

**LAWS REGULATING  
SCHOOL NURSES IN PENNSYLVANIA  
AND OTHER STATES**

**JULY 2004**



General Assembly of the Commonwealth of Pennsylvania  
JOINT STATE GOVERNMENT COMMISSION  
108 Finance Building  
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The release of this report should not be interpreted as an endorsement by the members of the Executive Committee of the Joint State Government Commission of all the findings, recommendations or conclusions contained in this report.

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The Joint State Government Commission was created by the act of July 1, 1937 (P.L.2460, No.459) as amended, as a continuing agency for the development of facts and recommendations on all phases of government for the use of the General Assembly.

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July 2004

TO THE MEMBERS OF THE GENERAL ASSEMBLY:

The Joint State Government Commission is pleased to present this staff report on certified school nurses, which was undertaken pursuant to 2003 House Resolution 427 (P.N. 2713). The report describes the laws and regulations concerning certified school nurses in Pennsylvania and other states.

The Commission recognizes with gratitude the assistance of the Pennsylvania Association of School Nurses and Practitioners, the Pennsylvania State Education Association, the Pennsylvania School Boards Association, the Pennsylvania Federation of Teachers, Pennsylvania Partnerships for Children, and the Pennsylvania Departments of Education, Health, and State. Their guidance was indispensable in the publication of this report.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Roger A. Madigan".

Roger A. Madigan  
Chair





## INTRODUCTION

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An important figure in the lives of Pennsylvania's two million school-aged children is the school nurse. Most people associate the school nurse with her traditional function of providing medical aid to students and staff. However, the school nurse plays a significant role beyond patching skinned knees.

The health of the students in an entire building or school district can be significantly affected by the actions of the school nurse. The nurse's role is comprehensive enough such that the children can be screened for a number of conditions, such as asthma and diabetes, and act as a powerful preventative measure. School nurses also deal with issues such as drug and alcohol abuse, school violence and teenage pregnancy. Their services are provided within the framework of professional nursing practice, through which the nurses address the physical, mental, emotional and social health of their students.

The duties and functions of school nurses are determined, in large part, by the health conditions of the populations they serve. As licensed health care providers, the school nurses must respond without direct medical supervision to the unique health related issues present in their schools. Some schools populations, especially in urban settings, may struggle with widespread asthma. Rural districts may face a dearth of nursing services outside of the school setting.

School nurses, in providing these school-based services, fulfill the mandates of both federal and state statutes and regulations. But more precisely, they use the mandates as the baseline of services and often play larger roles than those prescribed by law. Many nurses readily act as counselors and confidants to their students to help them cope with health issues that might not require professional medical care. Their experience in dealing with young people strengthens the education the nurses themselves received in earning their degrees. As certified educational specialists, the school nurses' role is to support student success in the learning process. Certainly, a child who is not in good health cannot perform well in the classroom.

House Resolution 427 of 2003 directs the Joint State Government Commission to conduct a study on how other states' laws provide for certified school nursing services within the school environment, including a look at ratios between nurses and students, and the education and certification requirements for school nurses. This report is the culmination of that study.

As background, the report lists health conditions that are reported in Pennsylvania's schools. The report then lists the health services provided by certified school nurses and describes the school nurses' functions as health care providers and certified educational specialists.

The report next shows health services provided by school nurses in other states along with the school nurses' responsibilities in delivering those services. A summary of statutory provisions is provided and a section details selected states' school nurse responsibilities. Certification, licensure, and continuing education requirements for Pennsylvania and other states' school nurses are discussed as well. Finally, the report addresses the issue of school nurse-to-student ratios, including the relevant provisions in Pennsylvania and other states, and data on the numerical ratios for schools in the United States.

## **SCHOOL HEALTH CONDITIONS**

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Contagious diseases such as tuberculosis, diphtheria, measles, mumps, rubella, and whooping cough were at one time the most formidable challenges facing school nurses, but are not as prevalent as they once were.<sup>1</sup> Instead, school nurses battle many social problems that plague current-day school children, such as homelessness, drug and alcohol abuse, poverty, pregnancy, and violence. According to the U.S. Department of Education and the U.S. Department of Health and Human Services, more than 100,000 children are homeless on any given night.<sup>2</sup> It has been reported that up to 22 percent of ninth graders carried a weapon to school during a one month time span.<sup>3</sup> Two-thirds of eighth graders have tried alcohol, and 28 percent have been drunk at least once.<sup>4</sup> For the 2001-02 school year, the Pennsylvania Department of Health (DOH) reported that 6,671 women under the age of 17 were pregnant and over 275,000 Pennsylvania children between the ages of 5 and 17 were living in poverty.<sup>5</sup> The school nurses' firsthand knowledge of the medical and social conditions that exist in their schools is valuable to policy makers at school district and state levels.

Each school nurse is responsible for collecting and reporting student health data to district authorities, who then forward them to the DOH Division of School Health. The DOH maintains a database of school health statistics, which is used in part for purposes of reimbursing school districts under the Public School Code of 1949 (PSC). The reported conditions, such as asthma, neurologic disorders, and diabetes are examples of the types of medical situations school nurses treat on a daily basis. The DOH gathers annual data from each of the public school districts along with private, parochial, and charter schools.<sup>6</sup> The health condition data for the 2001-02 school year are presented in Table 1.

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<sup>1</sup> Eva Marx, Susan Frelick Wooley and Daphne Northrop, ed. *Health Is Academic: A Guide to Coordinated School Health Programs* (New York: Teachers College Press, 1998).

<sup>2</sup> U.S. Department of Education and U.S. Department of Health and Human Services, *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services* (Washington, D.C.: U.S. Government Printing Office, 1993).

<sup>3</sup> L. Kann and C.W. Warren, et al. "Youth Risk Behavior Surveillance—United States, 1993," *Morbidity and Mortality Weekly Report* 44 (SS-1), 1-56.

<sup>4</sup> L.D. Johnson, P.M. O'Malley and J.G. Bachman, *National Survey Results on Drug Use from the Monitoring the Future Study (1975-1993: Vol. 1. Secondary School Students* (Rockville, Md.: National Institute on Drug Abuse, n.d).

<sup>5</sup> DOH, Division of School Health, "School Health Statistics," <http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=175&q=234265&healthPNavCtr=>

<sup>6</sup> Ibid.

TABLE 1  
PENNSYLVANIA DEPARTMENT OF HEALTH  
NUMBER OF STUDENTS WITH MEDICAL DIAGNOSES  
2001-02 SCHOOL YEAR

Medical Diagnosis	Number of Students Diagnosed
Asthma	180,078
Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder <sup>1</sup>	79,802
Arthritis / Rheumatic Disease	3,101
Developmental or Birth Defects	20,408
Hearing Difficulties	22,222
Neurologic Disorders	29,260
Orthopedic Disorders	22,431
Psychiatric Disorders <sup>2</sup>	28,425
Seizure Disorders	15,244
Sickle Cell Disease	1,351

<sup>1</sup>Commonly abbreviated ADD/ADHD.

<sup>2</sup>Does not include diagnoses of ADD/ADHD.

SOURCE: Commonwealth Pennsylvania, DOH, Division of School Health Programs.

School nurses are responsible for the proper administration of medication to pupils. During the 2001-02 school year, there were 6,909,640 doses of medication by individual order administered in schools, and 2,422,616 doses administered by standing order.<sup>7</sup>

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<sup>7</sup> Doses by individual order are given to a student as a result of an individual medication order received from a family physician or family dentist. Doses by standing order are administered to a student under a school district's medication policy pertaining to standing orders. Standing orders are orders from a school physician which allow a student to receive limited over-the-counter medications for specific conditions only, in specified doses, and only with parental permission (e.g., acetaminophen for headache). Ibid.

## **SCHOOL HEALTH SERVICES**

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The Centers for Disease Control's (CDC) National Center for Chronic Disease Prevention and Health Promotion has developed a coordinated school health program made up of eight overlapping components designed to optimize school children's health and well being, and thereby contribute to their successful education.<sup>8</sup> The eight components are:

- Health education
- Physical education
- Health services
- Nutrition services
- Health promotion
- Counseling
- Environment
- Family and community.

While Pennsylvania school nurses are concerned with each of these eight components, they are directly responsible for providing health services and health promotion. Pennsylvania school districts and joint school boards are required by state regulations<sup>9</sup> to provide certain health services for school age children in both public and private schools, including charter and cyber schools.<sup>10</sup> These health services are:

- Medical examinations
- Dental examinations
- Vision screening tests
- Hearing screening tests
- Threshold hearing tests
- Height and weight measurements
- Maintenance of medical and dental records
- Tuberculosis tests
- Special examinations.<sup>11</sup>

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<sup>8</sup> U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, "Coordinated School Health Programs," <http://www.cdc.gov/HealthyYouth/CSHP/index.htm> .

<sup>9</sup> 28 Pa. Code §§ 23.1-23.87.

<sup>10</sup> Homeschooled students are included in the same health and immunizations laws and regulations that pertain to other students. PDE authorizes school districts to extend the opportunity for homeschooled children to participate in the districts' health programs.

<sup>11</sup> 28 Pa. Code § 23.1.

The services are provided according to a schedule prescribed by 28 Pa. Code §§ 23.2 – 23.10. See Table 2.

The school districts are reimbursed by the DOH for providing these services. Nursing services are reimbursed at \$7.00 x Average Daily Membership (ADM).<sup>12</sup> The department's reimbursement provides for approximately 30 percent of the cost of delivering the mandated services.<sup>13</sup>

TABLE 2  
MANDATED SCHOOL HEALTH SERVICES

Health Service	Grade Level												Special Education
	K or 1	2	3	4	5	6	7	8	9	10	11	12	
Medical Examination	X					X						X	As Needed
Dental Examination	X		X										As Needed
Growth Screen	X	X	X	X	X	X	X	X	X	X	X	X	X
Vision Screen	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing Screen	X	X	X			X	X						As Needed
Scoliosis Screen	X					X	X						
Tuberculin Test	X												Age Appropriate
School Nurse Services	X	X	X	X	X	X	X	X	X	X	X	X	X
Maintenance of Health Records	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization Assessment	X	X	X	X	X	X	X	X	X	X	X	X	X

SOURCE: Commonwealth of Pennsylvania, DOH, Division of School Health Programs.

<sup>12</sup>Medical services are reimbursed at \$1.60 x ADM, Dental services at \$.80 x ADM, and dental hygiene services at \$2.00 x ADM PSC §2505.1. PSC §2501.1(b.1), added by Act of August 5, 1991 (P.L. 219, No.25), provides for an additional allocation of \$9.70 x ADM to help school districts defer the total program costs of providing the mandated health services.

<sup>13</sup> Meeting of DOH and Joint State Government Commission, April 14, 2004.

The DOH subsidy for health services has ranged between \$38.7 million (for fiscal year 2003-04) and \$40.6 million (for fiscal year 1999-00).<sup>14</sup> See Table 3.

TABLE 3  
DEPARTMENT OF HEATH  
SUBSIDIES FOR SCHOOL DISTRICT HEALTH SERVICES

<u>Fiscal Year</u>	<u>Subsidy</u> (\$ Millions)
1998-99	\$39.87
1999-00	40.46
2000-01	38.51
2001-02	38.96
2002-03	39.00
2003-04	38.70
2004-05	39.53 <sup>a</sup>

<sup>a</sup>. Budgeted amount

SOURCE: Commonwealth of Pennsylvania, *Governor's Executive Budget*, 2000 through 2004.

The PSC requires that every child of school age be provided with school nurse services as part of the school health program (PSC §§ 1402(a.1), 1421(a)). Teachers are mandated to report to the school nurse unusual behavior or changes in physical appearance, attendance habits, or scholastic achievement that may indicate impairment of a child's health. Based upon a teacher's report or on her own initiative, the nurse may advise the parent or guardian of the apparent need for a special medical or dental examination, and if the caretaker fails to advise the nurse of the results of the examination, the nurse or school physician must arrange a special examination for the child (PSC § 1402(d)). Nurses may similarly arrange special examinations for pupils who deviate substantially from normal growth and development.<sup>15</sup> Conversely, teachers are directed to report to school nurses any health conditions of pupils that may affect behavior, appearance, or scholastic performance (PSC § 1406(b)).

While state law and regulations mandate that each school district provide nursing services, the actual duties of school nurses are assigned by the school districts and the DOH prescribes the technical content of the nurses' responsibilities. (28 Pa. Code § 23.34) The DOH Division of School Health

<sup>14</sup> Commonwealth of Pennsylvania, *Governor's Executive Budget* (Harrisburg: 2000-2004).

<sup>15</sup> 28 Pa. Code § 23.11.

provides the school districts with health services procedural manuals and sets minimum standards for health screenings. Each state health district office employs a school health consultant to assist schools, parents and the community at large regarding school health services and programs. The district office conducts an annual orientation for new school nurses. School nurses are also included in the annual Commonwealth-wide pupil services conference.



## **FUNCTIONS OF SCHOOL NURSES IN PENNSYLVANIA**

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School nurses are first and foremost health care providers. As RNs, their primary function is to provide professional nursing services to school children and, to a limited extent, adults in the school setting. The National Association of School Nurses (NASN) and American Nurses Association identify three levels of care that are delivered by school nurses. At the primary level school nurses provide health information in classrooms, promote student and staff wellness, and refer individual students for appropriate immunizations when necessary. At the secondary level of care school nurses facilitate vision, hearing, spinal, and other required screenings. The tertiary role of school nurses is the management of chronic health conditions, such as asthma and diabetes.<sup>16</sup>

NASN defines school nursing as:

A specialized practice of professional nursing that advances the well being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning.<sup>17</sup>

The Pennsylvania Association of School Nurses and Practitioners (PASNAP) identifies the wide range of duties for which school nurses are responsible, from first aid to service on support teams for at-risk students.<sup>18</sup> It is not surprising that many of the functions listed by PASNAP correspond with those specified by Commonwealth regulations. There are instances, however, as in the case of monitoring individual education plans, when school nurses assume responsibilities that are not mandated in state regulations.

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<sup>16</sup> NASN and American Nurses Association, *Scope and Standards of Professional School Nursing Practice* (Washington, D.C.: American Nurses Publishing, 2001), 6,7.  
<http://www.nasn.org/briefs/role.htm> .

<sup>17</sup> NASN, “Issue Brief: Role of the School Nurse.”  
<http://www.nasn.org/briefs/role.htm> .

<sup>18</sup> Pennsylvania Association of School Nurses and Practitioners (PASNAP), “Certified School Nurses and Practitioners Support Student Success!” (np: PASNAP, n.d.)

DOH and PDE are mandated to cooperate on prescribing the forms of the records and reports and adopting and enforcing the rules and regulations governing the school health program (PSC § 1421(c)).

Applicable regulations do not permit delegation of nursing functions to unlicensed school personnel.

## **MAJOR FUNCTIONS OF THE SCHOOL NURSE**

*Conduct Health Screenings.* School nurses are responsible for conducting growth and vision screenings annually for each child in grades kindergarten through 12. Hearing tests are conducted for grades K-3, 7 and 11. Teachers and medical technicians other than school nurses are permitted to conduct the vision screenings while the height and weight measurement is done by the school nurse or teacher.<sup>19</sup> The regulations do not specify who shall conduct hearing tests.<sup>20</sup> Presumably the school nurses cover all three screenings in many cases.

*Administer Medications.* The administration of medications is not addressed by the PSC, nor is it mentioned in the school health regulations. In 1978 the Commonwealth's then Department of Justice issued the opinion that school nurses may administer prescribed medication with written permission from the child's parent or guardian.<sup>21</sup> It is normal practice for the school nurse to contact the child's physician for written instructions in cases when prescribed medication is provided by the child's parent or guardian. Regulations issued by the State Board of Nursing govern the administration of medications by registered nurses in all settings. Administration of a prescription drug may be delegated to a nursing student in an approved program or a graduate nurse; in either such case "supervision" by the registered nurse is required, and supervision in turn requires that the RN be "physically present in the area or unit" where the delegated dosage is taking place.<sup>22</sup>

*Supervise First Aid Services.* School nurses are directed to supervise first aid services by 28 Pa. Code § 23.79, which states: "School nurses shall plan for first aid services and instruct personnel responsible for first aid."

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<sup>19</sup> 28 Pa. Code §§ 23.4 and 23.7.

<sup>20</sup> 28 Pa. Code § 23.5.

<sup>21</sup> Commonwealth of Pennsylvania, Department of Justice, Memo to Pennsylvania Department of Health, "Opinion Regarding Administration of Medication by Teachers to Students," August 16, 1978.

<sup>22</sup> 49 Pa. Code §§ 21.14. See also 28 Pa. Code § 107.64.

*Promote Health and Wellness Programs.* School nurses are responsible, in their role as certified education specialists, for developing health and wellness programs for their schools. They provide information in a manner accessible to the student population and guide teachers in its presentation. School nurses are directed to assist the school administrator, along with school physicians and dentists in planning and organizing the school's health program.<sup>23</sup> They can also assist teachers in the classroom. For example, a properly trained school nurse may assist a classroom teacher in presenting material about cardiopulmonary resuscitation (CPR).<sup>24</sup>

*Provide Support for Medically Fragile Children.* The role of providing support for medically fragile children took on unprecedented prominence with the passage by Congress of the Education for All Handicapped Children Act in 1975, (Pub. L. 94-142) and its successor, the Individuals With Disabilities Act (IDEA) (Pub. L. 105-17). IDEA guaranteed handicapped children a "free and appropriate public education" (FAPE) in the "least restrictive environment."<sup>25</sup> From that point forward, school nurses have been responsible for an ever widening range of often specialized care that used to be provided in hospital settings. School nursing duties have come to include gastric and nasogastric feedings, oxygen administration, oropharyngeal, gastric, and tracheostomy suctioning, respiratory care, urinary catheterization, ostomy care, and monitoring of shunt functioning.<sup>26</sup>

*Refer Students and Their Families for Further Care.* School nurses are mandated to assist in interpreting the health needs of individual children and assist their families in utilizing community resources for improving the health of their children.<sup>27</sup> School nurses serve as an information source in instances when children require care that is outside the scope of school nursing practice. The nurses' familiarity with the medical profession and contacts in different fields of care give students and their families a starting point for seeking appropriate medical care.

*Facilitate Access to Health Insurance.* As part of their responsibility to "assist families to utilize community resources for improving the health of their children,"<sup>28</sup> school nurses help children enroll in public health insurance

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<sup>23</sup> 28 Pa. Code § 23.71

<sup>24</sup> 22 Pa. Code § 49.101(10).

<sup>25</sup> FAPE is defined by IDEA § 602(8) (20 U.S.C. A. § 1401(8) and required by § 612(a)(1) (20 U.S.C.A. § 1412(a)(1)). The "least restrictive environment" requirement is at IDEA § 612(a)(5) (20 U.S.C.A. § 1412(a)(5)).

<sup>26</sup> Maria Applewhite, Nursing in the Public Schools in the United States of America, April 2003, [http://www.cwru.edu/med/epidbio/mphp439/School\\_Nursing.htm](http://www.cwru.edu/med/epidbio/mphp439/School_Nursing.htm) .

<sup>27</sup> 28 Pa. Code § 23.74.

<sup>28</sup> Ibid

programs, such as the Children’s Health Insurance Program (CHIP).<sup>29</sup> CHIP provides health insurance benefits for children in working families. Pennsylvania Partnerships for Children (PPC), a child health and education advocacy organization, has established several programs around the Commonwealth through which school nurses are able to direct families that lack adequate health insurance coverage to CHIP. Through PPC’s health insurance enrollment initiative, school nurses gather emergency information for each student in their caseload and note whether the child has health care coverage. Subsequently, each underinsured child’s family receives CHIP information from the school nurse.

*Serve on Support Teams for At-Risk Students.* Many school nurses serve on Student Assistance Program (SAP) teams, which provide assistance to students on topics as varied as nutrition, school transportation, and gifted education. The teams mobilize school-based resources to remove barriers to learning, such as drug and alcohol abuse. Where the problems are beyond the schools’ resources, SAP teams provide information about community resources to students and their families. SAP is administered by PDE’s Division of Student Assistance Programs.<sup>30</sup>

*Develop Individual Healthcare Plans.* An individual healthcare plan (IHP) is a nursing care plan adapted specifically for the school setting for students with acute or chronic health conditions that are complex or require daily nursing care during school hours. There are four components of an IHP: nursing diagnoses; nursing interventions; goals; and expected outcomes for each health problem identified in the plan. The plans are designed to communicate the nursing care needs of the individual students to school personnel responsible for delivering nursing care. IHPs are an integral part of case management at the school, and are designed to be transferred from school to school with each student to ensure continuity of care throughout the child’s education.

*Participate in Individual Education Plans.* An individual education plan (IEP) is designed for children who have learning disabilities that are being addressed in the school setting. Often, students who are in special education plans also suffer from health conditions that require nursing care during school hours. If so, the IEP contains provisions for the school nursing staff to be involved in the child’s education.<sup>31</sup>

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<sup>29</sup> Commonwealth of Pennsylvania, Insurance Department, “Children’s Health Insurance Program” [http://www.ins.state.pa.us/ins/lib/ins/chip\\_ab/Final\\_CHIPbrochure\\_E.pdf](http://www.ins.state.pa.us/ins/lib/ins/chip_ab/Final_CHIPbrochure_E.pdf) .

<sup>30</sup> Letitica Leitzel, DOH Division of School Health, PDE, e-mail message to Commission staff, June 9, 2004. Student Assistance Program, Network for Student Assistance Services, “Welcome to Student Services and Programs” [http://www.pde.state.pa.us/svcs\\_students/site/default.asp](http://www.pde.state.pa.us/svcs_students/site/default.asp) .

<sup>31</sup> Leitzel, op. cit. The requirement of an IEP is imposed by IDEA § 612(a)(4) (20 U.S.C.A. § 1412(a)(4)) and the IEP is defined by IDEA § 602(11) (20 U.S.C.A. §§ 1401(11)) and § 614(d) (20 U.S.C.A. § 1414(d)).

*Maintain Confidential Health Records.* Health records must be maintained for each child. The records must be kept in the same building where the child attends school and they must be available to the nurse at all times. The records must also be transferred when the child moves to another building or district. (28 Pa. Code § 23.55)

Confidentiality with regard to personal and medical records is of increasing importance. All health records must be kept confidential, and may be released only when a child's health requires it or at the request of a parent or guardian (PSC § 1409). The confidentiality of a student's health records are controlled by the Family Educational Rights and Privacy Act (FERPA) of 1974.<sup>32</sup>

School nurses are primarily responsible for gathering and maintaining students' health information (28 Pa. Code § 23.72). They must have knowledge of confidentiality mandates in order to comply with federal and state regulations.

*Monitor Immunizations.* DOH regulations list 16 immunizations that each child must receive in order to enroll or attend school.<sup>33</sup> Each school is responsible for maintaining the immunization records of its students. School nurses are assigned the responsibility of arranging for immunizations and keeping immunization records.<sup>34</sup> Annually, the immunization data from each school is reported to DOH and the county health department where the school is located.<sup>35</sup>

*Educate Faculty and Staff on Student Health Issues.* Administration and supervision of the educational and teaching aspects of the school health programs are regulated by PDE. The department is mandated to approve the certification of school nurses for employment by school districts and to administer and direct the school districts' health services and program. The applicable Public School Code provision requires that the services of school nurses "be utilized exclusively in connection with medical and dental examinations and associated health activities," which seems much more restrictive than other law and regulations. (PSC § 1421(b))<sup>36</sup>

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<sup>32</sup> The Health Insurance Portability and Accountability Act (HIPAA) does not apply to health information entered into a pupil's education record by a school nurse. Pennsylvania State Education Association (PSEA), PSEA School Nurse Manual (n.p.; n.d.), ll. See [www.psea.org](http://www.psea.org) .

<sup>33</sup> 28 Pa. Code § 23.83.

<sup>34</sup> 28 Pa. Code §§ 23.71(b) and 23.72.

<sup>35</sup> 28 Pa. Code § 23.86. The school nurse will often be delegated to inform the parent, guardian or emancipated child of immunization requirements and assess the immunization status of incoming students. 28 Pa. Code § 23.85.

<sup>36</sup> The present language was added by the act of July 15, 1957 (P.L. 937, No. 404).

## SELECTED STATES' SCHOOL NURSE RESPONSIBILITIES

The following is a survey of regulations from selected large states regulating the duties of school nurses. These may be useful in showing alternatives in addressing issues involving school nurses. Attention is particularly called to the Massachusetts and New Jersey provisions regarding the administration of medications.

### *Illinois*

Each school district is required to develop a written job description for each school nurse. The job description must include the duty to provide nursing services as defined in the Illinois Nursing Act plus one or more of 13 specified additional duties. A school nurse may not be assigned teaching duties unless she holds an appropriate teaching certificate. (Ill. Admin. Code tit. 23, § 1.760(e), (f), and (g)). The professional standards for school nurses are highly elaborated, stating a total of 180 specific "indicators" of competence, identified to either knowledge and performance in each of 12 aspects of professionalism: content knowledge, human development and learning, diversity, assessment and evaluation, planning and intervention, service delivery, learning environment, communication, collaborative relationships, professional conduct and ethics, reflection and professional growth, and leadership and advocacy (Ill. Admin. Code tit. 23, § 23.120). The board of directors of any school based/linked center must include a school nurse, who must be notified of any transfers from the SB/LC to a hospital or emergency department (Ill. Admin. Code tit. 77, §§ 2200.30, 2200.60).

### *Massachusetts*

A detailed set of regulations has been promulgated covering administration of prescription medications and the school nurse's role in safely administering them. (Mass. Regs. Code tit. 105, ch. 210) School boards may institute a prescription medication administration program in compliance with the regulations (Mass. Regs. Code tit. §210.001). A school nurse must be designated as the supervisor of the program; if it is decided to establish such a program, the school nurse formulates the proposal in consultation with the school physician. The program is then subject to approval by the school board (Mass. Regs. Code tit. § 210.003). The plan may designate unlicensed personnel authorized to administer prescription medications, but a school nurse must be available for consultation (Mass. Regs. Code tit. § 210.004). Further regulations cover the role of the school nurse (Mass. Regs. Code tit. § 210.005); self administration of medication by students (Mass. Regs. Code tit. § 210.006); training of the

unlicensed personnel who are authorized to administer the medications (Mass. Regs. Code tit. § 210.007); handling, storage, and disposal of the medications (Mass. Regs. Code tit. § 210.008); documentation and record keeping (Mass. Regs. Code tit. § 210.009); and administration of epinephrine (Mass. Regs. Code tit. § 210.010).

### *Michigan*

The services, functions, and competencies required of the school nurse are set forth succinctly (Mich. Admin. Code rr. 340.1162, 340.1163, and 340.1164). Delegation of duties is governed by the rule generally applicable to RNs. The nurse must determine whether the task in question is within her scope of practice; assess the delegatee's qualifications, skill, and knowledge; supervise and evaluate the delegatee's performance; and provide or recommend remediation when necessary (Mich. Admin. Code r. 338.10104).

### *New Jersey*

School districts are directed to develop and adopt a written policy on administration of medications. Persons authorized to administer medications to a student are limited to the school physician, a certified or noncertified school nurse, a substitute school nurse employed by the district, the student's parent or guardian, the student if approved to self-medicate, or a school employee designated by the certified school nurse to administer epinephrine in an emergency. (The regulation is unclear as to whether lay employees are limited to emergency administration of epinephrine, or whether approval for emergency administration of epinephrine is required in order for a lay employee to administer any medication.) The certified school nurse is given specific duties with regard to immunization. The school district is directed to develop a policy on treatment of asthma, under which each school nurse must be authorized to administer asthma medication using a nebulizer and must receive training in asthma "airway management" and the use of nebulizers and inhalers under nationally recognized standards. (N.J. Admin. Code, tit. 6A, § 16-2.3) The school nurse is given duties regarding services and referrals of students using or suspected of using drugs or alcohol. (N.J. Admin. Code, tit. 6A, §§ 16-4.1 and 16-4.3) The school nurse must also certify the results of the Snellen test for students applying for a learner's permit for driving and must sign the student's application. (N.J. Admin. Code, tit. 13, §§ 21-7.3, 21-7.5, and 23-2.24).





## **STATE SUPPORT FOR SCHOOL NURSE SERVICES**

A survey performed by the National Center for Chronic Disease Prevention and Health Promotion as part of the School Health Policies and Programs Study (SHPPS 2000) requested data on state funding and staff development to school nurses for a large number of health or prevention services topics. Based on that survey, Table 4 shows whether Pennsylvania is reported as providing funding or staff development to school nurses for the given health or prevention service and the number of states<sup>37</sup> that provide that support.

TABLE 4  
PENNSYLVANIA AND OTHER STATES  
SUPPORT FOR HEALTH, PREVENTION AND OTHER SERVICES

<b>Services</b>	<b>Pa. Support</b>	<b>Number of States Providing Support</b>
<b>Health Services</b>		
Administration of medications	Yes	36
CPR	No	19
Case management for students with chronic health conditions	Yes	35
Dental problems	No	18
First aid	No	24
Identification or treatment of acute illnesses	No	29
Identification or treatment of chronic illnesses	Yes	34
Identification or treatment of STDs	No	16
Immunizations or vaccinations	Yes	40
Lab tests	No	5
Prenatal care	No	6

<sup>37</sup> Data for the District of Columbia are included in the survey but not included in this table.

Prescription medications	No	16
Sports physicals	No	9
<b>Prevention Services</b>		
Accident or injury prevention	Yes	25
Alcohol or other drug use prevention	Yes	32
Eating disorders prevention	Yes	25
HIV prevention	Yes	40
Nutrition and dietary behavior counseling	No	30
Physical activity and fitness counseling	No	17
Pregnancy prevention	Yes	30
STD prevention	Yes	35
Suicide prevention	Yes	31
Tobacco use prevention	Yes	34
Violence prevention	Yes	34
<b>Other Services</b>		
After-school programs	No	11
Alcohol or other drug use treatment	Yes	26
Child care options for teen mothers	No	14
Crisis intervention for personal problems	No	25
Eating disorders treatment	No	19
Enrollment in Medicaid or CHIP	No	40
Enrollment in WIC or accessing food stamps or food banks	No	14
HIV testing and counseling	No	23
Identification of or counseling for mental or emotional disorders	Yes	29
Identification of or referral for physical, sexual, or emotional abuse	Yes	32
Job readiness skills program	No	7
Services for gay, lesbian, or bisexual students	Yes	14

Stress management	No	22
Tobacco cessation	Yes	27

SOURCE: Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, *School Health Policies and Programs Study (SHPPS 2000)*, tables 3.15, 3.16, and 3.17.

The data reveal that Pennsylvania provides four of 13 health services, nine of 11 prevention services, and five of 14 other health services. Pennsylvania denies State funding for services when most states provide funding in three categories (identification or treatment of acute illnesses, nutrition and dietary behavior counseling, and enrollment in Medicaid or CHIP) and provides funding when most States do not in one category (services for gay, lesbian, or bisexual students). Of course, it is possible that some states provide services, but not through the school nurse.



# **SCHOOL NURSE CERTIFICATION REQUIREMENTS**

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A person must meet three basic requirements to practice as a school nurse in Pennsylvania. A candidate must have earned a Bachelor of Nursing (BSN) degree at a college or university approved by PDE; be a registered nurse; and be certified as a school nurse by PDE.

## **QUALIFICATIONS**

In order to be eligible to be hired by a school district as a school nurse, the candidate must be a registered nurse. Qualification as a registered nurse requires graduation from a nursing program currently approved by the State Board of Nursing<sup>38</sup> and passage of an approved examination.<sup>39</sup> Candidates from other states or countries may be eligible for the examination if they have completed a course of study equivalent to that required in Pennsylvania.<sup>40</sup> Registered nurses from countries other than the United States or Canada must demonstrate proficiency in English.<sup>41</sup> NCLEX-RN, the nursing examination used by Pennsylvania is also used in other states, and passing in another state is recognized as sufficient in this state. The license as a registered nurse (RN) is renewable every other year.<sup>42</sup>

A person who has been licensed as an RN and who has received a BSN degree from an approved program can seek certification by PDE as a school nurse.<sup>43</sup> There are 20 school nurse certification programs in colleges and universities across the Commonwealth.<sup>44</sup>

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<sup>38</sup> The Professional Nursing Law (Act of May 22, 1951 (P.L.317, No.69)) (PNL) §§ 6.1 and 6.2; 49 Pa. Code § 21.21(b). PNL is set forth in 63 P.S. §§ 211 through 225.5.

<sup>39</sup> PNL § 15(a); 49 Pa. Code § 21.23(a).

<sup>40</sup> PNL § 15(c); 49 Pa. Code § 21.28.

<sup>40</sup> PNL § 11(a).

<sup>41</sup> 49 Pa. Code § 21.23(c).

<sup>42</sup> PNL § 11(a).

<sup>43</sup> PSC § 1401(8).

<sup>44</sup> The PDE approved school nurse certification programs are located at the following colleges and universities:

Bloomsburg University of Pa.

California University of Pa.

Carlow College

School nurses are regulated by the State Board of Education, with the advice of the Professional Standards and Practices Commission (PSPC) as “educational specialists” under the Professional Educator Discipline Act.<sup>45</sup> In addition to licensure as a registered nurse, candidates for certification as a school nurse are required to receive an additional 24 credit hours of instruction. They must also complete a field experience or practicum of at least 100 hours.<sup>46</sup> Every five years, school nurses are required to obtain six credits of collegiate study or continuing professional education courses, or a combination of such credits and credited “activities or learning experiences” equal to 180 hours in a period of five years, where each academic credit is equivalent to 30 hours.<sup>47</sup> They must demonstrate knowledge and competence in providing for health care needs of children in grades K through 12. The guidelines that must be met are found in Appendix 2.

PSC § 1401(8) defines “school nurse” as follows:

“School nurse” means a licensed registered nurse properly certificated by the [PDE] as a school nurse who is employed by a school district or joint school board as a school nurse, or is employed in providing school nurse services to children of school

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Cedar Crest College  
Clarion University of Pa., Main Campus  
E. Stroudsburg University of Pa.  
Eastern University  
Gannon University  
Immaculata University  
Kutztown University of Pa.  
La Roche College  
La Salle University  
Millersville University of Pa.  
Saint Francis University  
Saint Joseph's University  
Slippery Rock University of Pa.  
University Of Pittsburgh, Oakland Campus  
University of Pittsburgh, Johnstown Campus  
West Chester University of Pa.  
Widener University, Main Campus  
<http://www.teaching.state.pa.us/teaching/cwp/view.asp?a=6&Q=32315&teachingNav=|540|&teachingNav=|93|102|> .

<sup>45</sup> Act of December 12, 1973 (P.L.397, No.141) (24 P.S. §§ 2070.1a through 2070.18a). Educational specialist” is defined in § 1.2 of the act. The act includes provisions on certification as well as discipline. The PSPC recommends rules and regulations to the State Board of Education, which become effective upon adoption or promulgation by the latter. Act § 5 (a).

<sup>46</sup> Commonwealth of Pennsylvania, PDE, Bureau of Teacher Certification and Preparation, “General Standards and Specific Program Guidelines for State Approval of Professional Educator Programs”; Unlabeled document entitled “School Nurse”).

<sup>47</sup> PSC § 1205.2 (a), (o).

age by a county health unit or department or board of health of any municipality with which a school district or joint school board has contracted for school health services pursuant to the provisions of section 1411. . . .

Because of the training and experience required by PDE for certification, school nurse candidates generally follow the BSN program for the entirety of their college careers.

School nurses are issued education specialist certificates by PDE. An education specialist is a person whose primary responsibility is to render professional service other than classroom teaching. The service is to be directly related to the personal welfare of the students and may include services to other professionals working with the students. Education specialist certificates are also issued to guidance counselors, school social workers, and psychologists, among other kinds of professionals.<sup>48</sup>

The latest available figures from DOH show that there were 2,073 certified school nurses working in Pennsylvania for the 2003-04 school year in public school districts,<sup>49</sup> charter schools and comprehensive area vocational-technical schools. This is the highest number for the past six school years. There were 1,951 full-time school nurses; 122 were employed on a part-time schedule.

Supplemental health services staff, which are those health workers who are employed in schools and work under the supervision of certified school nurses include registered nurses (RNs), licensed practical nurses (LPNs) and unlicensed assistive personnel (UAP). During the 2002-03 school year there were 335 full- and part-time registered nurses; 226 full- and part-time LPNs; and 221 UAP. These numbers represent the highest number of supplemental staff employed beginning with the 1997-98 school year, except for 297 UAP employed during the 1998-99 school year. Health workers who are not certified school nurses must work under the supervision of the school nurse and cannot be assigned a caseload. See Table 5.

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<sup>48</sup> Professional Education Discipline Act, § 1.2; 49 Pa. Code § 49.101.

<sup>49</sup> Students enrolled in private and parochial schools must receive school nurse services through the public school district in which the non-public schools are located. 28 Pa. Code § 23.51.

TABLE 5  
PENNSYLVANIA SCHOOL DISTRICTS,<sup>1</sup> CHARTER SCHOOLS AND  
COMPREHENSIVE AREA VOCATIONAL TECHNICAL SCHOOLS  
HEALTH SERVICES STAFFING  
SCHOOL YEARS 1997-98 THROUGH 2002-03

Staff by Type	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03
<b>Certified School Nurses</b>						
Full Time	1,489	1,805	1,706	1,860	1,910	1,951
Part Time	106	95	73	123	132	122
Total	1,595	1,901	1,779	1,983	2,042	2,073
<b>Supplemental Staff</b>						
<b>Registered Nurses</b>						
Full Time	130	135	137	153	163	166
Part Time	140	151	153	155	160	169
Total	270	286	290	308	323	335
<b>Licensed Practical Nurses</b>						
Full Time	74	82	98	118	127	137
Part Time	80	84	94	86	88	89
Total	154	166	192	204	215	226
<b>Unlicensed Assistive Personnel</b>						
Full Time	98	100	97	103	106	107
Part Time	107	97	113	114	112	114
Total	205	297	210	217	218	221

1. Private and parochial schools receive health services through their public school districts.
2. Reported as of May 25, 2004. Data is reported annually to the Pennsylvania Department of Health.

SOURCE: Commonwealth of Pennsylvania, DOH Division of School Health



The Bureau of Teacher Certification and Preparation of PDE reports that there were 11,120 school nurse certificates issued during the past 30 years. The number of new school nurse certificates has dropped by 54.3 percent from FY1998-99 through FY2002-03, despite an increase of 4.4 percent between FY2001-02 and FY 2002-03.<sup>50</sup> See Table 6.

During the 2002-03 school year PDE issued 47 emergency permits for districts that had vacant school nurse positions. An emergency permit is issued to districts that are unable to meet school nurse staffing requirements and have opted to hire RNs temporarily to serve in the school nurse capacity. The permit is valid from the date of issuance until the next July 31. It can be renewed for three consecutive years, provided that the nurse accumulates nine credits per year in an approved BSN program. PDE estimated that about 95 waivers have been issued per year for the past several school years.<sup>51</sup>

Districts that are found to be out of compliance with PSC are subject to financial penalty. PDE can withhold its reimbursement subsidies for each school nurse position by which a district is out of compliance.

TABLE 6  
BUREAU OF TEACHER CERTIFICATION  
FIVE-YEAR REVIEW OF SCHOOL NURSE CERTIFICATES ISSUED

<u>Year</u>	<u>Number of Certificates</u>
1998-99	771
1999-00	399
2000-01	425
2001-02	337
2002-03	352

SOURCE: Commonwealth of Pennsylvania, PDE, Bureau of Teacher Certification and Preparation, *Annual Report, Fiscal Year 2002-2003*.

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<sup>50</sup> PDE, Bureau of Teacher Certification and Preparation, *Annual Report, Fiscal Year 2002-2003* (Harrisburg: PDE, 2003).

<sup>51</sup> Meeting of PDE and Joint State Government Commission, April 1, 2004.



## **OTHER STATES' SCHOOL NURSE PROVISIONS**

### **STATUTORY SCHOOL NURSE PROVISIONS**

The following is a summary of the statutory provisions about the appointment and qualifications of school nurses in the states. Provisions specifying the healthcare duties required or actions forbidden to school nurses are omitted, but provisions regarding delegation of nursing duties to other school employees are included.

#### *Alabama*

Ala. Code § 16-22-16. The ratio of pupils to school nurses is prescribed, starting at one per school system (1999-2000) to one school nurse per 7,000 pupils (2000-01) and reducing the ratio by 500 pupils per year down to 2,000 pupils (2010-11 and thereafter). The requirement is contingent on funding in the Education Trust Fund annual budget act.

#### *Alaska*

No provision.

#### *Arizona*

Ariz. Rev. Stat. § 15-203. The state board of education is authorized to supervise and control the qualifications of professional nonteaching school personnel and prescribe standards relating to their qualifications.

Ariz. Rev. Stat. § 32-1606. The state board of nursing may adopt educational requirements for the certification of school nurses.

#### *Arkansas*

Ark. Code § 6-18-704. A ratio of one full-time equivalent school nurse per 1,000 students "or the proportionate ratio thereof" is required. School nurses may be provided by contract or agreement with other agencies or individuals so

long as the prescribed ratio is maintained. Employment or contract with nurses are subject to the prior approval of the school board. A school nurse is defined as a “licensed nurse engaging in school nursing activities.”

### *California*

Cal. Educ. Code § 44877. School nurses are licensed by the board of registered nursing or the board of nursing education and nurse registration in the department of consumer affairs and a health and development credential, a standard designated services credential with a specialization in health, or a services credential with a designation in health.

Cal. Educ. Code § 49422. A person may not supervise the health and physical development of pupils, unless he or she holds a “services credential with a specialization of health,” regardless of other medical licensures, including as a nurse. Credentials authorizing service as a nurse do not authorize teaching services unless the holder also completes the requirements for a special class authorization in health in a program approved by the commission on teacher credentialing.

Cal. Educ. Code § 49426. Defines “school nurse” as a currently licensed registered nurse who has completed the educational requirements and holds the credentials as specified in § 44877. The duties of the nurse are listed, subject to authorization by the local governing board.

### *Colorado*

No provision.

### *Connecticut*

Conn. Gen. Stat. § 10-212. Local or regional boards of education may appoint one or more school nurses or nurse practitioners, who must be qualified under State regulations promulgated by the state board of education with the assistance of the department of public health.

### *Delaware*

No provision.

*Florida*

Fla. Stat. § 1012.55. School nurses must hold a license to practice nursing.

*Georgia*

Ga. Code § 20-2-771.2. School boards may establish policies regarding a school health nurse program, which must be staffed by licensed health care professionals.

*Hawaii*

No provision.

*Idaho*

No provision.

*Illinois*

105 Ill. Comp. Stat. § 5/10-22.23. School boards are authorized to employ a registered nurse and define her duties under regulations of the State Board of Education. School districts may employ non-certificated registered professional nurses to perform professional nursing services.

*Indiana*

No provision.

*Iowa*

Iowa Code §§ 143.1 through 143.3. A local health board, education agency board, or school district may employ public health nurses at periods each year and in numbers as deemed advisable. Nurses may be obtained by contract with a nonprofit nurses' association. Compensation and expenses are paid out of the political subdivision's general fund. School boards may cooperate in the employment of nurses and apportion expenses for them to their political

subdivisions. Employing authorities prescribe duties to school nurses related to public health.

### *Kansas*

Kan. Stat. § 72-7513. The state board of education is authorized to issue standards and regulations governing the certification of school professionals, including school nurses.

### *Kentucky*

Ky. Rev. Stat. §§ 156.501 and 156.502. The department of education, working with the department of public health, may arrange for the provision of student health services, including standardized protocols and guidelines for health procedures to be performed by health professionals and school personnel. This power includes delegation of nursing functions, subject to board of nursing regulations. School nurse services may be provided by an advanced registered nurse practitioner, registered nurse, or licensed practical nurse. A physician, advanced registered nurse practitioner, or licensed practical nurse may delegate health services to an unlicensed school employee.

### *Louisiana*

La. Rev. Stat. § 17:28. Local school boards are directed to employ at least one school nurse certified by the state board of elementary and secondary education, but may not exceed a statewide average of one school nurse per 1,500 students. School nurses are responsible for performing the health care services required by state law or department of education guidelines, and services must comply with the regulations of the state board of nursing. The state superintendent of education may provide for implementation by each local school district of its plan for school nurse services.

### *Maine*

Me. Rev. Stat. tit. 20-A, § 6403-A. Each school board must appoint a school nurse for a school administrative unit to supervise and coordinate the health services and health-related activities required by the education laws. The school nurse must be a registered professional nurse and meet any additional qualifications established by the state education board. The school board may provide school nurse services through special agreements with a public health

agency. The education commissioner is directed to issue guidelines on school health services and health-related activities.

*Maryland*

No provision.

*Massachusetts*

Mass. Gen. Laws ch. 71, §§ 53 and 53A. The school committee is required to appoint and assign one or more school physicians or nurses. Larger school districts may apportion the cost of school physicians and nurses among the towns that comprise the district.

*Michigan*

Mich. Comp. Laws § 380.1252. School boards may employ registered nurses as necessary to provide professional nursing services. Services must be operated under the rules of the state education board, which is directed to establish certification requirements and permitted to mandate reports and information from school districts.

Mich. Comp. Laws § 380.1296. Auxiliary services, including nursing services, must be provided for nonpublic schools on an equal basis.

*Minnesota*

Minn. Stat. § 121A.21. School districts are required to provide student health services. This mandate may be complied with by employing personnel, including at least one FTE licensed school nurse, by contract with a public or private health organization or public agency to provide licensed certified public health nurses, or by another arrangement approved by the state commissioner of education.

*Mississippi*

Miss. Code § 41-79-5. A school nurse intervention program is established within the department of health. Pursuant to the SNIP, each school district is required to have employed a school nurse, to be known as the health service

coordinator. The SNIP is required to provide 17 specified preventive health care services or other appropriate services. Each school district is allotted an additional teacher unit per hundred teacher units for the purpose of employing a school nurse, or at least one teacher unit per district; if funds are insufficient, priority is given to school districts with the fewest teacher units. Nursing staff under SNIP are employed by the county health department under the supervision of the department of health. Health service coordinators must have a bachelor's degree in nursing.

### *Missouri*

Mo. Rev. Stat. § 168.171. School boards that employ 30 or more teachers may employ or otherwise provide for a supervisor of health and one or more school nurses, whose duties must be performed “with the advice and cooperation” of the department of health and senior services under the supervision of the district superintendent.

### *Montana*

Mont. Code § 20-3-324. Local school boards may employ non-teaching professionals, including school nurses.

### *Nebraska*

No provision.

### *Nevada*

Nev. Rev. Stat. § 391.207. Provision of nursing services must be under the direction of a chief nurse, who must be a registered nurse and also must either hold an endorsement to act as a school nurse under the regulations of the state commission on professional standards in education or be employed by a state, county, or local health department and provide school nursing services pursuant to such employment.

### *New Hampshire*

N.H. Rev. Stat. § 200:29. School board may appoint a school nurse for the school health program and provide the nurse with proper facilities and



equipment. The school nurse must be licensed in New Hampshire as a registered professional nurse.

#### *New Jersey*

N.J. Stat. § 18A:6-38. The state board of examiners is authorized to issue certificates for school nurses and supervise their training.

N.J. Stat. § 18A:40-1. Every board of education must employ one or more school nurses.

N.J. Stat. § 18A:40-3.1. School nurses are appointed by the local school board and are under its direction.

N.J. Stat. § 18A:40-3.2. The legislature finds school nursing to be a distinct specialty and that competence in specified areas of health and education is needed for school nurses to act as health advocates for school-age children.

N.J. Stat. § 18A:40-3.3. A school nurse must be a registered nurse with an educational services certification an endorsement as a school nurse issued by the state board of examiners. Care for special education students and students requiring specialized care must be rendered by an appropriate provider as appointed by the state board of education. Non-certified nurses may only work in the same building or complex as a certified school nurse.

#### *New Mexico*

No provision.

#### *New York*

N.Y. Educ. Law § 902. Local school districts must employ a licensed physician or licensed nurse practitioner to make inspections of pupils. The school board may employ one or more school nurses, who must be registered nurses, have graduated from a nursing school that is registered by the regents and be authorized to practice as a school nurse. School districts may jointly employ nurses and apportion the cost therefor. Cities and school districts with a population greater than 5,000 may employ additional medical inspectors, school nurses, or other assistants.

*North Carolina*

N.C. Gen. Stat. § 115C-315. Professional education personnel, including school nurses, must hold or be qualified to hold a certificate in compliance with law or the regulations of the state board of education. The state board of education may prescribe rules for temporary personnel that permit hiring of uncertificated professionals.

*North Dakota*

No provision.

*Ohio*

Ohio Rev. Code § 3313.68. School boards may employ one or more licensed registered nurses.

*Oklahoma*

Okla. Stat. tit. 70, § 1-116. A full time school nurse must be a registered nurse and must be certified as a teacher. A nurse is accorded all protections and benefit applicable to a teacher.

Okla. Stat. tit. 70, § 3-104. The state board of education may promulgate rules regarding certification of professional school personnel, including school nurses.

Okla. Stat. tit. 70, § 5-117. Local school boards may contract with and fix the duties and compensation of employees, including school nurses.

*Oregon*

Or. Stat. Ann. § 342.475. School nurse is established as a category of specialization in nursing. School nurses are certified by the teacher practice and standards commission. The commission may issue an emergency certificate to a registered nurse who is not certified as a school nurse. A school nurse certification is not a teaching license.

Or. Stat. Ann. § 342.495. A certified school nurse is qualified to conduct or coordinate a school health services program. School districts are not required to employ a certified school nurse as a nurse.

*Pennsylvania*

25 P.S. §§ 14-1401 and 14-1402. A school nurse must be a licensed registered nurse certificated by the department of education and employed by a school district as a school nurse or employed in providing school nurse services to children of school age by a county health unit or a municipal health authority with which the school district has contracted for school health services. School nurse services must be provided to every school-age child. The number of pupils per school nurse may not exceed 1,500.

*Rhode Island*

R.I. Gen. Laws §§ 16-21-7 and 16-21-8. Each school district must have a school health program that is approved by the state department of health and the commissioner of elementary and secondary education. The program must provide for the administration of nursing care by certified nurse teachers as requested by the student's physician and authorized by the parent or legal guardian. Each school district must employ nurse teacher personnel certified as such by the state education department, unless the district is allowed by the commissioner to share such personnel. The school health program must be staffed exclusively with certified personnel.

*South Carolina*

No provision.

*South Dakota*

S.D. Codified Laws §§ 13-33A-1 and 13-33A-2. Public school systems must provide school health services coordinated by a registered nurse, whose services may be shared by one or more school systems. The registered nurse is responsible for the training and supervision of any school employee to whom provision of any of these services is delegated. School health services to students with special needs are regulated by the state department of health. With respect to such students, the delegation of nursing functions to a school employee at a school site is regulated by the board of nursing.

### *Tennessee*

Tenn. Code §§ 68-1-1201 through 68-1-1206. The public school nurse program is established within the state department of health. The chief medical officer of the state serves as the program's executive director. The scope of the program is described in detail. The program is to be expanded as funding is made available. Nurses within the program are administratively assigned to the county and district health departments, but remain under the supervision and control of the executive director. The program does not terminate the authority of a local educational agency (LEA) to locally employ school nurses who are not program employees.

Until the program employs school nurses in sufficient numbers to adequately provide services to all LEAs, the executive director is directed to give priority in the assignment of school nurses to health departments or LEAs that serve disadvantaged and medically underserved cities. The numbers deemed sufficient to adequately provide services would provide a ratio of one permanent, full-time school nurse per 3,000 students, but not less than one permanent full-time school nurse for each county-wide system.

The state commissioner of health may issue regulations for the program. The regulations must include guidelines for the creation of a public school nurse advisory council by the LEAs. The purpose of these councils is to make recommendations concerning utilization and coordination of state and local school nurse personnel and resources.

### *Texas*

Texas Health & Safety Code § 122.008. The county commissioners may employ one or more registered nurses to visit the public schools in the county and perform specified duties.

### *Utah*

Utah Code § 53A-11-204. School district are encouraged to provide school nursing services equivalent to the services of one registered nurse for every 5,000 students or, in districts with fewer than 5,000 students, the level of services recommended by the state department of health.

### *Vermont*

Vt. Stat. tit. 16 §§ 1381 through 1383. Local school directors may appoint one or more medical inspectors for the schools in the town district. The inspector must be a licensed physician or a trained nurse. Inspectors are required to examine the pupils of the district and comply with applicable regulations of the state board of health.

### *Virginia*

Va. Code § 22.1-274. School boards may employ school nurses who must meet standards prescribed by the board of education. The local health department may provide personnel for school health services, subject to the school board's approval. School districts may "strive to employ" nurses to a ratio of one nurse per 1,000 students, either directly or by contract with local public health departments. This suggestion should not be construed as mandating the ratios, or as encouraging the employment of more than one nurse per building in school divisions with an average daily membership higher than 1,000 in the building. The state board of education is directed to monitor the progress in achieving these ratios, any subsequent increase in prevailing statewide costs and the mechanism for funding health services, and the use of school health funds and the delivery of school health services, in each locality.

### *Washington*

Wash. Rev. Code § 28A.210.300. The school board of a school district of the second class is authorized to employ a licensed physician or public health nurse for the purpose of protecting the health of the children in the district.

### *West Virginia*

W. Va. Code § 18-5-22. County school boards must employ one full-time nurse for every 1,500 pupils in kindergarten through seventh grade "in net enrollment or major fraction thereof." Each county must employ full time at least one school nurse. A county may contract with a public health department for equivalent services under a plan approved by the state board of education. The state board is directed to promulgate rules requiring the employment of school nurses in greater numbers than otherwise required "to ensure adequate provision of services to severely handicapped pupils." Any person employed as a school nurse must be a registered professional nurse licensed as such by the state board of examiners. Specialized health procedures may be performed only by school

nurses, other licensed school health care providers, or school employees trained every two years who are subject to the supervision and approval by school nurses. The school nurse may delegate health care procedures to trained nonprofessional school employees.

A council of school nurses is established, to be convened by the state board of education. The council is directed to prepare a procedure manual and make recommendations regarding a training course to the bureau of public health. The bureau is impliedly directed to prescribe the school nurse training course in consultation with the state department of education. The bureau may issue regulations to implement the training recommendations and standards governing performance of specialized health procedures. The council is directed to review the board of education's certification and training program for school employees every two years.

#### *Wisconsin*

Wis. Stat. § 115.28(7:m). The state superintendent may certify school nurses and make rules for their certification and examination and keep the records relating thereto.

Wis. Stat. § 120.13(11). School boards may employ qualified public health nurses, school nurses, and registered nurses, who are directed to cooperate with the state department of health and family services and the local health board.

#### *Wyoming*

No provision.

## **REGULATORY REQUIREMENTS**

The following describes certification requirements and professional standards as set forth in state regulations of California, Illinois, Massachusetts, Michigan, New Jersey, and Ohio.<sup>52</sup> The licensure requirements are those in addition to those required for licensure as an RN. The RN license qualification includes the requirement that the RN license be currently valid in the state where the nurse is practicing.

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<sup>52</sup> Staff also examined the regulations of Florida, New York, and Texas, but was unable to find regulations that addressed these issues.

## *California*

A preliminary school nurse services credential requires a baccalaureate degree and an RN license. The professional clear school nurse services credential requires the preliminary credential, an RN license, two years of successful service as a school nurse under the preliminary credential, and completion of an accredited professional preparation program, including successful completion of supervised field experiences and recommendation by the nursing school. The special teaching authorization in health requires, in addition to the professional clear school nurse service credential, passage of the basic educational skills test and completion of a professional preparation program that includes six semester units of coursework, 15 hours of observation and 45 hours of student teaching, and college or university's recommendation. (Cal. Code Regs. tit. 5, § 80050) A holder of a professional clear credential is required to prepare and carry out an approved professional growth plan to maintain that credential. (Cal. Code Regs. tit. 5, § 80552 et seq.) Credentials authorizing service as a nurse do not authorize teaching services, unless the holder also completes the requirements for a special class authorization in health in a program approved by the commission on teacher credentialing. (Cal. Educ. Code § 49422)

## *Illinois*

School nurse requires a baccalaureate degree, an RN license, and a minimum of 30 additional credit hours in 17 permitted subjects. The seven mandatory subjects are introduction to public health nursing theory and practice; human growth and development; introduction to community health problems; educational psychology; introductory sociology; educational foundations; and the exceptional child. Also required is a one year internship under the supervision of a qualified school nurse. (Ill. Admin. Code tit. 23, § 25.240) A school nurse must also hold either a certificate in special education or school counseling. (Ill. Admin. Code tit. 23, § 1.760)<sup>53</sup>

## *Massachusetts*

School nurses are licensed as “professional support personnel.” (Mass. Regs. Code tit. 603, § 7.04) Certification as a school nurse is in two stages: initial and professional. For an initial certification, the requirements are licensure as an RN; a bachelor's or master's degree in nursing; completion of two years'

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<sup>53</sup> The requirement in the regulation is for either a Type 10 or Type 73 certificate. A type 10 certificate applies to special education instructor (Ill. Admin. Code tit. 59, § 108.10), and a type 73 certificate applies to a school counselor (see Ill. Admin. Code tit. 68, § 1375.30).

employment as an RN in child health, community health, or other relevant clinical nursing setting; completion of an orientation program on requirements for delivery of school health services as defined by the department of public health; and a passing score on the communication and literacy skills test. The professional certification requires an initial school nurse certification; employment as a school nurse for three years; and certification by a nationally recognized professional nursing association as a school nurse, community health nurse, or a pediatric/family/school nurse practitioner. (Mass. Regs. Code tit. 603, § 7.11)

### *Michigan*

There are three stages of certification. The *interim* certificate requires licensure as an RN and is issued upon the request of the school district. It is valid for two years and may be renewed once upon the school district's request if the holder has completed eight semester hours of school nurse training. (Mich. Admin. Code r. 340.1167) The *standard* certificate requires licensure as an RN, the request of the employing school district, two years' work experience in public health or school nursing practice, and 15 semester hours of school nurse training. It is valid for three years, may be renewed upon the school district's recommendation if the holder has completed a total of 24 semester hours of school nurse training, and may be renewed a second time upon the school district's recommendation if the holder has completed a total of 36 semester hours of school nurse training. (Mich. Admin. Code r. 340.1168) The *professional* certificate requires licensure as an RN, three years' successful work experience as a school nurse as determined by the state board of education upon the school district's recommendation, and a baccalaureate degree in nursing or another health-related field. (Mich. Admin. Code r. 340.1169) School nurse training as mentioned in this paragraph consists of the following areas of practical and theoretical knowledge: human growth and development; community health problems and resources; school health problems; special problems of exceptional children; family health and social problems; communication arts; organization and administration of the school health program (including curriculum development); learning theory; and guidance and counseling. (Mich. Admin. Code r. 340.1165) Maintenance of the RN license requires 25 hours every two years of continuing education, including one hour on pain management. (Mich. Admin. Code r. 338.10601)



## *New Jersey*

The school nurse certificate requires an RN licensed issued by the New Jersey board of nursing, a bachelor's degree, current certification in CPR and automated external defibrillators (AED), and completion of course of study approved by the department of education. The course requires at least 30 semester-hour credits, at least six of which must be in school nursing (including school health services, physical assessments, organization and administration of the school health program, and clinical experience in a school nurse office). The remaining courses in the program are human growth and development; health assessment; substance abuse and dependency; special education and learning disabilities; methods of elementary and secondary teaching; public health; human and intercultural relations; guidance and counseling; and school law. Also required is student teaching, including experience in the school nurse office and the classroom. An emergency school nurse certificate is not available. (N.J. Admin. Code, tit. 6A, § 9-13.3) A "school nurse/non-instructional" certificate is also available, which authorized the holder to perform school nursing services, but not to teach health-related subjects. This certificate has similar requirements, except that the teaching methods course and the student teaching requirement do not apply. The non-instructional certificate is available on an emergency basis. (N.J. Admin. Code, tit. 6A, § 9-13.4)

## *Ohio*

Three kinds of school nurse license are provided. A *provisional* school nurse certificate requires a baccalaureate degree, licensure as an RN, completion of a preparation program that includes "course work well distributed over the areas of educational foundations and school health services" and a practicum in a school setting, good moral character, recommendation by the dean or head of teacher education at an approved educational institution, and successful completion an examination prescribed by the state board of education. (Ohio Admin. Code § 3301-23-11) The requirements for a *professional* pupil services license as a school nurse are the same as those for a provisional certificate (possibly with a different course of study and another recommendation by the dean or head of teacher education); this license is valid for five years for all classes of learners. ((Ohio Admin. Code § 3301-24-05(E)(1)). Licensure as a school nurse is renewed by renewal of the RN license (Ohio Admin. Code §3301-24-08) The *new temporary pupil service license* as a school nurse requires a baccalaureate degree and licensure as a RN; holders of the certificate may fill a vacancy posted with the state department of education for two weeks for which no suitable licensed or certificated candidate is available. (Ohio Admin. Code §§ 3301-23-26(A)(5) and 3301-23-44(B)(4))



## **CONTINUING PROFESSIONAL DEVELOPMENT**

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School nurses, as certified education specialists, are required to participate in continuing professional education under what is popularly known as Act 48 (Act of November 23, 1999 (P.L. 529, No. 48)).<sup>54</sup> Act 48 specifies that all Pennsylvania educators holding Pennsylvania public school certification, which includes Educational Specialist I and II, participate in ongoing education relevant to their field of certification. Every five years, each professional educator must complete six credits of collegiate study, six credits of continuing professional education courses or 180 hours of continuing education programs, activities or learning experiences. All professional educators holding certificates by the date of enactment of Act 48 were given from July 1, 2000 to June 30, 2005 to have completed their requirements. Professionals being certificated after July 1, 2000 will have had five years from the date of their initial certification to comply.<sup>55</sup>

Each school district and area vocational-technical school is responsible for developing a three year professional education plan to meet Act 48 requirements in accordance with PDE guidelines.<sup>56</sup>

School nurses must participate in Act 48 programs that are specific to school nursing. Act 48 participation is not applicable to Level II Certification, for which school nurses need to accumulate 24 post-baccalaureate credits and three years of experience. In contrast to Act 48 requirements, Level II post-baccalaureate credits need not be related to school nursing. They can be earned either through college programs or through an intermediate unit.

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<sup>54</sup> In pertinent part, Act 48 amended PSC § 1205.1 and added PSC § 1205.2.

<sup>55</sup> PDE, "Act 48 Professional Education Questions and Answers," <http://www.teaching.state.pa.us/teaching/cwp/view.asp?a=13&Q=32798> .

<sup>56</sup> *Ibid.*



## **SCHOOL NURSE-TO-STUDENT RATIOS**

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The current nurse to student ratio of 1:1,500 is set forth in the PSC § 1402 (a.1). Section 1402 was added to the PSC by the act of July 15, 1957 (P.L.937, No.404) as part of a new Article XIV, entitled “School Health Services.” With respect to school nurses, no ratio was stated, but the school nurse was among those authorized to provide a range of health services, including a vision test, a hearing test, and measurement of height and weight.

The act of September 29, 1961 (P.L. 1743, No. 707) added subsection (a.1) to § 1402. The new subsection read, “Every child of school age shall be provided with school nurse services.”

The ratio provision itself was added by the act of December 7, 1965 (P.L.1041, No.390), which mandated the present school nurse to pupil ratio of 1:1,500. The amendment was adopted without recorded comment in the legislative histories.<sup>57</sup>

According to a survey<sup>58</sup> by the National Association of State School Nurse Consultants (NASSNC), many schools in Pennsylvania have recognized that a current school nurse to student ratio is insufficient and hire LPNs to supplement their RN staffs. Supplemental staff members need not be certificated by the state provided they are supervised by the school nurse and do not carry caseloads of their own. There are no state mandated ratios for nurses to special needs students. Rather, each school district is responsible for meeting the needs of special populations.

### **OTHER STATES**

A review of state government laws and regulations revealed that thirty-three of the states have state government provisions for school nurses. Only fourteen states have established nurse to student ratios. Only five of the states, including Pennsylvania, have established numeric ratios for nurses to students by statute. Alabama prescribes one nurse for every 5,500 students, with plans to reduce the ratio to 1:2,000 by the 2010-11 school year. Arkansas specifies one

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<sup>57</sup> The vehicle for the 1965 Act was 1965 House Bill 1347.

<sup>58</sup> NASSNC, *Survey 6/30 School Nurse Certification*, (n.p.: NASSNC, n.d.).

full-time equivalent (FTE) school nurse per 1,000 students, or a proportionate ratio thereof. Utah encourages its school districts to employ one RN per 5,000 pupils on the recommendation of the Utah state Department of Health. West Virginia specifies one full-time nurse for every 1,500 students in grades K through 7 and at least one school nurse per county.

Other states that have provisions for school nurses do not establish numeric ratios. Maine requires a school nurse for each school administrative unit. In Massachusetts, it is required that there be one or more physicians or school nurses within the jurisdiction of each school committee. Minnesota specifies that there be at least one FTE licensed school nurse per school district. Mississippi is similar in that it requires each district to employ a school nurse as a health services coordinator. Nevada requires that health services be provided under supervision of a chief nurse. New Jersey requires one or more school nurses in each district. New York requires a licensed physician or school nurse to make inspections of pupils. In Ohio, a ratio of five full-time equivalent education service personnel per 1,000 students is required, and education service personnel are assigned to any five of the following eight areas: school nurse; counselor; library media specialist; visiting teacher; social worker; or elementary teacher of art, music, or physical education. Rhode Island requires that each school district must employ certified nurse teacher personnel. South Dakota requires that public school systems provide services coordinated by an RN.

The NASSNC surveyed its members about school nurse to student ratios, (dated December 2003). Colorado, which has no state provision for school nurses, reported that there was a ratio of one nurse for approximately 2,000 students. Connecticut reported a ratio of about 1:500. Delaware, like Colorado, has no state provision for school nurses. However, the NASSNC reported that the ratio was approximately 1:750, with a range of 1:250 to 1:1,800. It was estimated that the Massachusetts ratio was 1:650. New Hampshire's ratio was estimated to be 1:500. Nebraska has no state provision for school nurses but was estimated to have a nurse to student ratio ranging between 1:300 and 1:3,000.

The federal government's report *Healthy People 2010* Objective 7-4 recommends a nurse to student ratio of 1:750.<sup>59</sup> NASRA, PASNAP and others agree with the recommendation that nurse to student ratio be 1:750 for the general school population and 1:250 for special needs students. Some have recommended that for those students with considerably more complicated

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<sup>59</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, *Healthy People 2010*, <http://www.healthypeople.gov/document/html/objectives/07-04.htm> .

disabilities the ratio be reduced to 1:125.<sup>60</sup> The Pennsylvania ratio of 1:1,500 is, therefore, less stringent than those recommended by the federal government.

According to the School Health Policies and Programs Study (SHPPS) 2000,<sup>61</sup> a national survey conducted by the Centers for Disease Control, “76.8% of schools have a part-time or full-time school nurse who provides health services to students at the school, and 52.9% of schools have the recommended nurse-to-student ratio of 1:750 or better.”

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<sup>60</sup> PASNAP and Joint State Government Commission meeting of March 3, 2004.

<sup>61</sup> U.S. Department of Health and Human Services, National Center for Chronic Disease Prevention and Health Promotion, “SHPPS 2000 School Health Policies and Programs Study,” <http://www.cdc.gov/nccdphp/dash/shpps/>.





## CONCLUSION

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Pennsylvania school districts are required to employ one certified school nurse for every 1,500 students. While some advocate lowering the ratio to 1:750 or below (to address special needs students), annually there are a number of Pennsylvania school districts that apply for waivers and emergency certifications because they are unable to meet the ratio. Furthermore, the increasing complexity of the health issues facing Pennsylvania's school children is likely to make school nurses' jobs more difficult with time.

DOH statistics show large numbers of school children afflicted with health conditions that require regular monitoring and sometimes daily care. For example, the increase in asthma cases in Pennsylvania schools, which mirrors the alarming escalation of cases nationwide, will probably not soon abate. Asthma care is only one example of the many conditions school nurses are responsible for resolving on a daily basis. Federal laws, such as IDEA, have opened regular public classrooms to medically fragile children and have further increased school nurses' daily responsibilities. Helping students cope with drug and alcohol abuse, teen pregnancy and school violence, while not traditionally thought of as part of the school nurse's purview, are now common to a job that has evolved dramatically over the past few decades.

The state-mandated continuing professional education program known as Act 48 will help ensure that school nurses are at the leading edge of professional nursing practice. There will be, however, no shortage of challenges presented to Pennsylvania's certified school nurses now and in the years to come.



**APPENDICES**

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Appendix 1:

House Resolution No. 427 of 2003, Printer’s No. 2713 ..... 61

Appendix 2:

Requirements for School Nurse Certification in Pennsylvania ..... 63



THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 427 Session of  
2003

INTRODUCED BY DALLY, CORRIGAN, CRAHALLA, CRUZ, DAILEY,  
DENLINGER, DeWEESE, FICHTER, FORCIER, GINGRICH, GRUCELA,  
HARHART, HERMAN, HERSHEY, JAMES, LAUGHLIN, LEWIS, O'NEILL,  
PAYNE, PISTELLA, READSHAW, REICHLEY, ROBERTS, ROSS, SATHER,  
SCAVELLO, TIGUE, VANCE, WALKO, WASHINGTON, WILT, WOJNAROSKI  
AND YOUNGBLOOD, OCTOBER 1, 2003

INTRODUCED AS NONCONTROVERSIAL RESOLUTION UNDER RULE 35,  
OCTOBER 1, 2003

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a  
2 study of the laws of other states which regulate the ratio of  
3 certified school nurses to students.

4 WHEREAS, The critical link between optimal health and school  
5 achievement is widely recognized; and

6 WHEREAS, Certified school nurses provide support in  
7 accordance with current medical practice and nursing standards  
8 as well as relevant statutes and regulations; and

9 WHEREAS, Certified school nurses are professional members of  
10 educational teams and valued community resources for students,  
11 staff and families; therefore be it

12 RESOLVED, That the House of Representatives direct the Joint  
13 State Government Commission to conduct a study on how other  
14 states' laws provide for certified school nursing services  
15 within a school environment, to include, but not be limited to,  
16 the ratio of special needs students to nursing services, state

1 educational requirements for employment as a certified school  
2 nurse in respective states and the ratio of regular education  
3 students to nursing services; and be it further

4       RESOLVED, That the Joint State Government Commission report  
5 its findings to the Majority Leader and Minority Leader of the  
6 House of Representatives within six months of the adoption of  
7 this resolution.

### **Requirements for School Nurse Certification in Pennsylvania.<sup>62</sup>**

#### **I. Knowing the Content**

The professional education program provides evidence that candidates for School Nurse certification have a Bachelor of Science in Nursing (BSN) degree, current license as a Registered Nurse, and have demonstrated their knowledge of and competence in providing for the health care needs of children and youth (K-12) including:

I.A. Providing information and services in school health related areas including:

- promotion of health education and health practices
- assessment of community and school health needs
- physical and mental health assessment of children and youth
- development, management, and evaluation of the school health program
- prevention, identification, and control of communicable diseases
- counseling techniques, referral, and health care management of children and youth
- case management of health needs of children and youth
- competence in dealing with health related issues of diverse populations
- child and adolescent development
- educational psychology

I.B. Recognizing symptoms and consequences of safety and environmental factors including:

- child abuse
- substance abuse
- teenage pregnancy
- violence
- homelessness and poverty

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<sup>62</sup> Commonwealth of Pennsylvania, PDE, Bureau of Teacher Certification and Preparation, Division of Teacher Education, "General Standards and Specific Program Guidelines for State Approval of Professional Education Programs," <http://www.teaching.state.pa.us/teaching/cwp/view.asp?a=68q=90674> .

- emergency response and crisis intervention planning
- safe and healthy school environment

I.C. Assessing, documenting and managing the health care needs of children and youth with disabilities in the least restrictive environment including:

- technological care
- nutrition
- medication,
- participation in multidisciplinary meetings
- development of an individualized plan of health care

I.D. Regulatory, ethical and professional issues and responsibilities governing the provision of health care services in the schools including:

- Federal, state and local laws and regulations which impact children and youth
- Pennsylvania State Professional Nurse Law
- Pennsylvania school code and regulations
- American Nursing Association/National Association of School Nurses code of ethics
- privacy and confidentiality
- child and parental rights

## **II. Performances**

The professional education program provides evidence that each School Nurse certification candidates are assessed and demonstrate competence in the above content areas during a minimum of 100 hours participation in early field experiences and a required practicum. The early field experiences and practicum must be in diverse settings and educational levels while under the supervision of a certified school nurse.

## **III. Professionalism**

The professional education program provides evidence that each School Nurse certification candidate demonstrates knowledge of and competencies in promoting professionalism in school and community settings including:

III.A. Professional journals, organizations and other sources of professional development



III.B. Integrity and ethical behavior, professional conduct as stated in Pennsylvania's Code of Professional Practice and Conduct for Educators; and local, state, and federal laws and regulations

III.C. Collaboration with other professionals

III.D. Effective communication with parent/guardians, other agencies and the community at large to support learning by all students.