

The School Health Services Team: Supporting Student Outcomes

Position Statement

NASN POSITION

It is the position of the National Association of School Nurses (NASN) that the registered professional nurse (hereinafter referred to as “school nurse”) collaborates to lead the school health services team in the identification of and intervention for health-related barriers to improve student learning (American Nurses Association [ANA] & NASN, 2017, p. 84).

BACKGROUND AND RATIONALE

School nurses are part of a team of Specialized Instructional Support Personnel (SISP) defined by the Every Student Succeeds Act (ESSA) (2015) as qualified professional personnel involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services. SISP work as a multidisciplinary team possessing a wide range and depth of expertise to meet critical student needs while supporting the whole child (National Alliance of Specialized Instructional Support Personnel, 2019). The school nurse functions in a pivotal role that bridges healthcare and education through provision of care coordination, advocacy for quality student-centered care, and collaboration to design systems that allow individuals and communities to develop their full potential (NASN, 2017).

School nurses lead teams that provide health services to students. In addition to school nurses, the teams may include licensed practical nurses/licensed vocational nurses (LPN/LVN), unlicensed assistive personnel (UAP) and/or assistive personnel (AP), and SISP professionals. As health team leaders, school nurses play a significant role in student success, as access to school health services has been associated with better health for all students (Allison & Attisha, 2019). Student health is linked to academic achievement related to grades, test scores, school attendance, and student behavior (Kocoglu & Emiroglu, 2017; Michael, Merlo, Basch, Wentzel, & Wechsler, 2015).

The American Academy of Pediatrics (2016) recommends that all schools have a minimum of one registered professional school nurse to provide health services. The authority to practice nursing is granted to registered nurses (RNs) and LPNs/LVNs through a state nursing license which protects the public by setting minimum qualifications and competencies for entry-level practitioners (National Council of State Boards of Nursing [NCSBN], 2019). The LPN/LVN performs primarily procedural nursing functions and some shared nursing responsibilities in accordance with their educational preparation and state Nurse Practice Act, which includes working under the supervision of an RN or other designated healthcare professional such as a physician or advanced practice registered nurse (American Association of Occupational Health Nurses [AAOHN], 2017; Benbow, Abel, Benton, & Hooper, 2014). It is important to note how a state Nurse Practice Act defines supervision of the LPN/LVN, which differentiates between on-site (direct) supervision and remote (consultative) supervision. LPNs/LVNs should not be placed in positions in which supervision by a designated healthcare professional is not available (AAOHN, 2017).

UAP/AP are school personnel who do not hold a healthcare license. They often serve in the role of paraprofessionals, health aides, nursing assistants, health clerks, or teacher aides (Bobo, 2018). As allowed by state Nurse Practice Acts and with proper training and oversight, tasks that may be performed by and delegated to UAP/AP may include first aid, school health screenings, maintaining student health records, non-complex daily procedures, and other health office duties. Responsibilities that cannot be delegated to UAP/AP include assessments, nursing diagnosis, establishing expected outcomes, care evaluation and all other tasks and aspects of care including, but not limited to, those that involve critical thinking, professional nursing judgment and professional knowledge (NCSBN, 2016). The school nurse conducts and documents UAP/AP training, provides

ongoing supervision, performs performance evaluation, and is in control of the decision to assign healthcare tasks (Bobo, 2018; Combe & Clarke, 2019).

School physicians, if available, have a broad range of roles and types of relationships with the schools they serve. They may be providers of direct services, such as mandated physical examinations; advisors to a school health advisory group; or consultants to the school nurse, the superintendent of the district, or the Board of Education. School physicians function based on the medical and social needs or demands of the community, the school district's priorities, and state laws (American Academy of Pediatrics Council on School Health, 2016).

The school health team, led by the school nurse, provides support for positive student academic and health outcomes. Members of the team vary and may include LPNs/LVNs, UAPs/APs, school physician, and SISP professionals who provide services to students to meet increasing numbers and acuties of healthcare needs. Being knowledgeable of state Nurse Practice Acts and regulations ensures team members work within their scope of practice. Together, team members' combined efforts aim to improve student outcomes.

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“To optimize student health, safety and learning, it is the position of the National Association of School Nurses that a professional registered school nurse is present in every school all day, every day.”

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