

**REPORT OF THE VIRGINIA
DEPARTMENT OF EDUCATION**

**School Health Personnel in Virginia
Public Schools: Recommendations
for Qualifications and Training
(Chapter 552, Item 137.T., 2021 SSI)**

TO THE GENERAL ASSEMBLY OF VIRGINIA



HOUSE DOCUMENT NO. 21

**COMMONWEALTH OF VIRGINIA
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**VIRGINIA
IS FOR
LEARNERS**

Office of the Superintendent of Public Instruction
James F. Lane, Ed. D.

November 1, 2021

The Honorable Rosyln C. Tyler
Chair, House Education
Pocahontas Building, Room E306
900 East Main Street
Richmond, Virginia 23219

The Honorable L. Louise Lucas
Chair, Senate Education and Health
Pocahontas Building, Room No: E604
Richmond, Virginia 23219

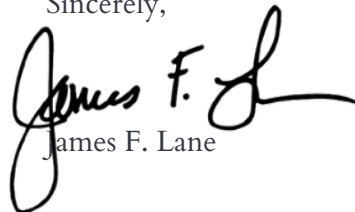
Dear Mesdames:

I am pleased to submit the enclosed report that describes the Virginia Department of Education's recommendations on the desired qualifications and training for school personnel providing health services in Virginia Public Schools.

The 2021 Virginia General Assembly, in Budget Item 137 (Paragraph T) of the *2021 Appropriation Act* (i.e., Chapter 552) directed the Superintendent of Public Instruction to convene a workgroup with the purpose of making recommendations on the desired qualifications and training for school personnel providing health services in public schools.

Please direct questions to Holly Coy, Assistant Superintendent of Policy and Communications by email at Holly.Coy@doe.virginia.gov.

Sincerely,



James F. Lane

JFL/SMH
Enclosure

VIRGINIA DEPARTMENT  F EDUCATION

REPORT

School Health Personnel in Virginia Public Schools: Recommendations for Qualifications and Training

Presented to:

Virginia General Assembly

Virginia Department of Education

P. O. Box 2120

Richmond, Virginia 23218-2120



Introduction

There is an increasing need for health professionals in schools caused by the increasing complexity of student healthcare needs, an increase in chronic health conditions, chronic absenteeism, increased mental health needs, and healthcare inequities due to social determinants of health. The National Survey of Children's Health¹ data shows that more than 40 percent of school-aged children and adolescents have at least one chronic or mental health condition and the Centers for Disease Control and Prevention (CDC)² states that at least 25 percent of all students have chronic health conditions. Increased pre-term infant survival and increased medical complexity of hospitalized pediatric patients have resulted in an increased number of medically fragile children who enter school with moderate-severe disabilities and/or complex healthcare needs.

“A student’s health is directly related to his or her ability to learn. Children with unmet health needs have a difficult time engaging in the educational process. The school nurse supports student success by providing health care through assessment, intervention, and follow-up for all children within the school setting. The school nurse addresses the physical, mental, emotional, and social health needs of students and supports their achievement in the learning process.”
([National Association of School Nurses](#))

The need for healthcare professionals in schools has been exacerbated by the recent COVID-19 pandemic, requiring knowledge of epidemiology, nursing assessment skills, mitigation, contact tracing, recognizing signs of multisystem inflammatory syndrome in children (MIS-C), accurate communication about all aspects of the pandemic, and attention to the increased social, emotional, and mental health needs experienced by children at this time. Across the state, school nurses have been actively involved in vaccine administration, contact tracing, mitigation procedures, patient education, and addressing the impact of COVID-19 on mental health and the social determinants of health.

Legislative Authority

The 2021 Virginia General Assembly, in Budget Item 137 (Paragraph T) of the *2021 Appropriation Act* (i.e., Chapter 552) directed the Superintendent of Public Instruction to convene a workgroup with the purpose of making recommendations on the desired qualifications and training for school personnel providing health services in Virginia schools.

T. The Superintendent of Public Instruction shall convene a workgroup to make recommendations on the desired qualifications and training for school personnel providing health services in schools. The workgroup shall include at least: (i) three local school division representatives, including one superintendent; (ii) two members of a local school board; (iii) school personnel providing health services, including contracted personnel from a local health department, personnel with varying levels of nursing credentials, and personnel without nursing credentials; and (iv) two members of the Board of Education. The recommendations shall be submitted to the

¹ Child and Adolescent Health Measurement Initiative. (2019). National Survey of Children's Health 2018-2019.

² Centers for Disease Control and Prevention. (2017). [Managing Chronic Health Conditions in Schools: The Role of the School Nurse](#), 2017.

General Assembly no later than October 1, 2021. Such recommendations shall detail any necessary legislative or budgetary changes to implement the recommendations.

Background Information

Qualifications and training of school health personnel vary widely across the Commonwealth. Virginia does not currently have a consistent definition or training requirement for what constitutes a “school nurse.” Some school divisions hire only registered nurses (RNs) as school nurses; others hire a combination of RNs and licensed practical nurses (LPNs), while others also hire unlicensed assistive personnel (UAPs) and/or utilize volunteers in their school health offices. The variability can be confusing to parents, students, and staff who may not understand the different levels of credentials and often assume that the individuals providing school health services have the same level of qualifications and training.

Professional associations have provided a definition of school nursing as well as guidance on qualification requirements. The National Association of School Nurses (NASN) defines school nursing as, “*A specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.*” Furthermore, [NASN’s position](#) is that a school nurse holds “a minimum of a baccalaureate degree in nursing from an accredited college or university and is licensed as a registered nurse through a board of nursing... Additionally, NASN (n.d.) supports state school nurse certification/licensure and endorses national certification of school nurses through the National Board for Certification of School Nurses.”³

In 1994, the *Code of Virginia* [§22.1- 274](#) was amended to outline an aspirational goal for the staffing of school health personnel as follows:

“...each school board may strive to employ, or contract with local health departments for, nursing services consistent with a ratio of at least one nurse (i) per 2,500 students by July 1, 1996; (ii) per 2,000 students by July 1, 1997; (iii) per 1,500 students by July 1, 1998; and (iv) per 1,000 students by July 1, 1999. In those school divisions in which there are more than 1,000 students in average daily membership in school buildings, this section shall not be construed to encourage the employment of more than one nurse per school building. Further, this section shall not be construed to mandate the aspired-to ratios.”

Staffing requirements for school personnel are set in the *Standards of Quality* (SOQ), found in the *Code of Virginia* at §§ [22.1-253.13:1](#) through [22.1-253.13:9](#). Prior to 2020, there was no staffing requirement for school nurses in the SOQ. School nurses were classified as “student support positions,” and thus staffing was left to the discretion of local educational agencies based on what each division felt was necessary for the efficient and cost-effective operation and maintenance of its public schools.

³ National Association of School Nurses. (2021). Education, licensure, and certification of school nurses [Position Statement]. Author.

In 2021, SB1257 (McClellan) amended the SOQ to require each local school board to provide at least three specialized student support positions per 1,000 students. The bill defines specialized student support positions to include school nurses, along with school social workers, school psychologists, licensed behavior analysts, licensed assistant behavior analysts, and other licensed health and behavioral positions. The new staffing requirements became effective with the 2021-2022 school year.

Currently, there is no required statewide data collection of school health services or staffing data. The Virginia Department of Education (VDOE) collects annual “school health survey” data from Virginia school divisions, but reporting is voluntary. For the 2020-2021 school year, 90 school divisions (68 percent) submitted data. The data collected indicated that in 2020-2021 there were 1,386 RNs (63 percent), 185 LPNs (11 percent), and 418 UAPs (25 percent) providing direct health services to students in the 90 reporting school divisions.

Workgroup Selection and Process

The Virginia Department of Education (VDOE) assembled a workgroup to examine existing school health services in Virginia and make recommendations regarding qualifications and training for the personnel providing health services in schools. The *School Health Personnel Qualifications and Training Workgroup* members included representation from all eight Superintendent’s Regions of Virginia, including: local school division employees and administrators, local school board members, Virginia Board of Education (BOE) members, a representative from the Virginia Department of Health (VDH), practicing pediatricians, parents, and school health providers with varying levels of credentials. Refer to Appendix A for a complete membership list of the Workgroup.

The *School Health Personnel Qualifications and Training Workgroup* convened virtually on August 11, 2021, and August 31, 2021. In addition, the Workgroup provided additional feedback via online surveys after it convened on both dates. The information and recommendations for this report are derived from the Workgroup’s review of literature, whole group, and breakout discussion summaries, and post-meeting surveys results.

Current Qualifications and Training Requirements of Licensed Health Personnel

The *Code of Virginia* [§ 54.1-3000](#) defines a RN as a “professional nurse,” “registered nurse” or “registered professional nurse” who is licensed to practice professional nursing; and defines an LPN as a “practical nurse” or “licensed practical nurse” who is licensed to practice practical nursing. The Regulations Governing the Practice of Nursing issued by the Virginia Board of Nursing ([18VAC90-19-10 et seq.](#)) further prescribe the education, examinations required for licensing, and the scope of practice for each nurse credential.

Registered nurses (RNs) must complete a three-four year nursing education program (minimum of an associate’s or bachelor’s degree) and pass national standardized testing to receive licensure in Virginia. The scope of practice for an RN includes care of both common and complex nursing needs, administering medications and performing procedures, the ability to make nursing assessments, and the creation of

individualized healthcare plans. Schools participating in the Medicaid Reimbursement Program require a Plan of Care to be developed, implemented, signed and evaluated by a RN for eligible students in order for schools to receive reimbursement for nursing services.

A LPN must complete an approved training program generally lasting 12-18 months and successfully pass the LPN examination. The LPN can care for individuals with changes in normal health processes, administer medications and perform certain procedures, but must work under the supervision of an RN or physician.

The *Code of Virginia* sets numerous annual training requirements for all school health personnel, including training on: blood borne pathogens, CPR/AED, first aid, anaphylaxis and life-threatening allergies, asthma, diabetes, and medication administration. Seizure training is required on a biannual basis. Additional training requirements for school health personnel may be set by each locality based on need.

Current Qualifications and Training Requirements of Unlicensed Personnel

Many Virginia school divisions employ non-licensed school health staff that act as Unlicensed Assistive Personnel (UAP) in the school setting. There is great variability in the qualifications and training of UAPs working in schools, as there is no associated Virginia statutory or regulatory definition. Some UAPs have no healthcare background and receive on-the-job training by their local school division. These individuals provide basic first aid to students and may perform some medical procedures under the supervision of a RN.

According to the National Association of School Nurses,⁴ UAPs are school personnel who do not hold a healthcare license and serve in roles such as health aides, nursing assistants, health clerks, or clinic aides. Tasks that may be performed by and delegated to a UAP may include first aid, school health screenings, maintaining student health records, non-complex daily procedures, and other health office duties. The school nurse conducts and documents UAP training, provides ongoing supervision, performs performance evaluation, and is in control of the decision to assign healthcare tasks.

⁴ National Association of School Nurses. (2020). The school health services team: Supporting student outcomes (Position Statement). Silver Spring, MD: Author.

Recommendations

1. Direct the Board of Education to establish a definition of “school nurse” and “unlicensed assistive personnel” that includes education, licensure, and/or certification requirements.

A consistent definition of “school nurse” that includes specific qualification and training requirements will ensure equitable access to health services across the Commonwealth. By establishing a definition of “school nurse” through the Board of Education, Virginia ensures that various voices and perspectives are considered, including that of existing school health personnel and local educational agencies. In line with national professional associations,⁵ the Workgroup recommended that the term “school nurse” refer to a registered nurse (RN) with a Bachelor of Science in Nursing (BSN). However, it is important to note that Virginia currently has several associate degree school nursing programs, and only approximately half of the RNs employed by schools in Virginia hold a BSN degree. Additionally, there are several localities that currently employ LPNs to provide critical school health services. Recommendations 3 and 4, below, address how LPNs can continue to support school health services under this model.

Additionally, the Workgroup proposed that UAP providing direct services in schools should also have clearly defined education and minimal training requirements. Possible considerations proposed by the Workgroup include having a minimum of a high school diploma, CPR/AED and first aid certification, as well as being subject to all state and local training requirements established for school health personnel.

2. Ensure that every Virginia elementary and secondary school is served by a full-time registered nurse (RN) as their school nurse.

The *Qualification and Training of School Health Staff Workgroup* overwhelmingly recommends that each school employ, at a minimum, a full-time RN. This recommendation is also endorsed by the American Academy of Pediatrics, the [National Association of School Nurses](#), and [Healthy People 2030](#). The rationale contributing to this recommendation included: the ability of RNs to provide comprehensive nursing services without supervision; increased education and training requirements of RNs; the complexity of student health needs; and analysis of the RN versus LPN scope of work, which included several critical nursing services such as performing nursing assessments and creating individualized healthcare plans for students in schools.

Many of the benefits that school nurses provide are often only realized if the nurse is always in the school building, developing relationships with students, parents, and staff, noting trends in health, and detecting early warning signs of health issues. School nurses who travel between schools must lose available “nursing time” while commuting between schools.

⁵ National Association of School Nurses. (2021). Education, licensure, and certification of school nurses [Position Statement]. Author.

School health research has found that:

- RNs in schools correlate with fewer absences, fewer early dismissals, and more instructional time for students.⁶
- UAPs in schools make more medication errors than nurses.⁷
- RNs correlate with increased immunization rates and fewer parents requesting immunization exemptions.^{8 9}
- Every \$1.00 invested in school health services saves \$2.20 in the community. ¹⁰
- When there is not a full-time school nurse in a building, cost analysis found that the school instructional staff spent \$134,000 per year in time caring for the health care needs of the students; school nurses allow teachers and administration to focus on instruction¹¹

Great effort is ongoing nationally to better understand and address health disparities to promote health equity. Access to a registered nurse across all Virginia schools will advance efforts to ensure equitable care for all students. Research suggests that the current quality or accessibility of school health services may be more dependent on zip code versus a school's acuity or health conditions.¹² The disparity in funding to schools often places school health services at risk. Despite the positive outcomes that school health services provide in the school setting (disease management, chronic illnesses, absenteeism, and emergencies), funding remains an issue that impacts the equitable care of all students.¹³

3. Allow currently employed LPNs serving as school nurses to maintain employment as a school nurse with a five-year “grace period” to pursue/complete licensure requirements to become an RN.

Recognizing the value of experience of the LPNs currently employed as schools' full-time nurses, the workgroup recommends that these LPNs be allowed to maintain their status as a “school nurse” and that a five-year “grace period” be established to allow currently employed LPNs to become RNs. School divisions may continue to use LPNs to provide supplemental school health services as outlined in Recommendation 4.

⁶ Maughan, E. (2003). The impact of school nursing on school performance: A research synthesis. *Journal of School Nursing*, 19, 163-171.

⁷ Canham, D., Bauer, L., Concepcion, M. Luong, J., Peters, J. & Wilde, C. (2007). An audit of medication administration: A glimpse into school health offices. *Journal of School Nursing*, 23(1), 21-27.

⁸ Salmon, D.A., Moulton, L.H., Omer, S. B., Chase, L.B., Klassen, A., Talbien, P. & Halsey, N.A. (2004). Knowledge attitudes and beliefs of school nurses and personnel and association with nonmedical immunization exemptions. *Pediatrics*, 113, e552-e559.

⁹ Ferson, M.J., Fitzsimmons, G., Christie, D. & Woollett, H. (1995). School health nurse interventions to increase immunization uptake in school entrants. *Public Health*, 109(1), 25-29.

¹⁰ Wang, L. Y., Vernon-Smiley, M., Gapinski, M. A., Desisto, M., Maughan, E., & Sheetz, A. (2014). Cost-benefit study of school nursing services. *JAMA Pediatrics*, 168(7), 642–648.

¹¹ Baisch, M.J., Lundeen, S.P. & Murphy, M.K. (2011). Evidence-based research on the value of school nurses in an urban school system. *Journal of School Health*, 81, 74-80.

¹² Johnson, K., (September 30, 2017) “Healthy and Ready to Learn: School Nurses Improve Equity and Access” OJIN: The Online Journal of Issues in Nursing Vol. 22, No. 3, Manuscript 1.

¹³ Johnson, K., (September 30, 2017) “Healthy and Ready to Learn: School Nurses Improve Equity and Access” OJIN: The Online Journal of Issues in Nursing Vol. 22, No. 3, Manuscript 1.

Data obtained from 68 percent of Virginia school divisions show that 185 LPNs are currently employed. LPNs must obtain a certificate or diploma in nursing, which takes less than one year. The path to become an RN requires at least an associate's degree. The most marketable RNs hold a bachelor's degree, which is typically a four-year commitment. In order to make the transition from LPN to RN, LPNs generally complete an accredited registered nurse program and take the national exam for RN licensure. LPNs may typically take between two to four years to make the transition, depending on the length of their program. There are many programs to choose from, including online LPN to RN programs.

Due to the national shortage of school nurses, the workgroup highly recommends that school divisions and the state make every effort to provide incentives, such as tuition reimbursement, flexible leave, and scholarships to assist LPNs in becoming RNs.

4. School divisions should allocate LPNs and/or UAPs to provide supplemental health services to large schools (over 750-1,000 students) and schools with high populations of students with special health care needs.

The National Association of School Nurses and the American Academy of Pediatrics previously recommended a ratio of one RN for every 750 students, but now recommend one RN per school with additional school health personnel as appropriate. Larger schools and schools with high percentages of students with special needs may require additional school health personnel to meet the health needs of the school community.

The Workgroup emphasized that the first priority is to ensure that every school has a full-time RN, yet acknowledged the critical importance of LPNs and UAPs in contributing a supporting role in the school health workforce. School divisions should be encouraged to employ LPNs and UAPs in schools where supplemental health services are needed, such as in schools with student populations of over 1,000 students or schools with large numbers of students requiring ongoing health services.

5. Strengthen the comprehensive availability of school health services information by requiring the annual collection of school health data from all Virginia school divisions.

Currently, the Virginia Department of Education (VDOE) collects annual "school health survey" data from Virginia school divisions, but reporting is voluntary. Thus, only approximately two-thirds of Virginia school divisions consistently participate in this survey, which makes it challenging to assess needs and make informed policy decisions. The Workgroup recommended that annually collected school health data include: staffing levels of school health personnel, prevalence of students with chronic health conditions, percentage of students with health services written in their records, visits to the school health office and dispositions, and health services provided.

Legislative and Budgetary Changes Necessary for Implementation

The proposed recommendations would require an amendment to §§ 22.1-253.13:2 and 22.1-274 of the *Code of Virginia* to: (1) exclude school nurses and other licensed health positions from the specialized student support requirements and instead require each local school board to employ at least one full-time

equivalent school nurse, defined as a registered nurse (RN), in each elementary, middle, and high school in the local school division; (2) the Virginia Board of Education (Board) to define additional training and qualification requirements for school nurses and other school health personnel; and (3) set supplemental health services staffing aspiration for large schools (over 750-1,000 students) and schools with high populations of students with special health care needs.

Based on data from the 2020-2021 school year (90 school divisions reporting), school health direct services were provided as follows: 63 percent Registered Nurse; 11 percent Licensed Practical Nurse; and 25 percent Unlicensed Assistive Personnel. While it is not clear if each individual provider is assigned to a single school, this data suggests that a quarter of the school health workforce would likely not meet the requirement to provide services to a school without a supervising provider on-site. This will likely have significant fiscal implications for school divisions that employ UAPs as the primary school-based provider. State costs for this proposal are estimated to be \$102.5 million based on fiscal year 22 data in Chapter 552. This amount is based on the greater of one per school or one per 500 students in order to ensure that larger divisions that already staff at higher ratios than one per building receive additional funding to maintain comparable staffing. It should also be noted that if a corresponding reduction to the specialized student support staffing requirement of 3:1000 were implemented, this would reduce the state cost.

The cost of an LPN to RN (associate's degree) bridge program is roughly estimated at \$10,000. Data obtained from 68 percent of Virginia school divisions show that 185 LPNs are currently employed. Assuming a similar staffing pattern in non-reporting divisions, and 30 percent interest in pursuing advanced licensure, the total cost of fully supporting a bridge program for interested individuals is estimated at \$900,000 (n=90).

Additionally, an amendment to § 22.1-274(C) of the *Code of Virginia* is recommended to clarify the existing authority of the Board of Education to collect school health data and specify any reporting requirements.

Appendix A

School Health Personnel: Qualifications and Training Workgroup Membership

First name	Last name	Title/Role	Agency/Organization
Gina	Bellamy	VASN President	Virginia Association of School Nurses
Kyra	Cook	School Board Member	Williamsburg-James City County Public Schools
Dr. Pam	Davis-Vaught	BOE Member	Virginia Board of Education
Karen	Faison	Faculty	Virginia State University, Petersburg, Virginia
Kathryn	Haines	School Board Member	Chesterfield County Public Schools
Dr. Amy	Harden	Pediatrician	American Academy of Pediatrics, Smyth County
Donna	Harris	School Health Provider	Alleghany County Public Schools
Sonia	Jackson	School Health Provider	Amelia County Public Schools
Glorya	Jordan	School Health Provider	Prince William County Public Schools
Michael	Martin	Pediatrician; President, AAP, Virginia Affiliate	American Academy of Pediatrics (AAP), Vienna, Virginia
Dr. Dana	Ramirez	Pediatrician	American Academy of Pediatrics, Virginia Beach, Virginia
Linda	McGuire	School Health Provider	Henrico County Public Schools
Judy	McKierman	School Division Rep	Winchester County Public Schools
Dr. Susan	Mele	School Board Member	Bedford County Public Schools
Angela	Moore	VASN Vice President	Virginia Association of School Nurses
Destiny	Nixon	School Health Provider	Henrico County Public Schools
Dr. George	Parker III	Superintendent	Newport News Public Schools
Serena	Perkins	Parent	Smyth County
Joanna	Pitts	School Health Nurse Consultant	Virginia Department of Health
Charlette	Ridout	RN Reviewer	Virginia Board of Nursing
Anthony	Swann	BOE Member	Virginia Board of Education
Jeannine	Uzel	Director of Public Health	Virginia Department of Health
Robin	Wallin	Assistant Director Health Services/School Health	Fairfax Health Department
Chantel	West White	School Health Provider	Lynchburg County Public Schools
Alex	Wilmer	School Health Coordinator	Spotsylvania County Public School

