *J Sch. Health*, 50(5)246-9, May 1980.
8. Rose, T.L. "The Education of All Handicapped Children Act (P.L. 94-142): New Responsibilities and Opportunities for the School Nurse." *J. Sch. Health*, 50(1): 30-1, Jan. 1980.
9. Procci, L. et al "Meeting the Challenges of P.L. 94-142 Through a Continuing Education Program for the School Nurse." *J. Sch. Health*, 51(3): 154-6, Mar. 1981.

This paper was prepared by a special committee of the following state school nurse consultants: Victoria Hertel, RN, MS, SNP School of Health Nursing Consultant (CO), chairperson; Elaine Brainerd, RN, Connecticut State Department of Education; Muriel Desrosiers, RN, D. Ed., Office of Special Education, Department of Education (NH); Christina Fisher, RN, MS, Maternal & Child Health Branch, Division of Health Services (NC); Mary Ellen Hatfield, RN, MN, Division of Maternal & Child Health, South Carolina Department of Health; Phyllis Lewis, RN, Division of Special Education, Indiana Department of Public Instruction; Joyce Markendorf, RN, Bureau of Maternal & Child Health, Kansas Department of Health & Environment; and Naomi Quinnell, RN, MPH, Minnesota Department of Health.

REFERENCES

Allensworth, D.D., & Kolbe, L.J. (1987). The comprehensive school program: Exploring an expanded concept. Journal of School Health, 57(10), 409-412.

American Nurse's Association (1983). Standards of School Nursing Practice. Kansas City, Missouri: Author.

Barnett, W.S. (1985) Benefit-cost analysis of the Perry preschool program and its policy implications. Educational Evaluation and Policy Analysis, 7(4), 333-342.

Hanson, M.A., & Levine, M.D. (1980). Early school health: An analysis of its impact on primary care. The Journal of School Health, 50(10), 577-580.

Health policy agenda for the American people. (1987). Chicago: N.P.

Keenan, T. (1986). School-based adolescent health care programs. Pediatric Nursing, 12(5), 365-369.

Kolbe, L.J., Allensworth, D.D., Lovato, C.Y., Hogan, P.E., & Cooke, B.E.M. (1985). School health in America: An assessment of state policies to protect and improve the health needs of students. (4th ed.). Kent, Ohio: American School Health Association.

Lombard, T.J. (1980). A lesson for every state from Minnesota's preschool screening program. The Journal of School Health, 50(8), 459-462.

Meeker, R.J., DeAngelis, C., Berman, B., Freeman, H.E., & Oda, D. (1986). A comprehensive school health initiative. Image. 18(3), 86-91.

Miller, C.A., (1984). The health of children: A crisis of ethics. Pediatrics, 73(4), 550-558.

Nader, P.R. (Ed.). (1978). Options for school health: Meeting community needs. Germantown, Maryland: Aspen Systems Corporation.

Report of the Secretary of Human Resources, The health needs of school-age children, Senate Document Number 22, 1-59.

References (Cont.)

The Robert Wood Johnson Foundation. (1985). National school health services program. Princeton, New Jersey: Author

Zanga, J.R., & Oda, D.S. (1987). School health services Journal of School Health. 57(10), 413-416.