

# LEADERSHIP

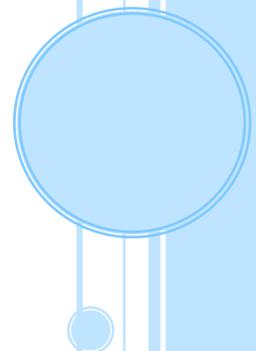
## *Chapter 4*

School nurses are typically the only healthcare provider in the school. They are the resident health resource for students, their families, staff, and the administration. It follows that new nurses working in the school setting often describe their practice as one of isolation. Successfully moving from isolation to inclusion is the sign of a leader. The quality of the school health services program is built on the school nurse's ability to envision a quality program and to implement steps that engage others to ensure it becomes a reality. The needs and resources of students and their families differ from community to community. The school's capacity and priorities differ, too. The school nurse can help transform a school community by bringing stakeholders together to address the physical, social, and emotional needs of children and youth. This means the effective school nurse must be a skilled advocate, collaborator, community-builder, coordinator, facilitator, catalyst, champion, liaison, navigator, and team member. In other words, the school nurse must be a leader. This chapter explores the role of the school nurse as a leader in the Delaware school setting.

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# Leadership

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# LEADERSHIP

## Components

Advocacy  
Change Agents  
Education Reform  
Funding & Reimbursement  
Healthcare Reform  
Lifelong Learner<sup>1</sup>  
Models of Practice  
Technology<sup>2</sup>  
Policy Development & Implementation  
Professionalism  
Systems-level Leadership

“Cultivating leadership skills is important for school nurses as they carry out their many and varied roles in the school setting. Exhibiting leadership is important for all nurses, but even more so for school nurses who are likely to be the only health care professional in their school(s)” (Denehy, 2008). Leadership is one of the five principles within the National Association of School Nurses (NASN) Framework for 21<sup>st</sup> Century School Nursing Practice™ (NASN, 2016a), which this text refers to as the “Framework”. Delaware is fortunate to have school nurses leaders who are at all levels – school, community, state, and national. In preparation for this chapter, the Lead School Nurses, Delaware School Nurse Association (DSNA) Leadership, and other state school nurse leaders were asked to share their thoughts on leadership. Their insights are incorporated throughout the chapter. While, this handful of school nurses was invited to provide input because they serve in a leadership position, the reality is that every school nurse is called to be a leader. Yet, many school nurses “lack the skills or the courage to take the lead in their schools on issues related to the health of children” (Denehy, 2008).

***I never thought of myself as a leader. I was always just interested in learning more. I would get excited about an issue and want people to join me. I wanted others to be as excited and passionate as I was about school health.***

Beth Matthey, MSN, RN, NCSN

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<sup>1</sup> Included under Professionalism

<sup>2</sup> Included under Professionalism

Leadership is Standard #12 in the Standards of Professional School Nursing Practice (American Nurses Association & NASN, 2011). "Leadership", as a standard, is a new addition; however, the role of the school nurse has always required leadership skills in order to meet the needs of the students. Successful nurses recognize the importance of honing their leadership skills. To ensure their competency, they seek professional development on collaboration, communication, advocacy, and other leadership areas.

***Leadership-professional, progressive, positive, and passionate  
for the purpose of the entire school community.***

*Loretta Newsom, RN, MSN, NCSN*

One doesn't need a title or an elected position to be a leader. The school nurse is the health manager of his/her own "health clinic". In this role, he/she leads in setting priorities, establishing office procedures, and creating a culture of health. The school nurse must move from the role of health manager or task master, to being a leader. Job descriptions and assignments don't make the nurse a leader. It is aptitude, attitude, and heart that make the school nurse leader.

***We have many leaders in our profession. Most of them work behind the scenes. Not all leaders have to be the center of attention. Leaders can work outside of their comfort zone and make it look as though that is where they belong.***

*Sharon-rose Gargula, MSN, RN, NCSN*

NASN defines school nursing as "a specialized practice of public health nursing, protects and promotes student health, facilitates normal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders that bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potentials" (2016b). Bridging the divide between education and health is no small task. It takes determination, strategic approaches, and diplomacy. All of which are skills of the successful leader. Change "can only occur with the intentional and targeted effort of a group of people. Further, I believe this only happens with leaders who have the ability to recognize needs, dare to dream, and sustain their vision" (Wolfe, 2010).

***Leaders are change agents that lead by example, even when it's hard or uncomfortable, and help to guide others in being the best 21<sup>st</sup> Century School Nurse that they can be.***

*Megan S. Fioravanti, RN, NCSN*

***I see my role as School Nurse Leader to advocate for my students and to engage my school nurse peers to promote wellness and safety that is student centered and evidence based.***

*Sue B. Smith, MEd, RN*

Everyone has seen excellent and poor leadership first hand. Leadership "is something that is much talked about and a seemingly desirable trait, however, it is difficult to define. As General Patton once exclaimed: 'I [have] it, but I'll be damned if I can define it'," (Denehy, 2008). At the fall 2016 training for new school nurses, they were asked to identify leadership traits based on their experiences with leaders. The list they developed is a good one to build on.

Leaders:

- Are proud of their work
- Develop resources for others
- Stand by their word
- Are inspirational
- Have a vision
- Are honest
- Are transparent
- Are available
- Are approachable
- Are proactive (not reactive)
- Have a strong work ethic
- Value you

Dr. Jan Denehy, the former Editor for the Journal of School Nursing, made these observations about school nurse leadership (2008).

- Leadership is a skill that is developed, through hard work, over a lifetime.
- Leaders are able to see a need, set a goal, make a plan, and resolve it.
- Leaders have characteristics that engender trust and lead to success, e.g., honesty, competence, forward-thinking, broad-mindedness, inspirational, intelligence, courage, fair-mindedness, straightforwardness, and imagination.
- Leaders have strong social skills.
- Leaders have experience.
- Leaders can be trusted.

***My work has never just been a job. It's been about wanting to leave the world a better place and my path is through leadership. Two quotes best describe my approach to leadership. The first talks about figuring out the goal, in other words, where you are going. Rosalynn Carter put it this way, "A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go, but ought to be". The second quote describes how to get to your destination. "If you want to travel fast, travel alone. If you want to travel far, travel together" (African proverb). For me leading, means movement but at a pace that doesn't leave anyone behind. Too many leaders reach their destination only to look around and see that no one is behind them.***

*Linda C. Wolfe, EdD, RN, NCSN, FNASN*

Leadership is arguably based upon one's personality and aptitude, but it is also made up of skills that one can learn. Graduate programs and nursing organizations recognize this and provide professional development on leadership skills, such as communication and delegation. During the 2016 Delaware Leadership class for new school nurses, DSNA leaders gave tips on becoming successful school nurse leaders. Consider their suggestions to begin your leadership journey.

- Be positive.
- Focus on what is good for students.
- Get to know your families, your staff, and your communities.

- Know what is happening in other schools and districts.
- Listen.
- Get involved.
- Join your professional organization.
- Pursue continual learning-know your subject matter well, e.g. chronic conditions. Know the current best practice, accessible resources, current research and how to support the student in the school setting.
- Don't stay isolated.
- Know your data.
- Learn to be an effective navigator.
- Bring folks together. "You call the meeting and bring an agenda".
- Write professional goals.
- Take care of you.

***As the trusted healthcare professional, school nurses can and must be leaders in school communities. Perhaps John C. Maxwell said it best, "Leadership is not about titles, positions, or flow charts. It is about one life influencing another." Whether leading quietly by example or more visibly as advocates for systemic policy change, school nurses are in a powerful position to promote change that improves the health, academic success and ultimately the lives of students.***

*Susan Hoffmann MSN, RN, NCSN*

An exceptional leadership program for school nurses who want to enhance their skills, is the [Johnson & Johnson School Health Leadership Program](#). To date, several groups of Delaware school nurses have been selected to participate in this national training administered by Rutgers Center of Alcohol Studies, Professional Development Division. The "fellowship program [is] designed to facilitate the empowerment and further development of school nurses as leaders within their community's educational and health services" (Rutgers, 2012).

This chapter provides many quotes, but what famous leadership quote inspires you? Do you have it posted somewhere to remind you of the need to be a leaders? And if asked, what would be your quote on school nursing leadership?

***Leadership is like a diamond hidden deep within each school nurse. Have the courage to find the gem, polish it, and wear it with humility and honor.***

*Elizabeth (Libby) L. Thomas, MEd, RN, NCSN-E, FNASN*

## References & Resources

American Nurses Association & National Association of School Nurses [NASN]. (2011). *School Nursing: Scope and Standards of Practice*, 2<sup>nd</sup> Edition. Silver Spring, MD: American Nurses Association.

Denehy, J. (2008). Leadership characteristics. *The Journal of School Nursing*, 24(3), 107-110.

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NASN. (2016b). *Role and Career: Definition*. Retrieved from <https://www.nasn.org/about-nasn/about> November 6, 2016.

Rutgers CE News Center. (2012). Johnson & Johnson School Health Leadership Program. Retrieved from <http://cenewscenter.rutgers.edu/articles/2012/08/johnson-johnson-school-health-leadership-program> on November 3, 2016.

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## ***Advocacy, Change Agent, Policy Development & Implementation, Education Reform, Health Reform***

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Florence Nightingale, the founder of modern nursing, urged nurses to make a difference for their patients. “So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself” (Nightingale, n.d.). She and Lillian Wald, founder of school nursing in America, recognized that patients can neither recover nor be healthy if we merely treat their presenting symptoms. School nurses are called to see the whole child and to work to address their complex needs in a comprehensive way. This means being an advocate on their behalf and a change agent that transforms their environment and their health status. School nurses do this by supporting families, sharing their needs with others who can assist them, working with local and state officials to create and implement policies to support health, and being a part of meaningful health and education reform as it relates to the well-being of children. School nurses’ skills at collaboration and relationship-building must be exceptional to be a good advocate.

***School nurse leaders are advocates who have lots of great IDEA's. They Imagine a better world for children and communities and Inspire others to create change. They are Devoted to their cause and to bringing change to their school communities. They work to Educate others to raise Awareness and help Advocate for change.***

***I feel I have been a school nurse advocate on both the local and national level around substance abuse disorder. I recognized a growing epidemic in my community and partnered with colleagues and stakeholders to educate and raise awareness to enact change. I imagine a world where we are no longer losing our children to this epidemic.***

*Rebecca King, MSN, RN, NCSN*

“School nurses are well positioned in schools to lead in the development of school health policies, programs, and procedures for the provision of health services, as they often represent the only health care professional in the educational setting” (NASN, 2011). As an advocate for the student, the school nurse serves as the champion for policies and best practices to enhance the health and well-being of children. In that role, the needs of the whole child are addressed in order to maximize optimal learning. An important responsibility and opportunity for school nurses is working with Individual Education Program (IEP) Teams that identify needs, goals and supports for students receiving special education services. The school nurse participates in this process by sharing data on the student’s healthcare needs and their impact on participation and academic success.

***To effect change, school nurses don't need to be the leader of the committee, but they need to be a leader on the committee.***

*Linda C. Wolfe, EdD, RN, NCSN, FNASN*

Leadership is more than chairing a committee or being the spokesperson. It means leading, from any position, the group to address issues that impact the health and well-being of children and adolescents. But, we can't do it all. So, where do we start? Start at the beginning. Consider Maslow's hierarchy. What are the basic needs you are identifying? If you could effect change, would it make a difference? What would it look like?

**Always take time to re-center yourself and ask the question, "Why am I doing this?"**

**Always start with "why?"**

Beth Matthey, MSN, RN, NCSN

Being an advocate can be challenging. It takes the best of skills to encourage reluctant people to change in ways that are more in the best interest of others (children and families) than themselves. It is hard work. Even Florence Nightingale recognized this when she wrote, "I attribute my success to this – I never gave or took any excuse" (n.d.).

***Find your passion and follow it. You will get deflated. You will get defeated.***

***But, don't give up!***

*Frances Aveno-Russo, MSN, RN, MSM*

### **Activities**

- Advocacy
- Collaboration
- Change

### **School Nurse Role**

- Develop and enhance advocacy skills to become an effective change agent
- Seek understanding and knowledge on education and health reform
- Advocate for the needs of students and families in your school community

### **References & Resources**

Florence Nightingale. (n.d.). BrainyQuote.com. Retrieved from <https://www.brainyquote.com/quotes/quotes/f/florenceni121022.html> on November 6, 2016.

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## *Funding & Reimbursement*

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Delaware school nurses, both public and nonpublic, are employed by local Boards of Education. For public schools, school nurses are funded through state and local budgets based on the number of students and schools. Minimally, there must be one school nurse per public school. The funding formula is within the Delaware Code.

[§ 1310 Salary schedules for school nurses.](#)

(a) All nurses who hold appropriate certificates shall be paid in accordance with § 1305 of this title effective July 1, 1979.

(b) A reorganized school district may employ personnel to be paid for 10 months per year from state funds pursuant to this section in a number equal to 1 for each 40 state units of pupils, except that in schools for the physically handicapped within the district the allocation shall be in accordance with the rules and regulations adopted by the Department with the approval of the State Board of Education; provided further, that each reorganized school district shall ensure that it has at least 1 school nurse per facility. To the extent that the funding formula outlined above does not provide for 1 school nurse per facility, each reorganized school district shall meet this requirement out of funding provided under §1707 or §1716 of the title, or out of discretionary local current operating expense funds. Districts shall qualify for partial funding at the rate of 30% of the fractional part of 40 state units of pupils.

Having one school nurse per facility creates a wide range of school nurse to student ratios. Because of this, a number of school boards hire additional school nurses for schools with large student enrollment or a large number of students with special healthcare needs. Some boards also hire staff to support school health services, e.g., health aide or clerk. In school year 2015-2016, Delaware schools had a workforce, public and private, of 350 Registered Nurses with the equivalent of 318.5 full-time equivalents (FTE). 100% of children attending a public school had a full-time, school nurse in their school every day. 97% of all school-age children, inclusive of those in home schools, had access to a school nurse.

Across the United States, school health services have multiple funding streams (Davis-Alldritt, 2013):

- Medicaid, Medicare, and Social Security
  - Title XIX of the Social Security Act (Early and Periodic Screening, Diagnostic, and Treatment [EPSDT])
- Federal education funds
  - Title I
  - Title IV (Safe & Drug Free Schools and Communities)
  - Title V (block grants)
  - Individuals with Disabilities Education Improvement Act (IDEA)
- Federal grants, e.g., Centers for Disease Control
- State Tobacco Settlement Funds

- Public and private grants
- Local resources
- Dedicated tax
- Demonstration grants

One source of revenue for Delaware public schools is Medicaid reimbursement for services provided to students who receive Medicaid. The Delaware Department of Education oversees this program that places specialists throughout the state to support district and charters to submit for reimbursement. This program is referred to as the Children’s Services Cost Recovery Project (CSCRCP), pronounced “c-cerp”. More information on CSCRCP can be found on the following pages.

### **School Nurse**

- Work closely with the CSCRCP Specialist
- Maintain quality documentation to optimize Medicaid reimbursement
- Support the school to identify funding opportunities to support and expand school health services

### **References & Resources**

Davis-Alldritt, L. (2013). Budgeting and Accessing Funding. In J. Selekman, *School Nursing: A Comprehensive Text* (2<sup>nd</sup> ed.), pp. 1245-1265. Philadelphia: F. A. Davis.

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## ***Children’s Services Cost Recovery Project (CSCR)***

Delaware public schools provide free school nursing services to all enrolled students. Some of these services may be eligible for Medicaid reimbursement. With the exception of screenings, such services must be medically necessary and identified within the student’s Individualized Education Program (IEP). Delaware has a [Provider Policy Manual](#) that presents an overview of the program. The school nurse should work with the CSCR Specialist assigned to his/her school regarding reimbursement. The chart on the following page identifies current billable services that are approved in Delaware’s state Medicaid agreement.

*Reviewed by Jennifer Carlson, Education Associate, Federal Funds, Delaware Department of Education – December 2016*

<b>Children's Services Cost Recovery Project (CSCR)</b>
<b>EPSDT Nursing Service Description by Medicaid Reporting Number</b>
<b>Nursing Service Description: Treatment</b>
Care of the Sick
Wound Care – First Aid
Wound Care – Ongoing
Collateral Contacts for Updating Medical Information: Community Agencies, Doctors, Staff, Family
Medications – Administration & Monitoring
Physician Prescribed Medical Treatments
Nursing Evaluation
Diabetic Care – Monitoring and/or Medication Administration
Cast Care
Personal Care, which is Medically Necessary and Requires Nurse Intervention
Naso-gastric Feedings – Bolus/Drip
Gastrostomy Feedings – Bolus/Drip
Change of Gastrostomy Tube
Catheterization
Feeding of Children with Oral Motor Deficits
Speech Pathology/Occupational Therapy
Suctioning
Tracheal Suctioning
Tracheal Care – Decanulation
Tracheal Ventilation – Ambu Bag
Oxygen Administration
Nebulizing/Humidifying
Postural Drainage
Chest Percussion
Special Diet Consideration: Modification & Monitoring
Child was Medicaid Recipient, But Non-EPSDT Service or Nurse Judged Service not Medically Necessary
<b>Nursing Service Description: Assessment</b>
EPSDT Partial Assessment: Health Education
EPSDT Partial Assessment: Immunization
EPSDT Assessment: Hearing
EPSDT Assessment: Vision
EPSDT Partial Assessment: Developmental/Orthopedic
EPSDT Assessment: Dental
<b>Nursing Service Description: Counseling Therapy</b>
Individual Counseling Treatment
Group Counseling Treatment
Family Counseling Treatment
Individual Counseling Co-Treatment
Group Counseling Co-Treatment
Family Counseling Co-Treatment
Case Consultation

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## ***Models of Practice & Systems-level Leadership***

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There are a number of school nursing models across the United States. The model supported by the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) is a full-time school nurse in every school.

The AAP supports having a full-time school nurse in every school as the best means of ensuring a strong connection with each student's medical home. . . Schools with high percentages of students with special health needs would require more intensive ratios of nurse to students (AAP, 2008).

One school nurse per school is the Delaware model. Every public school facility is required to have a full time certified registered nurse ([14 Del. Code §1310](#)). Because of the Delaware Nurse Practice, which does not allow delegation of medication administration, private schools, too, must have a registered nurse if students require nursing care or oversight during the school day.

Delaware recognizes the unique needs of adolescents and the emotional needs of all students. As a result, students in all public district high schools have access to a School Based Health Center (SBHC). (In 2016, three high schools did not have a SBHC; however, legislation was enacted in June 2016 to require a SBHC in every district high school.) Additionally, public schools work closely with the Delaware Department of Services for Children, Youth, & their Families (DSCYF) to place Family Crisis Therapists (FCTs) in elementary schools and Behavioral Health Therapists in middle schools.

***A leadership trait is knowing when to think before speaking. I see a leader as someone knowing what their strengths and weaknesses are and surrounding themselves with folks who complement these strengths and weaknesses.***

*Sharon-rose Gargula, MSN, RN, NCSN*

Others in the school that support school health services are Lead School Nurses (one per district), health aides or clerks, one-on-one nurses (LPN or RN) for students who are medically fragile, and paraprofessionals. These health extenders meet the unique needs of students and facilitate the ability of the school nurse to direct activities to the student community at large.

The Delaware school nurse oversees the set up and management of the School Nurse's Office. This includes everything from arranging furniture to ordering supplies to scheduling medication times to planning screening and more. Information on setting up the health office is providing on the pages following this section.

***Leadership is modeling best practice and encouraging your colleagues to do the same; it is not being critical and it's definitely not management.***

*Patricia Guilday RN, MSN, NCSN*

While a manager of the office, it is visionary leadership that transforms the school nurse from an efficient task master to an effective leader. As a leader, the school nurse works with all staff in the school and seeks opportunities to participate in school activities such as the School Advisory Committee, school success team, the crisis team or other wellness activities.

### **Activities**

- Management of the School Nurse's Office
- Collaboration

### **School Nurse Role**

- Work with others to provide services to meet the unique needs of students

### **References & Resources**

American Academy of Pediatrics (AAP), Council on School Health. (2008). Policy statement: Role of the school nurse in providing school health services. *Pediatrics* 121(5), 152-156.

Wold, S. & Selekman, J. (2013). Frameworks and Models for School Nursing Practice. In J. Selekman, *School Nursing: A Comprehensive Text* (2<sup>nd</sup> ed.), pp. 2-24. Philadelphia: F. A. Davis.

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# Management of the School Nurse's Office

## Overview

In every Delaware public school, there is a full-time school nurse. This nurse is responsible for the oversight of the Health Office. This “oversight” differs from school to school. The school nurse is encouraged to work with the school administration, at both the school and district level, to determine responsibilities. The best place to start is at the school with the principal or with the Lead School Nurse. The [Health and Safety Regulations](#) identify a number of requirements for schools, e.g., health screenings for students or tuberculosis screening for staff. In some cases, the responsibility is clearly the school nurse's; however, in other cases it is not clear. For example, the [Immunization Regulation](#) states “school nurses shall record and maintain documentation of each student's immunization status” (9.1). It also states that relative to lost or destroyed immunization records, “evidence that the vaccines were administered shall be presented to the superintendent or his or her designee” (6.0). In most cases, the designee is the school nurse, but it could be someone else. The nurse will need to determine what his or her responsibility is.

School nurses will need to establish how the health office will run during the school day. Will the student need a pass to enter or leave the office? What time will the nurse take lunch and a planning period? Will staff be assigned to assist with clerical duties, e.g. filing? These questions, and many more, should be thoughtfully considered and then discussed with the principal. The role of the school nurse is to support students. Managing an efficient and quality Health Office can support that goal.

## School Nurse Role

- Establish a schedule, which is consistent and communicated, and based on student needs
- Create an annual schedule of activities (template, Suggested Schedule for the School Nurse, follows)
- Arrange the office so that it supports efficiency, confidentiality, and a professional working space (Recommended Space in the School Nurse' Office is provided in the following pages)
- Manage the School Health Office budget by working with administration to establish an annual budget and to prioritize purchasing (two documents are included in this Chapter to assist: Tentative List of Supplies for School Health Services and Tentative List of Durable Equipment for School Health Services)
- Plan for emergencies, based on what you know of student and staff medical risks and other emergencies commonly seen in the school setting
- Plan for your absences by developing a folder for the substitute school nurse (A template, [Information for Substitute School Nurse](#), is available; however, consult with your Lead School Nurse as the district may have a template)

## Resources

Foley, M. (2013). Health Services Management. In J. Selekmán, *School Nursing: A Comprehensive Text* (2<sup>nd</sup> ed.), pp. 1190-1215. Philadelphia: F. A. Davis.



## Recommended Space in School Nurse's Office

### School Construction Formula – Space Allowances\* (Given in Square Feet)

Elementary School:					
Number of Students	480	600	720	840	
Health / Nurse sq. ft.	800	900	900	900	
Middle School					
Number of Students	500	700	1,000	1,200	1,600
Health / Nurse/Wellness sq. ft.	2,200	2,200	2,300	2,400	2,400
High School					
Number of Students	500	700	1,000	1,200	1,600
Health / Nurse/Wellness sq. ft.	2,200	2,200	2,300	2,400	2,400

\* School Construction Formulas, 2007 School Construction Committee Report and Recommendations

### Planning the Health Suite:

The nurse is an important partner in planning the health suite in the renovation or construction of a new school. Some suggestions:

1. Use the responsibilities of the school nurse as outlined in the job description to plan the facilities.
2. If you will be sharing space, plan jointly with other personnel (guidance, speech and hearing), working closely with the school nurse, in order to best utilize the floor space and maintain confidentiality.
3. The recommended space allotments are indicated.
4. The sound-treated room should be available and planned for use in other activities rather than limited to audiometric screening and threshold testing.
5. The facility should be close to the administrative section with exit to outside, if possible, for easy accessibility to key areas in the school, e.g., School Based Health Center, cafeteria, or gymnasium.
6. Contact the State Education Specialist for School Health Services for assistance.

*Review by: James Pennewell, MBA, DDOE, Capital Project Management 10/2016*

## Tentative List of Supplies for School Health Services

NOTE: When ordering supplies, consideration should be given to the unique needs of the students and staff. For example, a glucometer, suction machine or specific-sized oxygen mask may be needed for a given school year.

### Nurse's Suite

Item	Items per school based on rated student capacity				
	<u>500</u>	<u>700</u>	<u>1,000</u>	<u>1,200</u>	<u>1,600</u>
<u>Supplies</u>					
AED Replacement pads-adult	1	1	1	1	1
AED Replacement pads-pediatric	1	1	1	1	1
Acetaminophen**					
Adhesive Tape, 2" x 5 yd.	3	5	6	7	8
Alcohol					
rubbing 15 oz. bottle	5	6	8	8	9
dispenser, plastic	1	1	1	1	1
Antibacterial ointment**	1	1	1	1	1
Applicators, wood (72 doz. 1 box)	1	1	1	2	2
Bags, plastic, zipper type, packages	6	8	10	12	14
Band Aids 100's ¾"	6	8	11	14	17
Bandage					
elastic 2" (Ace)	2	2	4	4	5
elastic 3" (Ace)	2	2	4	4	5
elastic 6" (Ace)	2	2	3	3	3
gauze 1"	6	7	8	10	10
gauze 1 ½"	6	7	8	12	12
gauze 2"	6	7	10	12	13
Bleach, 1 gallon	1	1	1	1	1
Calamine Lotion**	1	1	1	2	2
Cotton balls (5000 per box)	1	1	1	2	2
Cotton tip applicators (5,000 per box)	2	2	2	2	2
CPR					
mask, adult	1	1	1	1	1
mask, child	1	1	1	1	1
airway	1	1	1	1	1
Dental floss	1	1	1	1	1

<u>Supplies</u>	<u>500</u>	<u>700</u>	<u>1,000</u>	<u>1,200</u>	<u>1,600</u>
Diphenhydramine* (ex. Benadryl), liquid, dye-free	1	1	1	1	1
Drinking cups, 4 oz. 1000's	5	6	9	11	14
Epinephrine*, injectable (doctor/standing order required)	1	1	1	1	1
Exam table, paper 18" x 24" pkg.	1	1	1	2	2
Eye Wash	1	1	1	1	1
Finger nail clipper	1	1	1	1	1
Gauze					
pads, 2" x 2" box 100	1	1	1	2	2
pads, 2" x 2" box 100, non-stick	1	1	1	2	2
Gauze continued:					
pads, 3" x 3" box 100	1	1	1	2	2
pads, 3" x 3" box 100, non-stick	1	1	1	2	2
roll, 4" wide, 15 yds.	1	1	1	1	1
Gloves, examination, non-latex	5 box	7 box	10 box	12 box	16 box
Glucose Monitoring Device	1	1	1	1	1
Hydrocortisone cream* *	1	1	1	1	1
Nail brush	1	1	1	1	1
Ice bag	1	1	1	1	1
Ibuprophen 200 mg.* *					
Medicine cups, 100	3	3	3	4	4
Oxygen*, with mask/cannula (doctor/standing order required)	1	1	1	1	1
Penlight	1	1	1	1	1
Petroleum jelly	1	1	1	1	1
Safety pins, mixed sizes	1	1	1	1	1
Saline	3	3	4	4	5
Sanitary pads, box 24 (age appropriate)	4	4	5	5	6
Sheaths, for thermometers (500/box)	1	1	1	1	1
Sheeting, paper 18" x 24" pkg.	1	1	1	2	2

<u>Supplies</u>	<u>500</u>	<u>700</u>	<u>1,000</u>	<u>1,200</u>	<u>1,600</u>
Slings, appropriate sizes	2	2	2	2	2
Soap, liquid 16 oz. bottle	6	7	8	10	12
Splints	3	3	3	3	3
Sterile water, 1 gallon	1	1	1	1	1
Telfa pads					
Small (box 100)	1	1	1	1	1
Medium (box 100)	1	1	1	1	1
Large (box 100)	1	1	1	1	1
Tissues, box	9	12	14	16	20
Tongue depressors	1	1	1	2	2
Wax, dental	1	1	1	1	1

\*Physician order required

\*\* All OTCs require parent permission and notification. The school may stock for convenience.

## Tentative List of Durable Equipment for School Health Services

Equipment	Items per school
AED (in accessible school location) with current batteries	1
Audiometer	1
Basin	1
Blanket, twin	2
Bucket, plastic, utility	1
C-spine immobilizer	1
Cabinet, medicine with lock	1
Cabinet – built around the sink	1
Chairs (side chairs)	6
Computer, with internet access	1
Couch (plastic)	1
Desk 30” x 55”	1
Desk Chair	1
Drinking cup dispenser (optional)	1
Eye chart	1
Eye cup	1
Eye Occluders	1
Examination table	1
File cabinet with lock– 4 drawer	1
File drawer for 3 x 5 cards	1
Flashlight/penlight	1
Glasses repair kit	1
“Go Bag” for emergencies	1
Heating pad	1
Lamp, gooseneck type	1
Magnifying lamp with light	1
Mask	1
Mirror	1
Nebulizer	1
Nebulizer tubing	1

Ophthalmoscope	1
Otoscope with disposable probes	1
Peak Flow meter with disposable mouthpieces	1
Pencil sharpener	1
Pill	
cutter	1
counter	1
crusher	1
Pillow	2
Pulse Oximeter	1
Reference books (most current edition)	
<i>Assessment of the School-Age Child and Adolescent</i> (Colyar)	1
<i>Control of Communicable Diseases Manual</i>	1
Pharmacological reference	1
School Nurse Resource Manual (School Health Alert)	1
<i>School Nursing A: Comprehensive Text</i> (Selekman)	1
Refrigerator and water cooler combination	1
Sanitary waste can	1
Scales (for measuring student weight)	1
Scissors, bandage	1
Screen, folding	1
Soap dispenser	1
Sphygmomanometer (non-mercury) with cuff	1
pediatric cuff	1
adult cuff	1
large adult cuff	1
Stadiometer	1
Stethoscope	1
Suction equipment; i.e. bulb or v-vac type	1
Stretcher	1
Tables, small student-type	2
Tables, utility, 3 x 5 ft.	1
Thermometer, electronic-temporal and tympanic	2
Tweezers, for removing splinters	1
Waste basket, standard	1
Wheelchair	1

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# Professionalism<sup>1</sup>

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***Leadership and professionalism go hand in hand in the delivery of school health services. Nursing has a legacy as a trusted discipline. However, it is the professional delivery of care that resonates with staff, students, and parents. The school nurse as the health care expert needs to demonstrate positive professional traits that include a sound knowledge base, progressive in practice, the ability to be a good listener and problem solver, and be a team player. Personal attributes such as appropriate dress attire, language, and courtesy can only enhance the connection made with individuals and groups within the school community.***

*Loretta Newsom, RN, MSN, NCSN*

There are a number of common traits that reflect professionals in any field. The following ten characteristics are adapted from a seminal article on a model for nursing professionalism (Miller, 1988). The school nurse should find ways to cultivate and integrate these into daily practice.

1. Provide essential resources
2. Possess a body of specialized knowledge and skills not possessed by a layperson
3. Have specialized education
4. Follow an ethical code of conduct
5. Support clients in effective decision-making
6. Be committed to being competent
7. Be committed to quality comprehensive care, safety, and interdisciplinary collaboration
8. Serve as a role model and mentor
9. Maintain a high level of public trust
10. Accept responsibility and accountability to society.

Obviously being a professional, in any field more, is more than how you dress or talk. It encompasses your attitude and how you conduct yourself. As a school nurse, you are a part of two diverse professional communities: health and education. You serve a critical role in bridging the divide, small or large, between the two. Fortunately, the same professional traits are valued by both.

***I cringe when I hear the phrase "I'm just the school nurse". We are nurses who are experts in bridging the gap between health and academics so that all children can be successful in school. We should introduce ourselves to others by saying our name and "I am the school nurse", followed by a hand shake. If you watch principals, district administrators, lawyers, doctors, etc., that is what they do. In my experience we are judged by the way we present ourselves including the way we are dressed. A lab coat in the medical field is the same as a suit and tie in business meetings. We should dress for our audiences.***

*Sharon-rose Gargula, MSN, RN, NCSN*

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<sup>1</sup> Includes Lifelong Learner and Technology

The question of what attire school nurses should wear at school is one that has strong arguments for two sides. Some nurse leaders contend that school nurses should dress like other members of the staff because we work in a well-setting, not a hospital, and are members of the educational team. Other nurse leaders reason that wearing scrubs identifies them as a nurse and is a proactive method of infection control. Neither the Department of Education nor the NASN have a position on this; however, school nurses should dress in clean, neat attire that protects them and their students from infection, and identifies them as a professional nurse. Buresh and Gordon (2013) note that people perceive nurses who dress professionally in a more positive manner. School nurses wearing attire similar to their staff will need to have a lab coat available. An identification (ID) badge identifying the nurse as a RN will signify to others the school nurse's position. For school nurses who choose to wear scrubs, scrubs should be neat and clean. Consider keeping scrubs to a solid color. Nurses may say that teddy bears or toys on scrubs make the nurse more approachable, however the school nurse is also making an impression on adults. It suggests that the nurse may not be taken seriously by parents or colleagues. (Buresh & Gordon). Nurses should have a suit jacket or change of clothing available for attending meetings at the school.

Professional school nurses are proactive. They understand that change is a constant in life. This means preparing oneself for changes on the horizon by being a life-long learner and embracing change. An example of recent change in school health is student electronic health records. In less than 15 years, Delaware has moved from hand written nurse's notes to documentation in a statewide electronic health record. This practice has improved healthcare for students, but did not come about without substantial change to the daily practice of the school nurse. School nurses prepared for this change through professional development and a positive attitude. Technology is a component within the Leadership principle. The Technology component overlaps the Quality Improvement principle that includes collecting and using data. Relative to leadership, competence in technology "encompasses telehealth, computer skills, and the use of web-based resources" (NASN, 2016). This competency augments the school nurse's ability to participate in research, which is a standard for school nursing practice, by building on quality documentation and effective use of data that electronic.

Delaware school nurses are registered nurses (RN) with licenses obtained through the Delaware Board of Nursing (Board). Re-licensure takes place every two years (in the odd year, e.g., 2017, 2019) and RNs are required to have obtained 30 CEUs from approved provider. Professional school nurses should make informed choices on continuing education programs. This requirement is an opportunity to expand one's knowledge and skills in areas where the school nurse is not an expert. Obtaining more knowledge better serves our students. Increased knowledge grows our profession of school nursing and it affirms the expertise of the school nurse. School nurses, with three years experience, are encouraged to consider obtaining national certification. Information on the certification process is on the following page.

One of the challenges of being a professional is addressing stress. As a health role model in the school, others will watch how you care for others and yourself. There will be opportunities to influence the culture of your school. "When there is an upsurge of stress in the workplace within employees and administrators, the organization will struggle" (Ross, Exposito, & Kennedy, 2017). "Stress management capacity is the ability to manage stress and is vital in the prevention of a negative impact of stress" (Ross, Exposito, & Kennedy, 2017). Stress management is critical for school nurse leaders.

***Each school nurse has the opportunity to support a positive, healthy school climate. It is through commitment to taking care of oneself that the school nurse leads by example using motivation and change to achieve this goal.***

*Jane C. Boyd, MSN, RN, NCSN*

### **Role of School Nurse**

- Join the professional school nursing organization
- Conduct a self-evaluation on one's professionalism
- Present oneself professionally
- Embrace being a professional school nurse expert and leader

### **References and Resources**

Buresh, B. & Gordon, S. (2013). *From Silence to Voice: What Nurses Know and Must Communicate to the Public, 3<sup>rd</sup> Ed.* Ithaca and London: ILR Press.

Miller, B. (1991). A model for professionalism in nursing. *Today's OR Nurse, 10*, 18-23.

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Ross, D. B., Exposito, J. A., & Kennedy, T. (2017). Stress and Its Relationship to Leadership and a Healthy Workplace Culture. In V. Bryan, & J. Bird (Eds.), *Healthcare Community Synergism between Patients, Practitioners, and Researchers* (pp. 213-246). Hershey, PA: IGI Global. doi:10.4018/978-1-5225-0640-9.ch010.

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## Certification

### Overview

School nurses working in Delaware public schools are required to complete the 90-hour School Nurse Certification Program. This course fulfills the certification portion of the Delaware licensure process. (For more information on Delaware license and certification, refer to Chapter 1 [Standards of Practice](#).)

Nearly 50% of Delaware school nurses hold national certification through the National Board for the Certification of School Nurses (NBCSN). Registered nurses with this certification use the credentials “NCSN”, which stands for National Certified School Nurse.

“Professional certification in school nursing provides an ongoing, quality credentialing process for eligible school nurses. Certification represents a national standard of preparation, knowledge, and practice. To assist with this recognition, the NBCSN provides the opportunity for school nurses to set the standards for their specialty area through voluntary professional certification” (NBCSN, 2015b). Certification is awarded based on employment, education, and successful passing of the NBCSN nation examination (NBCSN, 2015a). Re-certification is required every five years and is based on documentation of a minimum of 75 continuing education credits (CEUs) or re-examinations.

Delaware values certification and acknowledges educators and school nurses holding national certification. In 2016, legislation was enacted to provide an annual \$2000 stipend to school nurses who hold a continuing educator license who maintain national certification (14 Del Code § 1305 (l) 5).

Certification, and other professional education, are opportunities to expand knowledge and skills. This not only impacts the student care provided by the individual nurse, but can impact many students when knowledge is shared with others.

***Knowledge is power so empower others by sharing your knowledge.***

*Anna R. Miller, BSN, RN*

### References & Resources

NBCSN. (2015a). *Employer Information*. Retrieved from <http://nbcsn.org/employer-information> on November 6, 2016.

NBCSN. (2015b). *Welcome to NBCSN*. Retrieved from on <http://nbcsn.org/home> November 6, 2016.

[National Board for Certification of School Nurses](#) (NBCSN)

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## *Revisions*

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- 01/13/2017 Page – 23 Addition of required school nurse texts and stadiometer.
- 05/18/2017 All Updated all NASN links