Information Summary and Recommendations

School Health Aides Sunrise Review

January 2001

Health Systems Quality Assurance

Information Summary and Recommendations

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THE SUNRISE REVIEW PROCESS

It is the Legislature's intent that all qualified individuals should be permitted to provide health services unless there is an overwhelming need for the state to protect the interests of the public by restricting entry into the profession.

The Sunrise Act, RCW 18.120.010, states that a health care profession should be regulated only when:

- Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument;

- The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability; and

- The public cannot be effectively protected by other means in a more cost-beneficial manner.

After evaluating the criteria, if the Legislature finds that it is necessary to regulate a health profession not previously regulated by law, the least restrictive alternative method of regulation should be implemented, consistent with the public interest. There are five types of regulation to be considered:

1. *Stricter civil actions and criminal prosecutions*. To be used when existing common law, statutory civil actions and criminal prohibitions are not sufficient to eradicate existing harm.

2. *Inspection requirements.* A process enabling an appropriate state agency to enforce violations by injunctive relief in court, including, but not limited to, regulation of the business activity providing the service rather than the employees of the business when a service being performed for individuals involves a hazard to the public health, safety or welfare.

3. *Registration.* A process by which the state maintains an official roster of names and addresses of the practitioners in a given profession. The roster contains the location, nature and operation of the health care activity practices and, if required, a description of the service provided. A registrant is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

4. *Certification.* A voluntary process by which the state grants recognition to an individual who has met certain qualifications. Non-certified persons may perform the same tasks, but may not use "certified" in the title. A certified person is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

5. *Licensure.* A method of regulation by which the state grants permission to engage in a health care profession only to persons who meet predetermined qualifications. Licensure protects the scope of practice and the title. A licensee is subject to the Uniform Disciplinary Act, Chapter 18.130 RCW.

OVERVIEW OF PROCEEDINGS

The Department of Health notified the applicant group, all professional associations, interested parties and staff of the sunrise review. Meetings and discussions were held and documents were circulated. A review panel, including staff from the Department of Health and one public member, was created.

Regulatory agencies in other states were requested to provide sunrise reviews, regulatory standards, or other information that would be useful in evaluating the proposal. Literature and Internet reviews were conducted. Staff and the review panel reviewed all information received.

The review panel conducted a public hearing on October 23, 2000. Interested persons were allowed to present testimony. There was an additional ten-day written comment period following the public hearing.

A recommendation was made based upon all information received. The proposed final draft was reviewed and approved by the Health Systems Quality Assurance Assistant Secretary and the Department of Health Secretary. The final report was transmitted to the Legislature via the Office of Financial Management.

EXECUTIVE SUMMARY

Background

House Bill 2363 (and the companion Senate Bill 6497) were introduced in the 2000 Legislative Session. House Bill 2363 was referred to the Department of Health under the sunrise review process. A public hearing was held on October 23, 2000. A 10-day written comment period followed.

The legislation would prohibit any certificated or non-certificated school employee from practicing or representing themselves as a school health aide unless they were registered with the Department of Health. The department would be authorized, among other things, to determine minimum education requirements for registrants. The Nursing Care Quality Assurance Commission would be required to establish, in consultation with OSPI, standards and procedures for approval of education and training programs.

The Washington State School Nurses Association served as the applicant in this review.

CURRENT REGULATION

State Law (RCW 28A.210) allows oral medications and some other health care tasks to be carried out by school personnel under general delegation from a nurse. General, not patient-specific, training of the person performing the task is required. In some school districts, staff may "opt out" of performing these tasks, in others they cannot.

The Nurse Practice Act does allow for delegation of a wider variety of tasks to registered or certified nursing assistants. However, the law specifically defines the settings in which this delegation may take place to exclude schools.

RECOMMENDATIONS TO THE LEGISLATURE

1. The legislation proposed by the applicants should be passed with several important changes, as follows:

   - Section 2, paragraph (3) should be amended to read:

   "School health aide" means a person registered under this chapter who performs health care tasks under training and supervision of a registered nurse licensed under RCW 18.79.040.

   - Section 3, paragraph (2), should be amended to read:

   (2) Tasks delegated to a school health aide include those nursing procedures applicable to school districts provided by law, RCW 8A.210.260 and RCW 28A.210.280.

- Section 5, paragraphs (6) through (10) should be deleted.

2. Section 8 should be amended to read: The superintendent of public instruction shall establish by rule, in consultation with the nursing commission, standards and procedures for approval of educational and alternative training programs.

FINDINGS

1. The first sunrise criteria says that a profession should be regulated if unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument. This question has generally been interpreted to mean a profession should be more tightly regulated (i.e., at a higher level) if it already is, but only if the current level of regulation is endangering the public.

2. Examples of "harm" provided by the applicant were few; the potential for harm seems to be increasing as more and more students are requiring health services in schools. While registration, as proposed by the applicants, would not require any training of school personnel, it would put those personnel under the Uniform Disciplinary Act. This would help assure the public that those persons providing some health services in schools were regulated by the state.

3. In 2000, The Department of Health and the Office of the Superintendent of Public Instruction issued a "School Health Delivery Model." While this model does not specifically address the issues raised in our review, it does speak to the importance of maintaining an adequate supply of properly trained personnel in schools.

4. The costs of registration would have to be borne by the school personnel, unless the school districts agreed, or were forced through negotiations, to cover this cost. The Department estimates the cost to be at least $70 for registration as a school health aide (a new profession). This cost is not likely to be an economic burden to the individual, but may squeeze already tight school budgets if paid in the aggregate by the district. The department estimates the cost of registration of school health aides under the current nursing assistant statute to be $25, based on the applicant's estimate of a total of 3600 registrants.

5. Registration does not provide the ability, under current law, to require training as a condition of registration. The proposed legislation is technically flawed in that it seems to require training prior to registration. Registrants could be required to have training as condition of employment or prior to reimbursement, as in the case of registered nursing assistants working in long-term care settings.

6. Both the OSPI and the PSEA presentations contain some misunderstandings about registration and other aspects of regulation. This includes some incorrect use of terminology,

7. OSPI regulations allow some health services to be delivered by non-regulated personnel under "general delegation" provisions. The statute authorizing this is RCW 28A..210.260 and 28A.210.270. The persons providing these services are not regulated as a health care provider by the Department of Health, but would be subject to any disciplinary process as a school employee. This would *not* include a system to track that person from school to school.

SUMMARY OF INFORMATION

The applicant submitted the required report to the Department (Appendix B). The report asserts that the proposed legislation (Appendix A) would:

- Alleviate public harm when school personnel without appropriate training provide treatment to children.
- Protect the public (in this case children in public schools) by providing a mechanism to monitor personnel providing services, and providing a disciplinary mechanism.
- Establish a cost-effective means of reducing the risk of legal actions.

The applicant further states that because of reduced numbers of school nurses, and increased health needs of children in schools, action needs to be taken to regulate school personnel delivering health services.

At the public hearing (Appendix C), the applicant elaborated on the issues, and included some specific examples of what they considered to be harm to the public caused by a lack of regulation.

The Superintendent of Public Instruction (OSPI) submitted written comments to the Department (Appendix E). The document describes what are viewed as "pros" and "cons" of specific provisions in the proposed legislation. Some problems identified by OSPI include: a reduction in staff providing oral medications and other services (based on the assumption that those who did not want to provide services would not register); and the cost of registration and training that may be required. Some of the benefits identified include: a complaint and disciplinary mechanism; ability to provide or require training; and keeping problem staff from providing services at another school if the registration has been revoked. The OSPI concludes that "registration of School Health Aides is probably not the most efficient, cost effective means of safeguarding students receiving health care in schools."

The Public School Employees Association (PSEA) submitted written comments to the Department of Health (Appendix F). The PSEA contends that the employees who provide these services in schools "have offered painful testimony that because of the circumstances in which they deliver health services, they have under-medicated children, over-medicated children, and given children the wrong medicine. As they also mentioned, this is not an uncommon

experience in public schools. Quantifying the problem is difficult. However, when combined with the number of oral medications noted in the JLARC study of student health services, one can easily conclude that this should be considered a general health risk requiring a more serious effort to ensure it is conducted safely." They recommend requiring employees providing health services in schools to register as nursing assistants (under current statutes). The association urges the legislature to provide sufficient FTEs so that these assistants (as opposed to aides) can concentrate on health services, and not have health be a part of their responsibilities.

DETAILED RECOMMENDATIONS TO THE LEGISLATURE

1. The legislation proposed by the applicants should be passed with several important changes, as follows:

- Section 2, paragraph (3) should be amended to read:

"School health aide" means a person registered under this chapter who performs health care tasks under training and supervision of a registered nurse licensed under RCW 18.79.040.

- Section 3, paragraph (2), should be amended to read:

(2) Tasks delegated to a school health aide include those nursing procedures applicable to school districts provided by law, RCW 8A.210.260 and RCW 28A.210.280.

- Section 5, paragraphs (6) through (10) should be deleted.

Rationale:

- ❖ The Department does find a level of potential harm sufficient to warrant regulation. While a category of "nursing assistant" currently exists in statute, the definitions and scope of practice are sufficiently different to make integration of school health aides into that statute problematic.
- ❖ This approach is consistent with the "Staff Model for the Delivery of School Health Services" which was developed by the Nursing Commission, the Department of Health and the Office of Superintendent of Public Instruction. That model calls for a health room assistant (HRA) who is specially trained to staff the health room and provide care to students based on protocols developed and supervised by the registered nurse. The HRA has completed the Office of Superintendent of Public Instruction (OSPI) "Orientation-Level Training for Para-educators Working with Students with Special Health Care Needs" course. The HRA may be a registered or certified health care provider, which would require the HRA to act within her/his scope of practice with the exception of clean intermittent catheterization, and oral medication administration, which are currently

- Aides will still be able to administer oral medications and perform catheterization under RCW 28A.120.260 and 280.
- The information provided to the department demonstrates that employees (other than school nurses) who provide health services in schools should be subject to the Uniform Disciplinary Act.
- Registration does not allow for the types of training requirements in Section 5 of the proposal, therefore they need to be removed.

2. Section 8 should be amended to read: The superintendent of public instruction shall establish by rule, in consultation with the nursing commission, standards and procedures for approval of educational and alternative training programs.

Rationale:

- While registration does not allow for imposition of education or training requirements, it is appropriate for the schools and the department to ensure that setting-specific training requirements are imposed, if warranted. As the medical complexity of students increases, monitoring the situation is appropriate.

APPENDIX: A

HOUSE BILL 2363

H-3302.2

HOUSE BILL 2363

State of Washington 56th Legislature 2000 Regular Session

By Representatives Cody, Edwards, Edmonds, Conway, Kenney and Ruderman

Read first time 01/11/2000. Referred to Committee on Health Care.

AN ACT Relating to health; requiring registration of a school 1
health aide; and adding a new chapter to Title 18 RCW. 2

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON: 3

NEW SECTION. **Sec. 1.** The legislature finds that there is a 4
diminishing supply of school nurses serving the health needs of 5
students in the state's school districts. The supply of nurses has not 6
increased in proportion to school enrollment. In addition, the 7
increasingly complex health needs of students can no longer be 8
adequately met by the delegation of nursing tasks to unlicensed and 9
untrained school personnel, such as teachers, teacher's assistants, and 10
secretarial staff, without compromising the health of students and 11
exposing school districts to legal liability. The delegation practices 12
in public schools of complex nursing tasks are of questionable legality 13
and the opportunity for error has life-threatening consequences. 14
Removing health barriers to learning is essential to the successful 15
education of students, and should be addressed in the state's school 16
districts by recognizing established nursing practice standards and the 17
state's uniform professional accountability processes. The legislature 18

APPENDIX: B

APPLICANT REPORT

Sunrise Review
Registration of School Health Aides
House Bill 2363

The School Nurse Organization of Washington (SNOW) is submitting to the Department of Health for consideration regulation of "School Health Aides" through House Bill 2363. This bill is designed to protect children throughout the state by providing oversight of K-12 school personnel delivering health care services.

Enactment of HB 2363 would require individuals who administer medication in schools to register with the Department of Health under the "Uniform Disciplinary Act." Passage of this bill will provide a vital safeguard for children in our state by:

- **Alleviating public harm** caused when school personnel without appropriate training or oversight provide treatment to children.
- **Protecting children and the public** by providing a mechanism to monitor personnel who provide health services, and by providing an effective means of recourse and discipline for negligence.
- **Establishing a cost-effective means of reducing the risk** of legal actions that could financially devastate a local school system.

The urgency for action in this area is necessitated by three factors:

- **The low ratio** of school nurses to students in our state.
- **The lack of oversight and regulation** of school personnel providing health care services.
- **The increase in the health needs** of our children.

Shortage of School Nurses

The National Association of School Nurses recommends a ratio of one RN to every 750 students. The Office of Superintendent of Public Instruction (OSPI) recommends at least a one-to-1500 ratio with additional clerical support of a ratio of one to 1000 for elementary and one to 2000 for secondary students. Reference: Staff Model for the Delivery of School Health Services (OSPI and DOH). In Washington, the present ratio is one RN for every 1,713 students in Class I districts, according to a 1997 study by the Joint Legislative Audit and Review Committee (JLARC). The study found a significant difference between school districts. While the Northshore School District has a one-to-625 nurse-to-student ratio, Enumclaw has a one-to-5162 ratio, and Yelm has a ratio of one-to-4,100. This wide disparity virtually ensures that in many districts access to a professional nurse is severely limited. Who performs health care duties when RNs are not available? The burden falls on teachers, office personnel, and volunteers. Under HB 2363, those personnel assigned to give care and medications would be required to register with the Department of Health as "School Health Aides."

The JLARC study also found that while 94.7 percent of Washington students have some access to a RN, 45 districts had no nurses on staff, and less than half of those had established outside

contracts for health care services. State law does not require districts to have nurses on staff, but it still requires that basic health care services be available for students. Medications can only be delegated through a doctor or RN who actually is training and supervising personnel. Health care services and treatments are delegated to unlicensed school personnel by principals and special education directors who can not legally delegate, train and supervise.

What are the treatments being performed? The JLARC study found that unregulated personnel are performing many day-to-day health care services, most commonly, administering oral medications. Registered nurses may delegate the administration of oral medication to unlicensed personnel in schools as long as they have appropriate supervision and training. Oral medications, such as Ritalin, a Class II controlled substance, a very powerful drug, and potentially fatal if administered incorrectly. School nurses need to feel confident that the individual they delegate to will carry out the task as required.

State law limits delegating administration of oral medication to unlicensed personnel in only two settings: schools and long-term care settings. In long-term care settings, all personnel delegated to perform these duties must be registered or certified by the state Department of Health. Schools have no oversight for this delegation. In other words, there is no way to track or discipline an aide who knowingly or unknowingly commits a medication error.

A more serious problem exists when – as the JLARC study found -- non-nursing personnel perform more complex duties, such as providing injections, central venous line care, replacing nasogastric tubes, and tracheal suctioning. Under state law, RNs or LPNs can only perform these activities. Teachers and other school personnel are performing these procedures. The safety of our children is compromised on a daily basis since these health aides are unregulated. HB 2363 would provide school nurses with the mechanism to safely delegate health care services with appropriate protection for the students they serve.

Lack of Oversight of School Personnel

Complicating this problem is the fact that the Department of Health does not regulate the personnel who are performing these health care tasks. Currently, nurses are the only individuals regulated by the DOH in the school setting. Although the treatments listed above are being performed on our children illegally, neither the DOH, nor OSPI, nor any other agency has the enforcement authority to prevent these practices. In other words, there is no way to discipline a school employee other than through a lawsuit, which is costly to the family of the child, the school district, and the state. Lawsuits should be the last avenue for redress, not the only avenue.

Enactment of HB 2363, requiring school personnel that administers medication and other health care services register with the Department of Health, would provide an appropriate avenue of redress for a parent or the state. It would effectively monitor individuals who have committed violations or incorrect procedures in the past.

Increasing Health Care Needs of School Children

The urgency of this action is compounded by the increasing medical needs of children in our schools. There has been a marked increase in the number of children taking oral medications and an increased number of children with physical, emotional, or psychological challenges integrated into the school system. To deal with this increase of student health needs, nurses are delegating more tasks. Coupled with the decrease in the number of RNs for each child, the burden has increasingly fallen on the teachers and other school personnel who lack the training and oversight to perform these and more complex health care tasks safely. Enactment of HB 2363 can protect children by regulating these personnel.

Summary

Our children deserve safe and appropriate health services in our schools. The JLARC report highlights the need for regulatory oversight. Local control works as long as school districts meet basic standards of care for the needs of their children. However, when districts do not meet these needs, it is time for the state to step in. Inaction is not an option when children's lives are at stake, and lawsuits cannot replace a child's life. HB 2363 is an efficient and cost-effective actions that can reduce the risk to our children's lives and increase the trust in our schools.

APPENDIX: C

PUBLIC HEARING SUMMARY

Public Hearing Summary
October 23, 2000

School Health Aides Sunrise

Review Panel:
Yvonne Rayment, public member
Lisa Hoffmann Grundl, Department of Health
Glenda Moore, Department of Health

Department of Health staff:
Steve Boruchowitz

Applicant:
School Nurse Organization of Washington (SNOW)

Presentation by applicant group: SNOW (School Nurses of Washington)

The JLARC survey, conducted in 1997, was reviewed. Had been sent to 296 school districts, looking at who was providing what services, and how paid for. LSDs determine own levels and needs, based mostly on funding availability. Nurses can delegate to unlicensed school personnel (incl. office staffs) as long as properly trained. Not all students had access to RNs. Larger districts had more RNs per student, according to study, but that was an average…applicant believes it is not that high. Natl. Assn. of School Nurses recommends 1 to 750 (about 1/4th of what we have). Lower for more medically needed.

74% of districts had RNs…21% had none. If not physician or RN, then are delegated illegally if they do. Some new money provided to put RNs in ESDs, but still a problem. Two most common were first aid and oral medications.

Q: What kind of Meds? A: ADHD (stimulants, etc.,) and Asthma. Also psychotropic medications. Class II had more limited medical care. Probably because they send kids to larger districts who need the care.

Nonmedically licensed staff performing some extreme care. Gastro tubes are included in what is legal to do. Glucose testing has been done illegally by unlicensed folks. Asthma, ADD and drug abuse are the most problems. Also some Allergy care. Epinephrine shots delegated. DNR orders are covered too.

A review of HB 2363 was provided. Two years ago, SNOW met with DOH (nursing commission, etc). concerned with delegation to untrained personnel. Clarified that DOH attends

to those who are regulated. You cannot discipline unlicensed personnel. School Nurses are only licensed HCP in building or district. This bill provides oversight of health care under RN. SN involves that the person is willing and capable of assigned task.

Important to get training prior to giving care.

Medications have been misappropriated, and registration can track and protect.

RNs would protect by using their license to properly manage.

Q: Would registration mean they get more training? How would this change the training done?
A: Bill does not address, but says training is important. If you are registered you are responsible, would be concerned about having training.

Q: Now, who is doing this care now?
A: Under RN license, she has 6 individuals doing tube feeding,,` she supervises, makes sure they have training to do.
Q: What do they have to show they can do it?
A: These do have paper showing they can do. Under this, DOH knows, and is accountability.

Q: Training stays the same?
A: Sometimes we do not get enough time to do the training. Getting enough time to do the training is a struggle.
Q: Will registration affect that?
A: Still need to find time to train.

Q: Cost?
A: Individual is paid by school district now?
Q: Does that change?
A: Already being addressed. This bill does not change.

Q: Illegal delegation, etc…Where is tube feeding authority? AG opinion. Sometimes things being done that are OK, but without the RN oversight, so it wasn't OK.

Q: Has there been documented cases of harm?
A: We do hear of some things. They are "settled" behind doors. No specific data on medication errors, etc.
JLARC survey did not reveal.

Q: Instances of harm in your district?
A: One instance with a legal settlement.

Q: Your hope is that it will encourage more training and hold people accountable?

OTHER panel members…

Zarah, Highline, 18000 students. Speaking on confidentiality. This proposal would give oversight of personnel between districts, if instances of medication problems or confidentiality breach, we don't know about it. Personal experience, friend in another state, only happened to find out the person had problems before. Person resigned, went to another state, had registration, went to 2nd district, multiple problems became obvious pattern, registered so they could track it. Unseen part is confidentiality problem, special needs, etc., need to protect family and student. Anyone getting care delegated, still have no way to enforce confidentiality. Proposal will not force training, but will force confidentiality.

Q: If passed, you would have recourse of knowing person registered, if they have had problems.

Q: Background check?
No.

Linda Boardwell…Spokane.
23 years experience. 4100 student caseload. Is a problem across the state.
Incident recently…elementary school. Parent brought medication in, there were two pills left in bottle, discovered was not the right medication. Were artificial sweetener. Three other bottles where contents were altered. Incl. BP medication. After school person gave medication, was suspicion, but not enough evidence. She went to another SD and same thing happened. Did not share medication experience on application. She was trained and given med. admin duties. Had no way of tracking. Would have known she had that role in other SD. Could have pursued. No tragedy; no legal action either.

Close to Idaho…same kinds of things happened across states.

Q: In general, if a student arrives that AM with Rx, what is process. Her policy requires parent to bring in med., two staff members accept, check orders, count how many tablets, etc., medication manual to identify Rx for sure. Any deviations noted.
Q: Do they contact you?
A: No, they aren't.
Q: For more complex procedures, does that require RN to train for specific training?
A: Yes.
Q: Are those two people always the ones.
AL: Yes, and others.

Q: What other states have School Health Aides registration?
A: Will get.

Order form will give side effects…if noted, they contact school nurse.
RN is called in other cases, emergencies they have guidelines to call others.

Students' care plans help to cover very difficult cases, too.

Q: Is it optional for secretaries to participate? Can they decline?
A: Differs from SD to SD. In Spokane, they have option to refuse. Bill to give all option to refuse did not pass…only a few refuse to provide care. When trained, with RN backup, they are comfortable.

Q: What do you really want to have happen?
A: Accountability for person so they appreciate gravity of responsibility, and of administrators who know importance. Gives person sense of responsibility. Leads to safety.

Gives a positive thing for employee to physically gives them impetus to understand role in system.
Registration is a safety net, will not allow someone to more around without knowing their role and responsibility.

Q: Is that a real problem? Not medication 24 hours a day.,
A: More now than before. Averaging 35-40 doses per day per school. Ritalin is worth $10 on street.

Q: If a secretary had registration pulled, would they be otherwise disciplined? Who then would do meds?
A: Someone else should come in to do.

Q: If I came to the school district as a Secretary, would you tell me up front about meds??
A: Usually they are told; sometimes office manager only, but as it happens they are told.
Q: If they are told, and do not want to perform those tasks, do they not get job?
A: Some do not have opt out privileges, so they have to do. Often job descpriptions just generally say it.

Q: If passed, would there be someone who would have full time School Health Aide?
A: Could happen.

Q: Who is school health aides group?
A: Ann answers later.

Jeannine, Tumwater.
SUMMARY: Schools charged with responsibility for medication and treatments. Some are complicated.
SN staffing varies from zero to 1-4000 plus. Staff are assigned to cover, some require RN care. Needs to properly delegate. Illegal procedures every day.

Registration would give recourse for problems. Protects staff being delegated to -- adequate training, etc. People are concerned about what they are asked to do. Supervision, etc., is responsibility of school nurse.

Q: Wouldn't this make them more concerned?
A: Ann will provide answer later.

Q: What about using the current "registered nursing assistant" category for this?
A: Regular NA is for full time health care persons, this is a part-time "health care" person.

Q: Registered nursing assistants, in some settings, can do Regular Nurse delegation. Could that work in schools?
A: Standard of care in school is different than full time health facility.

ALSO: If registered, adds to their mobility and marketability to other districts.

PAUL MEYER, Executive Director, Nursing Commission
See positives and negatives.
Safety is a problem for students. How do we provide? Increasingly complex and numbers. Meds are more complex, etc. And there is a nursing shortage.

No clear direction, but lots of questions.
Registration has no requirements, just apply, but can set limits of what they can and cannot do.,
First reviewed, thought certification more appropriate because it had training.
Personal data questions…health care facilities are required to do. Facility doing has often been seen as more effective.
(NOTE All school personnel have Criminal background checks.)

If we find out someone lied on application, we can take swift, strict action.

Cost associated…based on number in the profession.
Under I-695 the fee for a new program would be "new" tax.

She will provide an estimate of the program's cost (under a new program and under registered nursing assistants).

COMMENT: Be careful we don't make schools something other than educational institution.

PAULA: Need schools to check registration, who would do that? School Nurse? Just need to be sure.

ANN SIMONS:
SNOW…JLARC found voluntary disclosed problems (see report)
Not overemphasizing registration benefits…a while back RNs were always around. But now they aren't. RNs not replaced when they retire. Secretaries do not want to do this, not in their job description. Sometimes have right to refusal; long-term care they do.
We are just asking that DOH regulate them some way, put them under the UDA.
Gives us a headcount…helps legislature know better who is doing what, etc. Get arms around scope of problem.

If you were in long term care, would you want secretary giving you medication?
Students show up at school with medical problems, nurse is not there, so it is delegated. Need to know who is caring for them, gives school administrations better idea of importance of what is going on.
We know this doesn't solve all problems.

Public School Employees Association, PSEA, wants right to refuse. Secretaries do not want to be forced. Awaiting formal position.
If opt out, will it reduce those? Maybe fewer secretaries, but hopefully more who are more appropriate.
Do not have answer on who will pay. Legislature may address.
Does also give UDA protection for parents.

Nursing assistant model…willing to consider.

Q: Potential benefit – would bring in people willing/able to do. But you also said schools are not hiring RNs anyway. So, would schools have fewer people to do tasks?
A: Supreme Court says health services must be provided. So they have to find someone.

APPENDIX: D

PARTICIPANT LIST

Participant List

NAME	ORGANIZATION
Barbara Thiembert?	School Nurses of Washington
Janice Doyle	School Nurses of Washington
Marilyn Fenn	School Nurses of Washington
Zara Herwick	School Nurses of Washington
Linda Bordwell	School Nurses of Washington
Jeanne Baranski	School Nurses of Washington
Ann Simons	School Nurses of Washington Lobbyist
Shay Schual-Berke	Washington State Representative
Paula Meyer	Washington State Department of Health
Samara Hoag	Seattle School District

Review Panel

Lisa Hoffmann Grundl, Department of Health
Glenda Moore, Department of Health
Yvonne Rayment, Public Member

Department of Health Staff

Steve Boruchowitz

APPENDIX: E

STATEMENT FROM OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION

STAFF MODEL FOR THE DELIVERY OF

SCHOOL HEALTH SERVICES

WASHINGTON STATE NURSING CARE
QUALITY ASSURANCE COMMISSION

WASHINGTON STATE OFFICE OF SUPERINTENDENT
OF PUBLIC INSTRUCTION

April 2000

STAFF MODEL FOR THE DELIVERY OF SCHOOL HEALTH SERVICES

Acknowledgements

This staff model was developed from a series of public meetings. The public meetings were attended by representatives of hospitals, university schools of nursing, state and local health and education agencies and organizations, student advocacy organizations, parents, and professional organizations representing school staff. These stakeholders provided valuable input and support in the development of this document.

We would also like to thank the following for their contributions to this model and recognize their continuous contributions to the students of the state of Washington. Their professionalism and dedication make it possible for all children in kindergarten through Grade 12 to have their health care needs assessed and addressed while their educational needs are met.

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STAFF MODEL FOR THE DELIVERY OF SCHOOL HEALTH SERVICES

Introduction

This document is divided into three sections. The first is a general discussion of nursing care in schools and the different levels of staff who may provide health services in terms of their training, education, licensure, certification, and responsibility. The staff model is two parts as described in the summary below.

SUMMARY: The staff model consists of a nursing assessment to determine levels of care needed for individual students in a school and an overall school district model with staffing level recommendations. The staff model is two parts: (1) "Levels of Nursing Care for Student Diseases and Conditions: Severity Coding," a nursing assessment to determine levels of care needed for individual students in a school, and (2) "School District Model for the Delivery of Health Services," an overall school district model with staffing level recommendations. The staff model is to be used to predict the nursing care and staff needs of individual schools and school districts.

In the school setting, it is essential to aggressively manage any health problems that are likely to compromise daily learning readiness. For this reason, school health care providers may prioritize concerns and assign health services staff somewhat differently from the traditional medical community.

I. Nursing Care in Schools

The school nurse's primary responsibility is to the students. Each school nurse is responsible for each component of the nursing process with children in school: assessing, planning, implementing, and evaluating the nursing care. This is a continuous process. The registered nurse is responsible for the initiation of the care plan. In order to complete the initial care plans, the registered nurse(s) must be alerted to the needs of the child(ren) who will attend school. Optimally, these needs would be identified and communicated prior to attendance at the school to allow for adequate planning and training of school personnel. Administrators (including special education) in each school must establish a procedure that identifies and communicates the student's actual or potential need(s) for nursing care to the registered nurse. The identification of these needs, at the port of entry, can be communicated through health forms,

parents' messages to school administrative personnel, or the health room personnel. Time to assess the needs of children and develop the plans must be considered as additional to the time needed to provide the actual care.

Components of a nursing assessment are:

- Patient interview.
- Review of physical systems.
- Family history.
- Physical examination.
- Psychosocial nursing assessment (review of support systems, mental health assessment, etc.).
- Patient's compliance history.
- Understanding of procedures and outcomes.
- Physical environmental assessment.
- Functional assessment.
- Review of current medical diagnoses.
- Developmental assessment.
- Review of medications, interpretation of side effects, identification of effects on patient outcome (pharmacological assessment).
- Identification and interpretation of deviations from physiological norms.
- Interpretation of the impact of patient's medical history and treatment modalities on the patient's current condition.
- Evaluation of effectiveness of current treatment modalities.

From the information obtained in this nursing assessment, the nurse develops nursing diagnoses, a plan of care specific to the student, and provides for the implementation of the plan of care and ongoing evaluation. The plan of nursing care, often referred to as an individual health care plan (IHP), is a component of the interdisciplinary plan of care for a patient. The registered nurse is responsible for the "plan of nursing care" component of the interdisciplinary plan. (Excerpt from Washington State Board of Nursing, *Unlicensed Practice Task Force Recommendation,* March 1991).

L.P.N./R.N. Preparation

Licensed practical nurses (L.P.N.) use specialized knowledge, skill, and judgment to carry out selected aspects of the designated nursing regimen under the direction and supervision of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, osteopathic physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, or registered nurse

(RCW 18.79.060). L.P.N.s are fully licensed health professionals and are accountable for their own actions at all times. L.P.N.s may give medications in school settings, including injections, with indirect registered nurse (R.N.) supervision.
WAC 246-840-705 describes the functions of a licensed practical nurse. In summary, a licensed practical nurse recognizes and meets basic client needs in routine nursing situations, which are defined as situations that are relatively free of scientific complexity, involving stable and predictable client conditions. L.P.N.s also function in more complex nursing care situations, and in these cases an L.P.N. would function as an assistant to the registered nurse or physician. Licensed practical nurses can revise the care plan and deliver the care according to the plan.

As stated above, indirect supervision by an R.N. who is not on school premises is within the standards of care, as long as the L.P.N. is providing care for students in routine, noncomplex situations and as long as the supervisory role of the R.N. has been established. Periodic review of the plan and R.N. availability for questions are recommended components of school health services.

A registered nurse has the knowledge, skills, and license to provide nursing care. The registered nurse may have either a bachelor's of science in nursing (BSN), an associate degree in nursing (ADN), or a diploma from a hospital school of nursing. Registered nurses with a BSN possess the knowledge and skills to function independently in a community or school setting and to coordinate family and community services in managing students with significant health problems.

The Certificated School Nurse Employed by a School District

The registered nurse with educational staff associate (ESA) certification as a school nurse has the preparation to develop and administer a comprehensive school health program, contribute to the development and teaching of the health education program, and is familiar with school law and the implications for school nursing practice. The certificated school nurse has the knowledge and skills to perform and supervise nursing care of students. The knowledge and skills acquired through the certification process (WAC 180-79A-223[1]) are over and above the knowledge and skills required for licensure as a R.N. and that generally obtained in a BSN program. Persons serving as school nurses in first class districts must hold an ESA certificate (WAC 180-86-011). WAC 180-87-050, Misrepresentation or Falsification in the Course of Professional Practice, addresses professional misconduct by a person (such as a school nurse) acting as a nurse without the valid, appropriate certification.

For an employer (such as a school administrator), WAC 180-87-070(1) defines an act of unprofessional practice as the intentional employment of a person to serve as an employee in a position for which certification is required by rules of the State Board of Education when such person does not possess a valid certificate to hold the position for which such person is employed.

WAC 180-87-070(2) further defines an act of unprofessional practice as "The assignment or delegation in a school setting of any responsibility within the scope of the authorized practice of nursing, physical therapy, or occupational therapy to a person not licensed to practice such profession unless such assignment or delegation is otherwise authorized by law, including the rules of the appropriate licensing board." Nursing care can only be delegated by the R.N. within the regulations and guidance of the Nursing Care Quality Assurance Commission.

Other certificates are available within certain restrictions if an R.N. has no BSN. See WAC 180-79A-231(1)(c)(iii).

Delegation of Nursing Care

Properly credentialed health care professionals, including R.N.s and L.P.N.s, are able to work in the school settings, but must act within the scope of their respective practice acts. Licensed health care professionals must also comply with any specific laws that apply to the provision of health care in the school setting, laws that may be more or less restrictive than in other settings. For instance, registered nurses may delegate certain limited health care tasks to uncredentialed school employees so long as the registered nurse and the employee comply with delegation, training, and supervision requirements addressed in RCW 28A.210.260 and 28A.210.280. Under these laws, uncredentialed school employees may administer oral medications and perform clean intermittent catheterizations as delegated tasks, tasks that in other settings could not be lawfully performed by uncredentialed individuals. Registered or certified nursing assistants (and health care assistants) are not authorized to practice in the school setting, but they may function in the role of uncredentialed school employees who may receive the delegated tasks of administering oral medications or performing clean intermittent catheterizations. Therefore, nursing assistants (and health care assistants) would be limited to the performance of only those tasks they could complete as uncredentialed school employees under RCW 28A.210.260 and 28A.210.280.

If the nursing assistant or licensed practical nurse completes other tasks, he or she would then need to comply with all of the regulations that govern their practice. Schools are not included in the list of health care facilities as determined by the Washington State Nursing Care Quality Assurance Commission. Therefore, a nursing assistant's practice would be limited to the tasks he or she could complete as a school employee.

In the process of determining the appropriateness of nurse delegation in schools, the registered nurse uses his/her judgment to determine the competency of the individual accepting the training to complete a delegated task. The person to whom the R.N. delegates care must be trained, willing, and competent to accept the delegation of a nursing task or care. In every instance, the nurse retains responsibility to the student for the quality of nursing care provided by the delegatee. If, in the judgment of the registered nurse, the caregiver is not able or willing to

complete the task, the caregiver is not considered competent and must not provide the care. Delegation and supervision are both part of the assessment phase in nurse delegation. The registered nurse evaluates the competency of the caregiver on a regular basis and therefore assesses the safety and efficacy of the caregiver providing the care. References to this are in RCW 18.79.040(1)(c) and RCW 18.79.260(2).

IDEA/Section 504 Staffing Accommodations

For students who have qualified for special education, the requirements of the Individual with Disabilities Education Act (IDEA) and state law for development of the individualized education program (IEP) and for the provision of health and education services in the least restrictive environment must be met.

For students who do not require special education, Section 504 of the Rehabilitation Act of 1973 requires students with a disability to have full access to all activities, services, or benefits provided by public schools. Any school receiving federal funds must accommodate the special health care needs of its students with disabilities in order to provide them with a "free appropriate public education." Such accommodations should be documented in an appropriately developed Section 504 plan or, if the child also needs special education or related services, in an IEP. These accommodations must be developed with parental input and cannot be implemented without parental consent. The school district has a legal obligation to ensure that these accommodations are provided as described in the Section 504 plan.

Confidentiality of Health Care Information

All unlicensed health care providers, such as health room aides or pupil transportation staff who assist the health care provider in the delivery of health care to students, must be informed of the confidentiality requirements of the federal Family Education Rights and Privacy Act (FERPA) and state requirements under chapter 70.02 RCW, Medical Records—Health Care Information Access and Disclosure. Health care information about a student cannot be disclosed without signed consent of parent, guardian, or student except in selected situations identified by the licensed health care provider (such as the school nurse). See *Guidelines for Handling Health Care Information in School Records*, State of Washington, Superintendent of Public Instruction, September 1995.

II. Levels of Nursing Care for Student Diseases and Conditions: Severity Coding

Students attend school with a broad range of health conditions, from potentially life-threatening acute and chronic conditions to correctable vision problems and everything in between which could impede the student's ability to fully participate in the educational process. Severity coding is a method for planning adequate staffing to meet the varying needs of students.

Severity of condition does not always translate directly into nursing time with the students. Many students with significant chronic conditions **predictably** require daily nursing time. For example, a student with spina bifida who is not yet independent with urinary bladder management requires 40 minutes every day of the nurse's time for catheterizations at the same time every school day. Other students such as those with severe asthma may experience an acute asthma attack and require nursing assessment and care **at any time** during a school day.

Examples of treatments/intervention that may be performed in schools at all levels of severity are (these are only a few examples and not meant to be an exclusive list):

- Blood glucose test
- Continuous oxygen administration
- Dressing change
- Gastric tube feeding
- Intermittent oxygen administration
- Laboratory tests
- Medication management
- Monitor blood pressure
- Monitor disability
- Monitor illness
- Monitor weight
- Nebulizer treatments
- Peak flow monitoring
- Sterile bladder catheterization
- Suctioning
- Toileting
- Tracheostomy care
- Unsterile bladder catheterization

In order to plan, care for, and monitor the students with special health care needs, the school nurse will assign each qualifying student to a level of care based on the following categories: nursing dependent, medically fragile, medically complex, and health concerns. In addition to children being considered for assignment to these levels of severity, there are many other students not requiring care on a daily basis. Therefore, the School District Model for the Delivery of Health Services (pages 12–14) has been recommended for this larger population of students. This model is to be used in conjunction with severity coding which establishes the nursing staff needs of students within a school building.

Level A: Nursing Dependent

Nursing dependent students require 24 hours/day, frequently one-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing, for example, a child on a respirator, and/or for continuous nursing assessment and intervention. Without effective use of medical technology and availability of nursing care, the student will experience irreversible

damage or death. Before a student enters school, a registered nurse will complete a nursing assessment of the student and determine an appropriate plan of care/individual health care plan.

Staffing requirements: Immediate availability of the nurse (registered nurse or licensed practical nurse as determined by the R.N.) "on the premises and is within audible and visual range of the patient [student] and the patient [student] has been assessed by the registered nurse prior to the delegation of duties to any care giver" (WAC 246-840-010[11][d]).

Statutory Authority

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
- WAC 246-840-705 Functions of a licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

Level B: Medically Fragile

Students with complex health care needs in this category face daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse. An individual health care plan or plan of nursing care developed by a registered nurse must be complete, current, and available at all times to personnel in contact with these children. This includes bus drivers for daily transportation and special events, sports coaches, and school personnel assigned to extracurricular activities. Every child in this category requires a full-time nurse in the building. Children in this category may be transported to school. Someone must be trained and available on the bus to provide care during transport to the school. This training must include the primary bus driver, the child, and back-up personnel. The registered nurse makes the decision of who will be trained and what level of preparation is required, and uses the nurse delegation principles described on pages 4–5.

Examples may include, but are not limited to:

- Severe seizure disorder, requiring medications that can be administered only by a nurse.
- Severe asthma with potential for status asthmaticus.
- Sterile procedures.
- Tracheostomy with frequent and/or unpredictable suctioning.
- Unstable and/or newly diagnosed diabetic with unscheduled blood sugar monitoring and insulin injections.

Staffing requirements: Every child in the medically fragile category requires a full-time nurse in the building. The nurse "is on the premises, is quickly and easily available and the patient [student] has been assessed by the licensed registered nurse prior to the delegation of the duties to any caregiver" (WAC 246-840-010[11][c]).

The child may need to transfer to a school where full-time nursing staff is provided if not available at the local school. If the child needs a high level of nursing service, but is not willing to move or the parents object to the move to the school where the service is provided, the parents, school administrators, and school nurse should meet and discuss options. Options **may** include a waiver signed by the parent in compliance with school district policy for the student to remain in the local school. In these cases, a move toward students attending their neighborhood schools works against the provision of adequate care if there is not a full-time nurse in the neighborhood school. Parents need to be fully aware of the services that are offered by a school. Placement of their children in schools where services are not available to the degree required, could present undue stress on the child, the nursing staff, parents, and school staff. If a waiver has been signed, the professional registered nurse in the school the child is attending must be aware of the child's condition and needs and develop emergency care plans for these children. Reasonable accommodation and provision of education and health services under Section 504 or under IDEA must be considered and addressed in each child's individual health care plan.

Statutory Authority

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
- WAC 246-840-705 Functions of a licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

Level C: Medically Complex

The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional registered nurse. Life-threatening events are unpredictable. Treatments, medications, and reporting of current signs and symptoms can be delegated, but delegation requires a trained, willing, and competent staff person and close supervision of that staff person by a registered nurse. The level of supervision required is determined by the R.N. but must be adequate to maintain safety and ensure competence of the direct caregiver. Adaptations of the medically complex student to the

educational system must be negotiated and maintained with the student, family, school staff (classroom and administrative), and community health care provider(s).

Examples include, but are not limited to:

ADHD and on medications
Anaphylactic event
Cancer
Complex mental or emotional disorders
Immune disorders
Moderate to severe asthma; inhaler at school and peak flow meter
Oxygen, continuous or intermittent
Preteen or teenage pregnancy
Taking carefully timed medications
Taking medications with major side effects
Unstable metabolic conditions

Emotional disorders and homicidal and/or suicidal behaviors may be assessed and categorized at this level. These conditions require collaboration with school counselors. The registered nurse's role must be identified and defined and mutually agreed to in these cases. Pregnancy may also be classified at this level. Pregnancy issues must be assessed and may require weekly evaluation.

Staffing requirements: Children placed in this category require a professional registered nurse in the building a full day a week who is available on a daily basis when not in the school building. The registered nurse prioritizes issues weekly and provides a face-to-face assessment of these children at least one day a week. If children in this category become more fragile and meet the definition of Level A or Level B care, they may need to transfer to a school that meets the staffing requirements of the higher categories. This is dependent on the registered nurse's judgment and district policy. At Level C, the registered nurse "is not on the premises but has given either written or oral instructions for the care and treatment of the patient [student] and the patient [student] has been assessed by the registered nurse prior to the delegation of duties to any caregiver" (WAC 246-840-010[11][e]). If any alteration of the written care plan is required, it must be done by the registered nurse and must be documented. Licensed practical nurses can revise the care plans and consult with the registered nurse.

Statutory Authority

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.

- WAC 246-840-705 Functions of a licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

Level D: Health Concerns

The student's physical and/or social-emotional condition is currently uncomplicated and predictable. Occasional monitoring is required. Required monitoring varies from biweekly to annually. Examples include, but are not limited to:

Dental disease
Headaches, migraines
Diabetes self-managed by the student Sensory impairments
Dietary restrictions Orthopaedic
conditions requiring
Eating disorders
accommodations
Encopresis
Uncomplicated Pregnancy

Staffing Requirements: Children placed in this category should have their health needs assessed at least once a school year by the registered nurse at the beginning of the school year or at the time of diagnosis. Reassessment occurs as the condition requires and the nurse's judgment determines.

Statutory Authority

- RCW 18.79.260 Registered nurse—Activities allowed.
- RCW 18.79.270 Licensed practical nurse—Activities allowed.
- RCW 18.79.280 Medication, tests, treatments allowed.
- RCW 18.79.290 Catheterization of students—Rules.
- WAC 246-840-010 Definitions.
- WAC 246-840-700 Standards of nursing conduct or practice.
- WAC 246-840-705 Functions of a licensed practical nurse.
- WAC 246-840-710 Violations of standards on nursing conduct or practice.
- WAC 246-840-715 Standards/competencies.

Social/Emotional Factors, Comorbidity

Classification of students by the severity of their condition(s) remains the responsibility of the registered nurse. The registered nurse may factor into his/her decision any of the following or other significant factors that increase health care need:

Chronic illness stressors
Drug/alcohol stressors
English-as-second language
High mobility/turnover
Homeless
Poverty/low income
Reentry
Special education, enrolled

The student's diagnosis may place him or her at Level D, but if the student has more than one diagnosis (comorbidity) or any of the above risk factors, the nurse may place the student in a higher level of severity and increase monitoring, at least initially.

Transportation

A student may need transportation as a related service, as determined under procedures provided under IDEA and chapter 392-172 WAC, because of student characteristics which could require nursing care, or intervention, or require the use of adaptive or assistive equipment. In these situations, the pupil transportation staff should be invited to participate in the nursing assessment and care planning process as a resource person and potential provider of care.

Time allotted for training by the registered nurse and for the pupil transportation personnel needs to be considered in the staffing model. Informing and training transportation staff prior to the first transport is essential to ensure safe transport. The degree of ongoing nursing supervision must also be addressed and provided. Appropriate substitutes for the transportation personnel must be trained as well. Liability questions associated with the provision of nursing care and supervision need to be addressed. The registered nurse will assess the student and secure answers to the following questions prior to transportation arrangements being made:

1. Can the student be safely transported?

2. Can the student's medical equipment be transported?

3. What inservice training is necessary to safely transport this student, e.g., use of medical equipment, signs and symptoms of illness or disease progression, universal precautions, etc.?

4. Is an additional staff person necessary in the vehicle to observe and care for the student during transport?

5. What level and degree of nursing supervision is required by the transportation staff for the student?

Level C or D students may require some adaptations but not require nursing staff to be on the bus. If a student in Level C or D experiences deterioration in condition or an acute episode requiring increased nursing care, the nurse will reassess the student. If the student is then categorized as Level A or B, the student may be transported to a school with full-time nursing

services depending on district policy and/or additional or licensed personnel resources may be added to the bus.

III. School District Model for the Delivery of Health Services

In this section we will discuss the second part of the staff model which describes a districtwide staffing model. "Levels of Nursing Care for Student Diseases and Conditions: Severity Coding" determines health services staffing for students within a school building based on the student's condition and the nursing services the student requires during the school day (pages 6–12). The following "School District Model for the Delivery of Health Services" provides recommendations for districtwide staffing for health services.

The recommended model for districtwide staffing for health services consists of:

- One professional school nurse for every 1,500 regular education students, including those on the health concerns level (Level D).
- A health room paraeducator to student ratio based on the grade level within a building.
- Additional assigned professional registered nurses, L.P.N.s, and unlicensed school staff to whom the care of students on Levels A, B, and C have been delegated based on individual student need as determined by the registered nurse's assessment.

Certificated School Nurses

The certificated school nurse could be expected to have the abilities because of her/his educational preparation (see page 4) for the activities described here. The school nurse with educational staff associate (ESA) certification has responsibility for assessing the health care needs of all 1,500 students in his/her caseload; assigning students to an appropriate level (A–D); delegating the care to R.N.s, L.P.N.s, and unlicensed school staff; and providing appropriate training and supervision of the caregiving staff. The school nurse participates as a member of each student's evaluation group, which includes parent(s), participates in the development of the student's IEP, and ensures the implementation of the health care aspects of the IEP. For students not receiving special education, the nurse develops an IHP. The nurse participates in the development of health education curricula and teaches classes when appropriate. The nurse evaluates and monitors the school environment for health and safety hazards and works with the local health department in the control of communicable disease and the monitoring of student immunization against vaccine-preventable disease.

The school nurse recommends or designs accommodations (Section 504 Plan) that permit the student to participate fully in learning and communicates to school staff to ensure understanding and compliance with the student's educational program goals. The school nurse ensures that each student in his/her caseload is well enough to learn each school day and that any student and

family health issues that may increase absences or negatively affect the student's ability to learn are identified and addressed.

The school nurse provides case management for students in his/her caseload and interacts with parents, primary health care providers, community and school resources to provide a school environment that is safe, healthy, and conducive to learning.

The school nurse in this role should have current ESA certification in order to meet the basic requirements for managing the health care of 1,500 students within the educational system and culture.

Non-ESA Certificated Nurses/L.P.N.s

As previously discussed on pages 3–5, other registered nurses and licensed practical nurses can work in the school settings without the ESA certificates. Licensed practical nurses work under the supervision of R.N.s, physicians, and other authorized health care providers.

Health Room Assistants

The health room assistant (HRA) is specially trained to staff the health room and provide care to students based on protocols developed and supervised by the registered nurse. The HRA has completed the Office of Superintendent of Public Instruction (OSPI) "Orientation-Level Training for Paraeducators Working with Students with Special Health Care Needs" course. The HRA may be a registered or certified health care provider which would require the HRA to act within her/his scope of practice with the exception of clean intermittent catheterization and oral medication administration (see page 5) and comply with the Uniform Disciplinary Act.

The health room assistant is in the building daily at least during the high use times such as 11 a.m.–1 p.m. when most medications are given. The recommended ratio is:

1. Elementary schools—at least 0.1 FTE/100 students.

2. Middle and high schools—at least 0.1 FTE/200 students.

Up to a limit of one HRA per building is recommended. The HRA may be in the school at times the school nurse is not, but there must be provision for at least weekly face-to-face communication with the school nurse on a routine, scheduled basis. The R.N. has responsibility for selection, training, and supervision of the HRA and for the development of health room protocols. The hiring and performance evaluation of the HRA remains with the school administration with weighted comments from the supervising R.N. in health care provision by the HRA. As indicated in the introduction, however, registered/certified nursing assistants and certified health care assistants are not authorized to practice in the school setting; they may function in the role of uncredentialed school employees who may receive the delegated tasks of

administering oral medications or performing clean intermittent catheterizations under RCW 28A.210.260 and 28A.210.280.

Clerical Staff

For the nursing staff to complete nursing responsibilities, clerical staff are needed as support for filing the individual health plans, data entry, and ensuring that the health forms and immunization records are completed.

Summary

This paper provides a discussion of an approach to the hiring and assignment of staff for the provision of school health services that considers the individual student nursing care needs during the school day, plus the need for school nurse services by all students within a district.

APPENDIX: F

STATEMENT FROM PUBLIC SCHOOL EMPLOYEES ASSOCIATION

November 24, 2009

Assistant Secretary for Health Systems Quality Assurance
Department of Health
P O Box 47850
Olympia, Washington 98504-7850

Dear Assistant Secretary:

As I explained to Steve Boruchowitz on the phone yesterday, the organization I represent, PSE (Public School Employees of Washington), did not receive notification from your office that there was a sunrise review hearing on registration of school health aides. We would have enjoyed the opportunity to describe the strong feelings the unlicensed employees I represent have regarding their delivery of student health services. Nonetheless, we have developed the following written responses that follow your sunrise review guidelines.

Unregulated practice can clearly harm or endanger the health, safety or welfare of the public, and the potential for the harm is easily recognizable and not remote or dependent upon tenuous argument.

Over the last several years, PSE has been attempting to get the Legislature to grant us the right of refusal in the delivery of student health services (similar to the rights enjoyed by certified nursing assistants and other nursing positions). We have fought for this because our members, in general, are forced to provide health services to students with little if any training, little if any supervision, little, if any, time to perform them appropriately, and with no choice whether they will perform the service. We have presented secretaries and other un-licensed employees to provide this testimony to the state legislature. The constant refrain from these employees has been "we are concerned that our good faith efforts to help students may end up harming them".

These employees have offered painful testimony that because of the circumstances in which they deliver health services, they have under-medicated children, over-medicated children, and given children the wrong medicine. As they also mentioned, this is not an uncommon experience in public schools. Quantifying the problem is difficult but when you combine the anecdotal experiences of our employees with the number of oral medications noted in the JLARC study of student health services, one can easily conclude that this should be considered a general health risk requiring a more serious effort to ensure it is conducted safely.

The public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability.

Based upon our understanding of all the laws regarding nursing services, only in public schools can unlicensed employees legally be delegated the delivery of certain health services like oral medication delivery or clean, intermittent catheterization. Should parents of nearly one million public school students have confidence that when they need to rely upon public school employees to deliver quality student health services, they are getting quality services or simply the cheapest services? I don't think parents are aware that the standards of health care in public schools rank among the lowest in the state. Unfortunately, the adage you get what you pay for may have dire repercussions.

The public cannot be effectively protected by other means in a more cost-beneficial manner.

We have attempted to address this issue in many ways with the state legislature. Most recently, we attempted to get state funding for a certified nursing assistant in each public school. Though we were unsuccessful, it highlighted our interest in getting fully trained employees performing student health services.

Over the years that we have been advocating for C.N.A. style rights for unlicensed employees in public schools, the legislature has spent $5 million for nurses in underserved areas, increased the Medicaid reimbursement formula, and last session provided 2 hours of oral medication training. None of these efforts has truly addressed the need to improve the quality of student health services in each and every school in which student health services are required.

PSE'S RECOMMENDATIONS

We would encourage the department to follow your first example of other actions you may consider. That is:

Whether the applicant group should be combined with other credentialed or applicant groups;

We believe that you should use the C.N.A. as the model in our public schools. Certainly the training curriculum will have to be adjusted to recognize the special circumstances and training needs in public schools. However, we believe the same training standards, e.g., amount of training, etc., should be provided for **school health assistants (notice we do not use the term "aide").**

We further believe these services are important enough that employees who perform them should be allowed to focus on these health services while they are delivering them, not just something else they do along with ten other things going on at the same time. We are fully supportive of the recommendation to provide .1 FTE for each 100 elementary students, .1 FTE for each 200 students in middle and high school noted in the April 2000 Department of Health Staff Model for the Delivery of School Health Services.

Only when all employees performing student health services have the time, training, supervision and hopefully, certification (registration), will you be able to convince employees, parents and students that the state is committed to providing quality health care in public schools.

We look forward to working with you on this critical issue to our members. I think it also important to advise you that PSE will continue our advocacy in the 2001 legislative session for the right of refusal (as we have in previous legislative sessions).

If you have any questions or need additional information, you can reach me at 206.738.2236.

Sincerely,

Doug Nelson

Associate Director, PSE Governmental Relations

APPENDIX: G

STATEMENT FROM WASHINGTON STATE NURSES ASSOCIATION

November 10, 2000

Re: Sunrise Review for School Health Aides

To Whom It May Concern:

The Washington State Nurses Association (WSNA) has concerns about the Sunrise Review for School Health Aides. WSNA has not taken a position for the following reasons:

l. Is a school setting an appropriate environment for a nursing assistant to practice?
2. Is registration the appropriate level for this worker?
   a should there be a basic educational requirement?
   b should there be a component of how to accept nurse delegation?
   c can this worker refuse nurse delegation?
3. Will the Department of Health insist on a scope of practice or list of things the health aide cannot do as they have done with the surgical technician which was a registration bill only?
4. What will be the cost of this registration bill?
   a who will assume that cost?
5. Have all interested parties been part of this sunrise review?

Until the answers to these questions have been answered WSNA is unable to take a position. Thank you for the opportunity to give input into this issue.

Sincerely,

Janice E. Bussert BSN, RN
President, Washington State Nurses Association

APPENDIX: H

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