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Association of School Nurses of Connecticut

**HB 5348: Act concerning school nurses and school medical advisors.  
Members of the Education Committee,**

**History**

**Since the inception of school nursing in the United States, school nurses have advocated for the improved health of students. Today's role of the school nurse focuses on public health and wellness orientation. The school nurse client system includes the child, the family, school personnel, and the community". Today school nurses recognize their most valuable impact occurs in roles that support student's educational success" (School Nursing, A Comprehensive Text, Selekman, 2006).**

The value of the school nurse in terms of educational outcomes is supported in data from the Connecticut Health Services Survey (<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320768&pm=1&dsftns=45539>) which indicates that 90% of students seen by a qualified school nurse return to class within 15 minutes. When a school nurse is not present, students are sent home or continue to have unresolved health problems. Today's school nurse is required to address increasingly complex and prevalent physical and mental health issues. The ability of students to participate safely in class correlates with a school having a professional school nurse to assess and manage a myriad of acute and chronic health issues, collect data, fulfill medical-legal obligations, and provide education to students and staff to minimize the potential for adverse health-related incidences.

School nurses are the only health professional in school. They participate in health education, HUSKY outreach, child abuse, 504's, PPT's, school safety, crisis management, indoor air quality, AED training, and wellness plans; issues you legislate. School nurses are first line responders and for many children their most accessible source of medical care and treatment. In an unstable economy, this is precisely the time to ensure that every child has access to quality health care in school provided by a qualified school nurse.

"When there is no registered nurse on the school premises, the responsibility to administer the necessary medications and treatments, and appropriate monitoring of the children falls on the shoulders of administrators, educators, and staff that are ill-prepared to perform these tasks (ANA, 2007)."

**DESCRIPTION OF ISSUE (excerpts from Position Statements, Caseload Assignments 2010 & Role of the School Nurse 2011 @ [nasn@nasn.org](mailto:nasn@nasn.org))**

"Currently 98% (52 million) of the nation's school children spend their day in schools (NCES, 2008)... 16% of the 52 million students have chronic physical, emotional or other health problems. Students today face increased social issues as well as the need for preventative services and interventions for acute and chronic health issues (AAP, 2008). Factors that impact the need for a more comprehensive delivery of health care services in schools include:

- Individuals with Disabilities Education Act and Section 504 which mandate health-related services to children and adolescents in school (Section 504, 2005; IDEA, 2004).
- An increase in the number of children with complex health problems....15% to 18% of children and adolescents have a chronic health condition (Perrin, 2007). From 2002 to 2008, the percentage of children in special education with health impairments, due to chronic or acute health problems, increased 60% (Bloom, 2009). Within this group, the rate of children with autism has doubled since 2002 (Bloom, 2009). A 40% increase in asthma has been seen in the past ten years (Levy, 2006), along with nearly 50% increase in the incidence of diabetes in the same time period (CDC, 2009).
- The Centers for Disease Control and Prevention report the percentage of children without health insurance was 8.9% in 2008 (CDC, 2009). With over 1.3 million homeless children in our country, schools have become the only source of health care for many....
- Families with language barriers have been found to be less likely than others to have a consistent source of medical care (Flores, 2006).
- Availability of affordable health care...affects the need for school health services (RWJF, 2009).
- Communicable and infectious diseases impact school attendance and require school nurse surveillance and reporting. “Infectious diseases account for millions of school days lost each year for... public school students in the United States: 40% of children aged 5-17 years missed 3 or more school days in the past year because of illness or injury” (CDC, 2009).
- School nurses have a positive impact on immunization rates with fewer parent requested exemptions (Salmon, 2005). (SB 284- *AN ACT CREATING A CHILDHOOD IMMUNIZATION TASK FORCE* to be heard on 3/7/12).

## **RATIONALE**

“In schools, where instruction and learning are the primary goals, every student benefits from assessment and treatment by a school nurse to keep him or her in the class and ready to learn. One study showed that students were two times as likely to leave school early on days that the school nurse was not in the building” (Wyman, 2005).

## **School Medical Advisors (SMA)**

School nurses must “execute the medical regime under the direction of a licensed physician”.... It makes sense from a health and, more importantly, a safety perspective for that physician to be qualified in their role. “School districts need to define the role of the SMA from state statute....A critical element of any role description comprises the qualifications of persons who can fill the position. From a risk management perspective, school districts are wise to seek medical advisors whose qualifications and competencies include demonstrated, up to date expertise in the care of children and adolescents” (*Legal Issues in School Health*, Schwab and Gelfman, 2001).

According to the CDC, “the academic success of America’s youth is strongly linked with their health.” I ask for your support of this bill on behalf of the children of Connecticut.