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Association of School Nurses of Connecticut  
Connecticut Nurses' Association Representative to School Nurse Advisory Council  
**Raised Bill 6796**

***AN ACT CONCERNING RECOMMENDATIONS OF THE SCHOOL NURSE ADVISORY COUNCIL.***

Thank you to the Chairs of the Public Health Committee, Senator Gerratana and Representative Ritter, and Committee Members for the opportunity to testify on Raised Bill 6796. As Co-chair of the School Nurse Advisory Council, I would like to acknowledge the Council exists due to your support of school health services for Connecticut's children.

Professional development is essential for new school nurses to transition to the educational environment. ...School nurses should be provided educational opportunities to review current...practices, case studies, situational reviews, or simulations (Weydt, 2010). The Connecticut State Department offers professional development on a variety of issues including school nurse practice, law, and role.

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

In reference to school nurse staffing, the recommended language is:

- ✓ **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.**

Advances in healthcare and technology enable children with increasingly complex medical needs to attend school. In the absence of a school nurse, health care for those children becomes the responsibility of administrators, teachers, and school staff.

"The incidence of chronic conditions such as asthma, diabetes, severe allergies, and seizure disorders in school-age children is increasing; complex medical conditions that were previously handled in acute care settings are now being managed in school, requiring school nurses to make care decisions that may include delegation. Delegation to unlicensed personnel is not appropriate for all students, all nursing tasks, or in all settings.

The ANA defines nursing delegation as *transferring the responsibility of performing a nursing activity to another person while retaining accountability for the outcome.* The decision to

delegate and supervision for nursing tasks in school rests solely with the school nurse. Prior to delegation, the school nurse is required to assess the student to decide what training and supervision is needed.

“Delegation is used effectively in some areas; however, unsafe and inappropriate delegation in school settings can occur. It is important for school districts, school nurses, healthcare professionals, parents/guardians and the public to understand what activities can be delegated and when delegation is appropriate.”(Weydt, 2010).

“Nursing tasks commonly performed at home by a parent/guardian or caregiver take on a more complex dimension in the school setting. Often parents/guardians and school administrators are confused about why what appears to be a simple task is held to a much different and higher standard at school. One of the challenges to delegation in the school setting is that parents/guardians and school administrators may not recognize that there is a requirement for medical orders for any health-related procedures in the school setting and that nurses are held to a higher protocol standard than a parent/guardian would be when delivering the same procedure at home (Resha, 2010).

School districts can't afford not to have qualified, professional school nurses. In order to provide health care, assume responsibility for delegation, and supervision, a ratio of at least 1 nurse to 750 students is needed. Districts who meet or exceed the recommendation must continue. Educators and school staff are available for teaching and learning when qualified nurses provide care. Qualified school nurses keep children in school, in class, and ready to learn.

I urge you to support the Council's recommendations, the result of thoughtful consideration for children and school districts. Thank You.

## ORAL COMMENTS

### Who needs a School Nurse? Case Examples

1. The student with a 504 plan for ADHD. 3 days a week, in the absence of the nurse, a trained staff member is responsible to administer medication. Trained staff member admits there is no time to look when student forgets to come. Teacher reports the impact on behavior and concentration in class when medication missed.
2. School with a nurse assigned 2 days per week used 911 multiple times in a week. The school staff admitted they would not have called if nurse was there.
3. School principal sent an average of 9 students home hourly in absence of school nurse. His comment is "Not a nurse. Can't make medical decisions."
4. Student at recess playing Basketball. Presented to nurse saying "I felt something snap in my neck." What would you think? What would someone who is not a nurse think?  
Muscle strain?

I know 3 things. 1. Student has a shunt and 2. student had a large growth spurt recently. Immediate contact was made with parents and the HCP. Student had shunt revision that same day eliminating the danger of fluid building up in his brain.

What would have happened had a nurse not been there?

3. I know because I am that nurse.

I have been an advocate for school nursing, school health, and children since 1990. I have spoken at public hearings on behalf of children and their health, school nurses and school health many times. I will continue to do so for as long as it takes to achieve the recommendation of the School Nurse Advisory Council, update regulations for school nurses written in 1982, and provide qualified professional school nurses for every child in Connecticut.

Thank You.

