



## Position Statement

### School Nurse to Student Caseload

#### HISTORY

More school nurses are needed to serve students in our schools, yet the number of school nurses over the years has not increased in proportion to student enrollment and health profiles. Determining staffing for school nurses is generally a local function (Costante, 2001). Thus, caseload assignments for school nurses vary greatly throughout the United States. Historically, the federal government and the National Association of School Nurses (NASN) have recommended a school nurse-to-student ratio of 1:750 (U.S. Department of Health and Human Services, 2000). Previous versions of this position statement have also recommended a school nurse-to-student ratio of 1:225 in mainstreamed special education populations, 1:125 in severely chronically ill or developmentally disabled populations, and based on individual needs in medically fragile populations (Harrigan, 2002). Expectations for school nursing services vary depending upon state mandates and local school district and school attitudes toward school health services. But generally school nursing practice has been focused on a defined set of specific tasks, such as screening, first aid, and immunization compliance. Many school nurses have been, and continue to be, evaluated by the tasks they complete and the frequency with which these tasks are performed (Selekman & Guilday, 2003).

#### DESCRIPTION of ISSUE

A task-oriented role definition no longer describes the impact school nurses have on individual students and the school community (Selekman & Guilday, 2003). School nurses now need to have expertise in clinical nursing, communication, surveillance, education, advocacy, and leadership in order to ensure that all students' health needs are addressed. Changing populations in the schools are impacting the nature and scope of nursing services required. The school nurse is the most appropriate person to oversee the coordinated school health program. As part of coordinated school health the school nurses role includes assessing student health status, identifying health problems that have an impact on health and learning, delivering emergency care, administering medications, performing health care procedures, providing wellness programs, advocating for children and families, as well as providing health care services to children in an educational setting and encompasses working with the families, as well as providing health counseling and health education. School nursing further involves planning, developing, managing, and evaluating health care services to children in an educational setting and encompasses working with the families of the students and the community in which the student resides (Guilday, 2000).

## SCHOOL NURSE ORGANIZATION OF WASHINGTON

The school nurse -to-student ratio affects the delivery of school nursing services. Caseload assignments are influenced by multiple factors, such as:

- Special health problems within the student population
- Student populations with Individualized Educational Plans, Individualized Health Care Plans, or 504 Plans
- Educational preparation of the school nurse
- Job description, model of service delivery
- School district goals and objectives
- Licensed or unlicensed assistive personnel
- Mandated functions
- Geographic location and number of buildings assigned to the nurse
- Social, economic and cultural status of the community
- Accessibility to medical care
- Presence or absence of a school- based clinic
- Mobility of the people in the community
- Reimbursement opportunities

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When school nurse caseloads are high or when the nurse is responsible for multiple Schools at disparate sites, the nurse may not be readily available to respond to Emergencies or student health concerns. (Barrett, 2001, Costante, 2001).

### RATIONALE

All students have a right to have their health needs safely met while in the school setting. School nurse-to -student ratios need to be set to ensure that each student is afforded appropriate preventive, health promotion, early identification, and intervention services (Costante, 2001).

### CONCLUSION

To assure the health and safety of students, it is the position of the School Nurse Organization of Washington that school districts provide a baseline ratio of a full time Professional school nurse for every 750 students.

### **\*General Student Population needs minimum nurse caseload 1:750**

Furthermore, SNOW recommends that additional school nurse availability must accommodate student special health care needs, including, but not limited to life threatening conditions, special education evaluations, nursing services included in IEP's, nursing services for students with Individual Health Care Plans and Emergency Care Plans, and for students with social-emotional health needs, i.e., substance abuse, Mental health conditions, absenteeism, teen pregnancy.

The professional school nurse is responsible for assessing the student population to identify the number of students and the intensity of health conditions to determine adequate nurse staffing for that school. SNOW recommends that the professional school nurse follow the acuity guidelines in the Washington State Staff Model for School Health Services to determine additional nursing services above the baseline student to nurse ratio of 1:750.

**\* Students with Special Health Care Needs minimum caseload determined by the professional school nurse's assessment and the clinical judgment using the acuity guidelines in the Washington State Staff Model for School Health Services.**

For medically fragile students, a nurse must be available within audible and visible range in order to access, respond and monitor those students to assure their survival. These students may be dependent on technological assistance for life support. These students require full time nursing services.

**\* Students who are medically Fragile need minimum nurse caseload 1:1**

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