

It's Challenging Times for Student Health Services

District leaders are challenged to provide adequate school-based health services with shrinking budgets.

By Richard Weeks, RSBA



During most lunch hours, the school nurse sits with the faculty, intending to eat a healthy salad. Invariably, she begins to nod off after three minutes.

Lunchtime is her first break after four hours of handling numerous traumas, both physical and psychological, with students and staff members. During the few weeks that school has been in session, she has already referred several troubled souls to guidance personnel for

evaluations, dispensed countless medications, supervised insulin and epinephrine injections, helped struggling students use inhalers, bandaged skinned knees, and even listened to some broken hearts. At the end of each day, she faces an insurmountable pile of paperwork related to the day's events.

This article is about the challenges of providing health services in America's public schools, and what school administrators can do to help our busy school nurses.

That assumes, of course, that your school has a nurse or student health services clinic. Today, school boards are slashing nurses from their program in an effort to balance the budget. According to the National Association of School Nurses (www.nasn.org), just 45% of public schools have a full-time nurse, 30% have a part-time nurse, and 25% have no nurse at all. In many districts, nurses are "on call," spending limited time in schools assisting chronically ill children.

In schools without nurses, school administrators, staff, and volunteer parents are called on to assist students. Some states permit them to administer medications after proper training. Whenever injuries or emergencies are beyond the scope of their training, those schools routinely call EMTs, and the student's parents, insurance company, or Medicaid is billed.

Giving Nurses a Hand

What can you do to help your school nurses within the constraints of the upcoming fiscal year's budget. Here are some suggestions:

Provide an organized and functional space. Ideally, the clinic should have several small rooms, including two or more rooms for resting that have sinks.

A larger area can be separated into several "rooms" by privacy screens that surround recovery couches. A "quarantine room" is ideal for students who may be awaiting transportation home or to a doctor.

Consider that the nurse's office is busy with students who have diabetes and need to be observed while taking their insulin. Students need a place to lie down if they feel faint or nauseated.

Did you know (DYK): According to the American Academy of Pediatrics' Committee on Adolescence, the incidence and prevalence of eating disorders in children and adolescents has increased significantly in recent decades. The prevalence of obesity has risen, accompanied by further emphasis on weight loss and dieting in children and young adolescents (Rosen 2010).

Make sure that nurses have the supplies they need for routine testing and emergencies. The nurse is an important member of the team who administers the school's wellness program. He or she needs scales, vision screeners, audiometers, screening stations, blood pressure cuffs, thermometers, and supplies for routine first aid, for emergency eye, burn, and blister care, and for allergies.

Nurses should have a list of students who use asthma rescue inhalers and who have epinephrine autoinjectors for allergic reactions. Some states, such as California, require public schools to stock epinephrine autoinjectors and to train personnel to administer them to students.

Emergency and disaster preparedness kits should be checked frequently to ensure that they are well stocked and accessible at a moment's notice.

Keep the clinic clean and safe. The floor should be wet-mopped at the end of every day—without bleach, because the residue can burn children's feet and leave a noxious odor. Install cabinets with locks for storing supplies and personal belongings. Install a sink that is in a room separate from those in which students will be resting.

DYK: Weary of the products used in schools for disinfection, sanitization, and hand hygiene, an ad hoc group of hygienists, chemists, and nurses established the National Cleaning for Healthier Schools and Infection Workgroup, and wrote the 162-page *Cleaning for Healthier Schools—Infection Control Handbook*. The handbook is intended for use by procurement officers, maintenance supervisors, and school business officials. It stresses the need to reduce the use of unnecessary disinfectants and toxic products and offers "green" alternatives. (The online guide is frequently updated and can be downloaded from the Toxics Use Reduction Institute at www.turi.org/TURI_Publications/TURI_Methods_Policy_Reports/Cleaning_for_Healthier_Schools_-_Infection_Control_Handbook._2010.)

Supply pure water for administering medications. The best water is distilled without minerals or chemicals. Certain minerals in water can chemically bind to medications, making them less effective and possibly dangerous. Ideally, the nurse's office should have a water filtration system or a five-gallon bottled-water cooler.

In the Beginning . . .

In the early 20th century, school nurses proved their worth by delivering cost-effective services. According to the Encyclopedia of Careers and Vocational Guidance (2011), "In an effort to reduce health-related absenteeism in schools, New York City hired Lina Rogers Struthers in October 1902 to serve as school nurse for a one-month trial. She continued her appointment after the month ended because of promising results, and two months later she was named superintendent of school nurses and soon thereafter had a nursing staff of 27. At the conclusion of Nurse Struthers's first year, health-related absenteeism amongst students dropped by nearly 90 percent. Philadelphia was the next city to hire school nurses, followed by Los Angeles, Boston, and Chicago" (p. 371).

DYK: Researchers estimate that over 25% of children and teens take prescriptions regularly. Asthma medications lead the list, followed by drugs to treat attention deficit hyperactivity disorder, antidepressants, antipsychotics, and antihypertensives. They arrived at that estimate by mining data from two large commercial databases on drugs dispensed from outpatient retail pharmacies in 2010 (Matthews 2010). The alarming number of students on medications in school is not without controversy. An objective review of the situation was published by WebMD (Martin 2010).

Include a page on the school's Website that is devoted to health and health care, which the school nurse can update as needs arise. Communication is everything, especially when it comes to student health. The nurse's webpage can remind parents about the state's requirements for student physicals and immunizations. During cold and flu season, the nurse can detail the symptoms and offer advice. Banners can shout out "Your Child Must Be Fever-Free for 24 Hours before Returning to School!"

DYK: All 50 states have legislation requiring immunizations for students. Until recently, most states allowed exemptions for medical conditions, religious beliefs, or personal beliefs. According to the National Conference of State Legislatures, almost all states grant religious exemptions from immunizations. Twenty states allow philosophical exemptions for those who object to immunizations because of personal, moral, or other beliefs. Two of those states—California and Vermont—will no longer allow philosophical exemptions beginning in July 2016 (NCSL 2010).

Ensure that nurses have professional development opportunities. Nurses need professional development to do their jobs effectively and to meet licensure

renewal requirements. Ensure that the school nurses have the time and the opportunity to take advantage of additional training.

Student Health Services Management Software

One of the more significant advancements in school-based health services in recent years has been the development of student health services management software. The software, which hospitals and doctors have used for quite some time, was reformatted into user-friendly modules for use by school nurses.

The modules allow the review of a student's medical history, screening progress, medications, and immunizations. Nurses can print in-depth reports for school administration about on-campus accidents (including possible concussions), Medicaid billing, and customized letters and forms that are typically sent to parents. They can also prepare reports for requests for information and state-specific compliance forms.

The software is not web-based, but rather web-enabled, so users can access the database from different computers at different schools. However, it is typically hosted on its own server and self-protects against redundant data storage. The nurse's management software can be linked to the school's student information system, so that students' emergency contacts and critical health data can be synchronized.

The software has features to limit access, and it self-audits changes to the database to prevent unauthorized edits of student records—important for compliance with the Family Educational Rights and Privacy Act regarding student records and the Health Insurance Portability and Accountability Act, which governs disclosure of student medical and health insurance information.

Working with the Community

Many successful community health centers have been established at or near district schools. Federal grants available through the U.S. Department of Health and Human Services and partner hospitals fund start-up costs, including leasing space, renovations, specialized equipment, and supplies. The centers are not necessarily intended to replace school nurses, who continue to help “triage” students with minor scrapes and cuts and administer medications. The centers can provide physical exams, immunizations, lab tests, dental care, and treatment for asthma and diabetes. For many young adults, such health centers may be their only access to quality health care.

Neighborhood health centers can handle pregnancy testing, prenatal care, mental health services, and treatment for sexually transmitted disease—issues that superintendents and school boards, while responsible for students' well-being during school hours, refer back to

parents, guardians, and the communities after students leave for the day.

School districts should ensure that they have up-to-date school-based substance abuse programs, including ongoing protocols for prevention, education, and intervention. Treatment and recovery are extensions of these programs, and students should be referred to outside health care professionals and health care centers.

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DYK: Overdoses from prescription drugs, cocaine, and heroin are on the rise in many areas. First responders are using the emergency drug naloxone (brand name Narcan) in the form of a nasal spray to reverse overdoses. Concerned with the number of students overdosing while at school in 2014–15, several municipalities throughout the country approved administering naloxone on school grounds; legislatures in New York State and Rhode Island voted to provide Narcan nasal kits to all school nurses. States are creating discounted bulk-purchasing programs to relieve school districts and health centers from the high cost and difficulty of obtaining the drug.

The Effective School Nurse

Patience, sensitivity to parents and students, availability, and up-to-date knowledge about the care and treatment of children and young adults are among the qualities we admire and need in our school nurses. School district leaders should work with their nurses to ensure the health of their community's young people.

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