



TESTIMONY OF
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Public Health Committee
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***HB 6796 AN ACT CONCERNING RECOMMENDATIONS OF THE SCHOOL NURSE
ADVISORY COUNCIL***

Good Day to the Co-Chairs and members of the Public Health Committee.

I am Verna Bernard-Jones, RN, a school nurse in Hartford. I'm also President of the Hartford Federation of School Health Professionals, a local union representing 72 school nurses and health professionals employed in the Hartford school district. I am submitting testimony in support of HB 6796, An Act Concerning the School Nurse Advisory Council's recommendations for Professional Development and Student to School Nurse Ratios.

Thank you again for establishing the School Nurse Advisory Council. It has allowed the opportunity for members of the Council who represent School Health as well as Education to collaborate in developing these recommendations that greatly impact the delivery of health care services in Connecticut schools.

It is an acknowledged fact that School Nurses in 2015 manage increasingly complex medical conditions as well as chronic physical and mental health problems as school districts ensure students are educated in the "least restrictive environment." The Connecticut law requiring school nurses participate in 10 hours of professional development every 2 years was written in 1982. This is why the Council recommends that:

- In addition to the professional development requirements already specified by state regulation, all new school nurse must complete the CSDE school nurse orientation program within one year of hire.

The "Future of Nursing," a two year in depth study done by the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) states " ...as patients needs and care environment become more complex, nurses need to attain requisite competencies to deliver high quality care".

The New school Nurse Orientation offered by Connecticut State Department of Education (CSDE) and the Association of School Nurses of Connecticut (ASNC) is essential to new school nurses in attaining these competencies.

For more information go to the Future of Nursing website:

<http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-advancing-Health/Report-Brief-Education.aspx>

One of the charges of The School Nurse Advisory Council is to “advise the Commissioners of Education and Public Health concerning school nurse staffing levels.”

There is great disparity in many of our larger school district compared to more affluent districts. These districts are often where the student population is larger and sadly it is often in these larger districts that we see more medically compromised students and many students with chronic health problems such as asthma, diabetes and seizure disorders as well as mental health needs. It is in these districts that we see 1 nurse to up to 1500 students and frequently there is not a nurse in every school every day. More and more nursing tasks are being delegated to educators who are already overwhelmed with educational mandates.

In fact,-The National Association of School Nurses (NASN) in its most recent Position Statement on Caseload Assignment noted that several recent studies identified schools as primary locations to address student health issues, and the school nurse is often the healthcare provider that a student sees on a regular basis (Albanese, 2014; The Patient Protection and Affordable Care Act, 2010; Institute of Medicine [IOM], 2011, 2012). In Connecticut a physical exam and vaccines are required in kindergarten and not again until 6th or 7th grade. This means that for some students the School Nurse is the only healthcare person he or she will see for 6 years.

School nursing is a key component of the coordinated school health framework and is included in the *Whole School, Whole Community, Whole Child* model (ASCD, 2014; CDC, 2014e). Studies also show that appropriate school nurse staffing is related to better student attendance and academic success (Cooper, 2005; Moricca et al., 2013). When there is a school nurse present, a principal gains nearly an hour per day and teachers an extra 20 minutes a day to focus on education instead of student health issues (Baisch, Lundeen, & Murphy, 2011; Hill & Hollis, 2012). Baisch, Lundeen, & Murphy (2011) found that increased school nurse staffing resulted in improvements in immunization rates, vision correction, and identification of life-threatening conditions. Wang et al. (2014) determined that for every dollar spent for school nursing, \$2.20 was saved in health care procedures and parent time away from work. Full-time school nurses in the schools studied by Wang et al. (2014) were attributed to preventing excess medical costs and to improved parent and teacher productivity.

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/803/School-Nurse-Workload-Staffing-for-Safe-Care-Adopted-January-2015>

While it is often the case that the majority of the student population is healthy and is seen only for minor complaints there is a % of the students with very complex medical problems. For example in one school in my district with a student population of 900 with 1 nurse , there are 4 type 1 Insulin dependent diabetics who require blood glucose check 3 or more times /day, as well as carbohydrate calculation and insulin administration at these times. There is a student with severe seizure disorder that requires the administration of Diastat at least once per week and sometimes daily. (She carries a special phone just for this student) and another who needs gastrostomy tube feeding at least 2 times per day. She sees an average of 80 students per day, including students with asthma, food allergies, ADD/ADHD, and medication administration. This is in addition to the state mandated health screenings for all students, (Vision, hearing & scoliosis) as well as the daily assessment, interventions and health teaching she does for students and staff.

As a school nurse for more than 19 years who knows firsthand the challenges of working with a school population of close to 800 students with a myriad of health care needs, I must urge you to support the Advisory Council's recommendation regarding school nurse staffing that:

- Every district 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.

School Nurses care deeply not just about the health and safety of students but their academic success. Please support us in this endeavor by supporting the recommendations of the School Nurse Advisory Council.

Thank you.

Verna Bernard-Jones, RN