School nurses have always shoul-dered wide-ranging clinical and care coordination responsibilities, to which the pandemic added quar-antine management, staff training in proper use of protective equip-ment, and contact tracing. As trust-ed figures in their communities, school nurses also are—or could be—valuable partners for state boards of education and other state stakeholders in forming guidance around safe school return.

During the pandemic, school nurses were sometimes, but not always, part of pandemic planning and crisis response teams and active partners in updating school health policies. Because of their ongoing role in co-ordinating with health departments and community health providers, they are well placed to lead during transitions back to school as well, said Emily Fulks, policy analyst at Child Trends, a Bethesda, Maryland–based nation-al nonprofit. School nurses are also a logical choice to lead, organize, and promote school vaccination events, as they have effectively done in the past.2

Yet the pandemic exacerbated some long-term challenges facing the profession. Ratios of school nurses to students vary widely across and within states. According to Ann Nichols, North Carolina state school health nurse consultant, school nurse to student ratios vary from 1:309 to 1:2322 across her state, something that a report of the state’s average ratio will mask and may indicate inequitable student access to school health services. Nichols also mentioned the need for profession-specific training and guidance and competitive pay.

While most schools employ either a full-time or a part-time nurse, a 2018 national workforce study on school nursing reported that about a quarter of all U.S. schools do not employ a school nurse at all.3 Even among schools with nurses, not all employ regis-tered nurses, and not all school nurses have at least a bachelor’s degree in nursing.

Many school nurse job vacancies in North Carolina are hard to fill, Nichols said in an April webinar hosted by NASBE and Child Trends. “School nurse burnout, turnover, and compensation in a manner that is equitable with other nurses in the nation are very important factors,” she said.

School nurses have many roles in advancing student wellness and safety: identifying clusters of symptoms in a school community, providing critical care to individual students, referring students to other health care pro-viders, and communicating with families. But they are often not recognized as part of the school mental health team, despite spending an estimated third of their time in a normal school year on providing or coordinating mental health services in the school environ-ment.4 In 2017–18, only about half of schools reported providing diagnostic assess-ments of student mental health.5 Given the concerns that state leaders have expressed about the mental wellness of students, par-ticularly those who have been disconnected from instruction for many months, this role for school nursing remains critical.

SCHOOL NURSING POLICIES

Updated in partnership with Child Trends, the Institute of Health Research and Policy at the University of Illinois–Chicago, and EMT Associ-ates to include data through September 2019, NASBE’s School Health Policy Database tracks state policies on school nurse availability, qualifications, and professional development, as well as on school-based health services more broadly. The database reveals that only two states—Delaware and Vermont—require a school nurse in each school facility.6 In all, 40 states and territories have policies to cover school nurse availability (see map). A Virginia

40 States Have School Nurse Availability Policy

Source: NASBE, State Policy Database on School Health (2021), http://statepolicies.nasbe.org/health/
statute, for example, says that “each school board may strive to employ, or contract with local health departments for, nursing services consistent with a ratio of at least one nurse … per 1,000 students.” According to Oregon code, “Each school district is encouraged to have one registered nurse or school nurse for every 750 students in the school district.”

In addition, 32 states and territories have policies that cover school nurses’ professional development, 44 address school nurse qualifications, and all but 3 have policies on school-based health services, according to the database.

Other types of state policies also encourage school nurse leadership, Fulks said. For example, Massachusetts and Georgia call for school nurses to serve as health leaders in school reopening strategies and to participate on teams for planning and implementation, and Oklahoma encourages consultation with school nurses. Wisconsin policy suggests making use of school nurse expertise for reviewing and updating policies and procedural manuals during disease outbreaks and emergencies.

State school nurse consultants are state employees who may be housed in health or education agencies or jointly between the two. They are an important means of keeping school districts and school nurses abreast of changes in policy and best practice and of advocating for school nurses at the state level. All but 10 states have school nurse consultants, said Ann Covey, Delaware state school nurse consultant. Because they are the bridge between state agencies and practicing school nurses, they have the pulse on school nursing across the state, she said, and therefore are valuable participants in state and district planning for reopening. They also help schools understand the health sector and vice versa, and they help ensure that state policymakers make decisions that school nurses can readily implement. For example, Delaware revised its policy on administration of medication to allow students to use hand sanitizer to prevent viral spread while at school. Because hand sanitizer is classed as an over-the-counter medication, students could not otherwise use the product without parental consent.7

LEVERAGING FEDERAL FUNDS

The American Rescue Plan (ARP) Act of 2021, which includes the latest, heftiest round of federal funding for pandemic recovery in preK-12 education, requires meaningful consultation with stakeholders. Because student wellness, as well as academic recovery, ranks high on state education leaders’ priorities in the wake of the pandemic, they should consult with school nurses as they plan the spending of these one-time funds. School nurses are key stakeholders in making schools safe places to learn and organizing student wellness checkups and vaccinations. As such, they have valuable perspectives to offer during reopening.

“It’s very critical that school nurses are asked and included in those conversations,” said Liz Clark, nursing education and practice specialist at the National Association of School Nurses. Panelists on NASBE and Child Trends’ May 13 webinar suggested several ways in which ARP funds could be used to advance student wellness in a sustainable way.8 For example, the funds could be applied to replace outdated vision and hearing screening equipment and to use the summer months in particular to catch up on dental, vision, and hearing screenings that students missed over the past year, said Alex Mays, senior national program director at the Healthy Schools Campaign. Professional learning for school nurses, especially using a train-the-trainers approach, can build capacity over the long term that can outlast the short-term ARP funding, as could investments in electronic records management to manage student health records.9

Another opportunity for school nurses is for districts to seek their help in integrating health data into the needs assessments that they are required to complete under the Every Student Succeeds Act and to use that data to aid pandemic recovery, Mays said. “Particularly as districts are thinking about how to use COVID relief funds, which is the single largest investment in K-12 education in the history of the nation, there’s such a need to be looking at the data, to really understand where student health needs are, who has been disproportionately impacted by the pandemic and who had health issues prior to the pandemic,” she said. As student wellness and effective use of federal funding gain prominence on the agendas of state boards, their members can hear directly from school nurses and state school nurse consultants on what they are observing in their communities, critical gaps in supporting student health during pandemic recovery, and policies that could hinder school nurses in promoting safe learning environments.

Valerie Norville is NASBE’s editorial director. This publication is supported by cooperative agreement NUB7PS004367-01-01 funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the author and do not represent the official views or endorsement of the CDC or the Department of Health and Human Services.

NOTES

7 Delaware Department of Education, Emergency Order, 817 Administration of Medications and Treatments, July 2020.
9 Given the lack of school nurses and other types of school support specialists in some schools, some advocates suggest using short-term federal funds for new hires. Others caution against using short-term funding for personnel whose salaries would eventually come from state and local budgets. Ibid.