



THE HARDEST JOB You'll Ever **Love**

By Marguerite Adams RN, BSN

Alison walked through my office door and headed toward the cabinet where she kept her glucometer kit and snacks. She was starting her second full week of freshman year in our high school after being diagnosed with Type 1 diabetes in mid August. She was discharged from the hospital less than a week before the new school year started. Having a newly diagnosed diabetic among the other 1,490 students in the high school proved to be a challenge; adjusting to a new school and a newly diagnosed chronic illness would turn out to be a major learning experience for both of us.

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Right behind Alison was another freshman leaning against the door, not feeling well. He was diaphoretic, pale and it appeared he was going down fast. I moved to him to usher him to a cot and told Alison to grab a juice box and some crackers because she just announced that her blood sugar was 60. I had the boy lie down and walked back to my desk to get my blood pressure kit and Thermo Scan. I told Ali to sit down and eat her snack, and checked his vital signs and obtained a brief history, including his mother's location and phone number.

These two students seemed to be secure for the moment, so I proceeded to the other five students who needed my attention. I sorted through the minor requests and complaints. By this time we were ten minutes into the second period of the day, and it was only 8:10.

According to the National Association of School Nurses (NASN) and the United States Department of Health and Human Services (USDHHS), in "Healthy People 2010," the recommended

FIGURE 1



CDC Coordinated School Health Programs: the school provides a critical facility in which many agencies might work together to maintain the well-being of young people

ratio of school nurses to students is 1:750. This ratio continues to be just a proposal and has not been mandated in any state, including New York, where school nursing started. These recommendations are made based on the actual roles and function of the school nurse. When these ratios are not being met it is indicative that school nurses are unable to give the amount of comprehensive care that the students need (Stanhope & Lancaster, 2004). Other recommendations by the NASN include 1:225 in mainstreamed special education populations; 1:125 in severely chronically ill or developmentally disabled populations; and nursing care based on individual needs in medically fragile populations. I am the only nurse in a building that serves almost 1,500 students and has about 150 employees. Completing basic first aid and triaging as the direct care giver is enough work for one person, let alone being a case manager for such a large population. Despite the daunting ratios and the responsibilities that can be overwhelming, I love my job!

Historically, school nurses have always worked in the community setting and have had a large number of cases. In the late part of the nineteenth century, Lillian Wald lived and worked in New York City as a Public Health nurse. She started the Henry Street Settlement in the city's Lower East Side as the site of the first Visiting Nurse Service. During this era, the city already initiated compulsory school attendance (Dychkowski, 2000). Children were sent to school despite illnesses or contagious conditions. In 1897, the government hired doctors to inspect children and exclude them from school for infestations of scabies, ringworm and head lice, and infections of impetigo and conjunctivitis among others. Unfortunately, after remaining untreated, these children continued to expose their families and neighbors to the conditions for which they were excluded from school. Absenteeism became rampant. This is when the Board of Health approached Miss Wald and her nurse colleagues for guidance (Dychkowski, 2000). Lillian Wald came to the conclusion that her Public Health nurses should go into the community and work with children and their families in their homes. These actions would provide treatment and education and ensure compliance, as well as enabling the nurses to assess the home environment and family for contagion.

Because of her growing reputation and successes at the Henry Street Settlement, Lillian Wald recommended a pilot program in the school setting. She proposed a research project placing a nurse in school for one month where children could be treated for and resolve contagious conditions. Lina Rogers was chosen to lead the program on October 1, 1902. She monitored four schools with a total of 10,000 students based on the greatest number of exclusions at the time (Dychkowski, 2000). Within a month, the city Board of Education made her the first school nurse, and by December she was named the first Superintendent of School Nurses. By the end of the year, 25 registered nurses were employed at 125 public and four parochial schools and had a student population of 200,000 (Dychkowski, 2000). The program was a tremendous success and community nursing had commanded a place in schools. Following the example of the school nurses in New York, Boston started a program in 1905 and Philadelphia in 1908. School nursing had found a place in promoting health and preventing, screening, and treating illnesses.

Historical events continued to affect school attendance during the twentieth century as social conditions and the financial status of many Americans began to improve. Housing, sanitation and public health practices became the focus of many reforms. Vaccines were developed and antibiotics were discovered. They were among the leading reasons for extending the life expectancy of people in all countries, including the United States. It was during this era that nursing leadership recommended school nurses strengthen their public health focus in their practice. During the Second World War, the focus returned to family-oriented home care. The school nurse began addressing the needs of families again. Special services for handicapped students, dental health

education, health screening and referrals were initiated. Almost one half of all public health nurses were practicing in schools, and students and parents were becoming more involved in their own health (Dychkowski, 2000).

State education departments regulate screening and immunization programs as a requirement for entrance into and participation in school, and these mandatory immunization

lic education for all children. Because of these laws, school nursing has changed dramatically. This law embodies the right to free and appropriate public education regardless of physical or mental disabilities in the least restrictive environment.

Because of the complexity of medical needs for many children, school nursing has become a specialty and standards of care have been developed. Minimum requirements and certifi-

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schedules need to be met before children can enter kindergarten. The school nurse is responsible for ensuring that these regulations are maintained. During registration these same prospective students have height, weight, vision and hearing tested. Their basic growth and development, including motor and cognitive stages, are evaluated as well. This affords both parents and children a chance to meet their school nurse, and they are one of the first district employees to meet a child entering the school system. Recommendations about special needs may also be addressed at this time. School nurses advocate for children from the beginning of their education and throughout their school careers.

“Mainstreaming” became a catch phrase for educational philosophy in the 1970s and special education services became the law. In 1973, federal legislation mandated that children could not be excluded from schools due to a handicap. In 1975, a Congressional study found that one-half of the 8 million disabled children in the U.S. did not receive appropriate educational services and that 1 million children had been excluded from the public school system entirely (Applewhite, 2003). The federal government set minimum standards, and required individual states to meet them in order to receive federal education monies. This legislation led to the enactment in 1975 of Public Health Law 94-142, also known as Education of Handicapped Children Act, which combined state and federal legislation into one national public law. This stated that children should attend school in the least restrictive environment, and requires school district committees on the handicapped to develop individualized health care plans (IHCS) for children. In addition to this legislation, PL 93-112, Section 504 of the Rehabilitation Act requires the school to provide the health services that each child needs.

The two most recent legislative acts state that persons with disabilities cannot be excluded from activities and that educational services must be offered by the schools for all disabled children from birth through age 22 years. Called the Americans with Disabilities Act and Individuals with Disabilities Education Act (IDEA), these provisions require school districts to provide a pub-

lication are being encouraged and may be mandated in the near future. The role of the school nurse continues to be defined by specific tasks such as vision, hearing, scoliosis screening, first aid and immunization compliance (NASN, 2004), but our role has become much more complicated since the later part of the last century. Based on the current position statement of NASN, professional school nurses are care providers, advocates, change agents, managers and educators. The Centers for Disease Control (CDC) developed a framework for coordinated school health programs. The model consists of eight points with school nurses playing a key role in all of them (see Figure 1). With the advances in medical treatment and healthcare technology, students are coming to school with complex medical conditions necessitating skilled nursing care. Some need gastrostomy feedings and urinary catheterization, nebulizer treatments for acute asthma, or blood glucose monitoring. Dividing one’s time between the 750 students (and in a lot of instances, more), care may not always be safely delivered. The NASN rationale is to ensure that each student is



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afforded appropriate preventive, health promotion, early identification, and intervention services. Fortunately not all are chronically ill, but there is the potential for accidents, mental health episodes, and social ills all the time.

School nurses remain on their own in most schools. They need to function independently, be self motivated and have critical thinking expertise. Having other healthcare professionals in the same facility for a second opinion is a luxury. I find it is an awesome responsibility being the only healthcare professional in charge of the health, potential injuries and illnesses of so many. Some School Boards seem to be listening to school nurses and have begun to address the need to staff larger schools in the school districts with more help. Change is slow in coming about, however, as national statistics confirm. The demand for skilled nursing care in our schools is growing, but nationally there are approximately 30,000 nurses caring for 42 million students—one nurse for 1,400 students (Dychkowski, 2000). There are many areas across the country where nurse-to-student ratios vary widely. One nurse may still travel miles to cover more than one school within the same district.

Teaching students about health and illness and how to maintain a healthy life style is part of the job. The school nurse can practice secondary and tertiary care as well. Identifying problems and referring students to the appropriate resources has become a basic component of school nursing. Many times we are the first healthcare professional a child will see and sometimes the only one, especially in a country where a large portion of the population does not have health insurance. I can't count how many times students have come to me after their parents told them to "ask" the school nurse about a complaint of illness or injury. Students are coming to school with social issues and mental health conditions as well as medical problems. There is almost overwhelming poverty, homelessness, single-parent households, working parents, drug and alcohol abuse, eating disorders, teenage pregnancy, suicide and violence (Applewhite, 2003). Being able to provide a safe environment where children can go when they feel ill, upset or threatened is paramount in a child's well-being. Children spend the second most amount of time in schools outside their homes and it is important that they have a safety zone in the school environment.

In 2003, a program was introduced at New York State's annual School Nurse Update. Called *Making a Difference*, it is designed to inform the public, including School Boards, administrators and PTAs, about the role of school nurses and appropriately defines who we are and what we do for the student population. Mary Capparelli, RN, CSNP wrote *Exploring the Role of the School Nurse in Promoting Student Achievement* after performing a study involving focus groups where school nurses and principals met and discussed the role of school nurses. It is a comprehensive study of school nursing throughout the country. The focus groups met in schools in New York for eight meetings and represented a full range of wealth and poverty in urban, suburban and rural schools, pre-

K through grade 12 (Capparelli, 2001). They worked with the concept of coming up with a newspaper advertisement recruiting a school nurse. The advertisement was written by the participants of the groups, and pointed out what each thought to be important job requirements and/or qualifications of prospective school nurses.

As the morning winds down on another school day, I am called to the gym because of an accident. I arrive to find a bloodied student sitting on the floor surrounded by two teachers and a classmate. I am making my assessment and find out that he fainted after injuring his thumb. He tells me, "It hurt so bad I guess I passed out." I am looking at the large gash in his eyebrow sustained when he hit the hardwood gym floor, assessing his mental status and getting gloves, an ice pack and some gauze out of my first-aid bag. I move him to my office after the bell rings and the halls are empty of curious students. His mother picks him up and takes him to an Urgent Care Center for sutures and an x-ray of his thumb.

Later I got a phone call from her thanking me. That "thank you" made me realize again why I love my job, but by the same token why the right ratios of school nurses to students is so important to children. School nurses practice community-based nursing. We are first responders. We need adequate numbers to do the job we are being asked to do. Thankfully, there is enough of me to go around...still. It takes a special person to be a nurse and take on the responsibility of performing this very hard job. 🧡

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