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**TESTIMONY RAISED Bill No.224 AN ACT CONCERNING RECOMMENDATIONS OF THE
SCHOOL NURSE ADVISORY COUNCIL**

PUBLIC HEALTH COMMITTEE

FEBURARY 28,2014

Good Day Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) related to the Nurse licensure Compact. I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University.

I speak in strong support **RAISED Bill No.224 AN ACT CONCERNING RECOMMENDATIONS OF THE SCHOOL NURSE ADVISORY COUNCIL**

The School Nurse Advisory Councils recommendations represent a year of careful review and thoughtful consideration, by qualified participants, of the issues facing a group of providers in our School settings that are responsible for keeping our children safe and healthy.

The School Nurse Advisory Council recommendations include:

The requirement, that all new Connecticut school nurses complete the CSDE school nurse orientation program, within one year of hire. This is an additional requirement aimed at supplementing required professional development. Professional Continuing

Education in Specialty areas is essential to the provision of safe, high quality care across the spectrum of care for school age children of care and a shared body of knowledge

The School Nurse Advisory Council recommendation related to staffing is: (a) Each local or regional board of education shall (A) appoint one or more school nurses or nurse practitioners, and (B) maintain a staffing ratio of one school nurse or nurse practitioner for each seven hundred fifty students. A school nurse or nurse practitioner may provide services to one or more local or regional boards of education as long as such boards ensure that the staffing requirements prescribed in this subparagraph are met.

This recommendation does not take into consideration the health care needs of the school population being provided service.

“Every district is to maintain a staffing ratio of qualified school nurses to students, consistent with the health care needs of its students, at a level of not less than one qualified school nurse to 750 students. Adequate staffing, based on the health needs of every student, is important to teachers, administrators, and parents. Adequate staffing recommendations’ from the National Association of School Nurses are attached for your review.

Thank You

Mary Jane M Williams

The National Association of School Nurses makes the following recommendations.

It is the opinion of the National Association of School Nurses (NASN) and the National Association of State School Nurse Consultants (NASSNC) that adequate staffing of registered, professional school nurses in all schools is of critical importance in order to provide safe, effective, and timely care for all students. The pressure to reduce both health and education budgets have led to school nurse staff and programs being eliminated. A 2012 questionnaire by the National Association of School Nurse Consultants (NASSNC) found that 55% of the state school nurses consultants who responded reported that some school nursing positions have been dissolved or replaced with unlicensed staff, medical assistants, emergency medical technicians, certified nursing assistants or volunteers. Therefore the school is without a school nurse to attend to the health needs of students or to supervise unlicensed personnel staffing health rooms. Additionally, the questionnaire found that 68% of respondents reported that school nurses and others have provided medication administration training to unlicensed staff in districts where there are no school nurses to provide services (NASSNC, 2012).

It is recommended that we increase the number of School Nurses as student health needs are increasing.

NASN believes every child should have access to a school nurse.

Appropriate school nurse staffing is essential to the delivery of quality care and positive student health outcomes (ANA, 2005a).

School nurses are the health experts in schools, with the education and experience in pediatrics and public health to provide safe nursing care for students. School nurses work within the scope and standards of school nursing practice (ANA/NASN, 2011).

Nurses are the most trusted health professionals in the US, with eighty-one percent of Americans consistently expressing that they believe nurses' honesty and ethical standards are high or very high (Jones, 2010).

RATIONALE

NASN and NASSNC believe that it is critically important that:

Students with access to school nurses have better school attendance and lower dismissal rates than students who do not have access (Pennington & Delaney, 2008).

Student absenteeism has a direct association with poor academic performance (Weismuller, Grasska, Alexander, White, & Kramer, 2007).

Students with special health care needs require nursing, instructional and behavioral support, and may need an Individual Education Plan (IEP) or Section 504 Plan to access a free and appropriate education in the least restrictive environment (Forrest, Bevans, Riley, Crespo & Thomas, 2011).

School nurses are essential members of the school team to determine and implement

the accommodations required for success (Kruger, Toker, Radjenovic, Comeaux, & Macha, 2009).

Students with special health care needs benefit from school nursing care and case management as they are at greater risk for lower student engagement, bullying, disruptive behaviors that affect social competence and lower academic achievement (Forrest et al., 2011).

School nurses are equal partners with other school professionals (ANA,2012) in determining the health needs of students and the level of nursing care needed based on data, student and community health assessments and health conditions in order to ensure safe care and positive student health outcomes.

School nurses are the school professionals best prepared to determine the level of nursing care in school for the 19.2% (14.2 million) school-aged children with chronic health conditions involving special health care needs (Bethell et al., 2011).

School nurses in schools with adequate staffing have more direct student contact, greater involvement in developing the IHP (Individual Healthcare Plan) and IEP, regular contact with providers, and provide care for children with complex health conditions (Kruger et al., 2009). School nurses promote a healthy environment in school and in the community by identifying health issues via screenings, health assessments, health promotion activities, and health education (Schoessler, 2011).

School nurses must be the health professional with oversight and implementation of the medication administration process in compliance with individual state laws and regulations.

Medication administration to children is a very serious role for the school nurse as medication errors in children potentially result in greater harm than to adults (Gonzales, 2010).

School nurses have a unique contribution to offer concerning children's health and safety whether through advocacy efforts or standards of practice. For example, school nurses use their skills and judgment to detect and refer for treatment potential vision deficits in students, enabling students to learn (Basch, 2011).

School nurses have the education and training to serve as healthcare team leaders and should, and are often required, to provide supervision and direction if a LPN/LVN is utilized as a member of the school health care team. The extent of nursing tasks that can be performed by the LPN or LVN is determined by each state's scope of practice and standards and/or applicable state specific statutes (ANA, 2005b). In many states the LPN/LVN must work in a team relationship with a registered professional nurse.

Medicaid and private health insurers benefit from the disease management and preventive health care services provided by school nurses. Schools alone cannot continue to subsidize the health care needs of students - Medicaid and private insurers must step forward and meet their responsibility.

Adopted: May 2012

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