HB 6796

Michael Corjulo APRN, CPNP, AE-C
President Association of School Nurses of Connecticut
Area Cooperative Education Services (ACES)
350 State Street North Haven, CT 06473
(203) 498-6857
mcorjulo@aces.org

Public Health Committee
March 8, 2015

Greetings Senator Gerratana and Representative Ritter and members of the Public Health Committee, Thank you for the opportunity to submit testimony in support of: **Raised HB 224: *AN ACT CONCERNING RECOMMENDATIONS OF THE SCHOOL NURSE ADVISORY COUNCIL***

As President of the Association of School Nurses of CT (ASNC) and the Health Coordinator of the ACES RESC/school district, I am grateful for the committee's ongoing support of the School Nurse Advisory Council process. The Council has submitted two main recommendations this session, both of which we seek support:

1. School nurses must complete the New School Nurse Orientation Program within one year of hire. I have been a RN for 32 years and a PNP for 18 years, and have worked in almost every type of health care setting. School nursing requires some specific skills and knowledge base, including:
    a. The medication, treatment, and confidentiality regulations and laws are unique to the school setting.
    b. Often being the only health care professional in a building requires astute triage and clinical assessment skills that have a significant impact on student safety and the time they spend in a classroom trying to learn.
2. Maintain a staffing ratio that is not less than one nurse or nurse practitioner to every 750 students. The intent of this ratio is to provide a minimal standard to help provide a safe and reasonable manner to address the acute and chronic health care needs of students by replacing the clearly outdated 1982 standard that currently requires each district in CT to have "one or more" school nurses.
    a. Every day thousands of children attend a school without a school nurse present.
    b. Without a nurse, administrators are left responsible to address student health issues, which often results in students being sent home or the E.R. because the administrator cannot assess if it is safe for the student to return to class.

c. Administrators or teachers who are faced with having to make a medical decision do not always perform the procedure correctly (i.e. an asthma treatment) or follow the student's care plan (i.e. not giving epinephrine to a student having an allergic reaction). We frequently hear or witness real-life examples of these situations.

d. CT law requires the vast majority of medication procedures performed by unlicensed school staff to be delegated by a qualified school nurse. This delegation process requires detailed and recurring training by the school nurse, who retains responsibility for the total nursing process and for its outcomes in all situations where delegation has occurred (CT Board of Examiners for Nursing, 1995)
http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=334198#delegation
The trend over the past few years to consider allowing unlicensed school staff to administer emergency medications for diabetes, asthma, anaphylaxis, and epilepsy needs to consider if there is a school nurse available to safely and effectively perform that delegation on a regular basis.

e. We understand that this ratio standard is perceived as an unfunded mandate. One common misperception is that this ratio would need to be applied to every school, when it is actually intended to be applied to an entire district. The fiscal implication of this ratio is not nearly as significant as the potential risk students assume by not having access to a school nurse. Last school year in Philadelphia, a 12 year old died from asthma and a 7 year old collapsed and died – both in a school without a nurse http://www.msnbc.com/msnbc/another-student-dies-school-no-nurse

f. Adopting this ratio does not ensure our goal for every student in CT to have access to a school nurse, but it would establish a minimal standard that is based on the National Association of School Nurses (NASN) 2015 evidence-based position statement School Nurse Workload: Staffing for Safe Care
http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/803/School-Nurse-Workload-Staffing-for-Safe-Care-Adopted-January-2015

Thank you for considering these points that I hope provide the rationale needed to support Raised HB 6796.