



National Association of School Nurses

POSITION STATEMENT

Caseload Assignments

HISTORY

Determining staffing for school nurses is generally a local function (Costante, 2001). Thus, caseload assignments for school nurses vary greatly throughout the United States. Historically, the federal government and the National Association of School Nurses (NASN) have recommended a school nurse-to-student ratio of 1:750 (U.S. Department of Health and Human Services, 2000). Previous versions of this position statement have also recommended a school nurse-to-student ratio of 1:225 in mainstreamed special education populations, 1:125 in severely chronically ill or developmentally disabled populations, and based on individual needs in medically fragile populations (Harrigan, 2002). Expectations for school nursing services vary depending upon state mandates and local school district and school attitudes toward school health services. But generally school nursing practice has been focused on a defined set of specific tasks, such as screenings, first aid, and immunization compliance. Many school nurses have been, and continue to be, evaluated by the tasks they complete and the frequency with which these tasks are performed (Selekman & Guilday, 2003).

DESCRIPTION OF ISSUE

A task-oriented role definition no longer describes the impact school nurses have on individual students and the school community (Selekman & Guilday, 2003). School nurses now need to have expertise in clinical nursing, communication, surveillance, education, advocacy, and leadership in order to ensure that all students' health needs are addressed. Changing populations in the schools are impacting the nature and scope of nursing services required. The school nurse is the most appropriate person to oversee the coordinated school health program. As part of coordinated school health the school nurses role includes assessing student health status, identifying health problems that have an impact on health and learning, delivering emergency care, administering medications, performing health care procedures, providing wellness programs, advocating for children and families, as well as providing health counseling and health education. School nursing further involves planning, developing, managing, and evaluating health care services to children in an educational setting and encompasses working with the families of the students and the community in which the student resides (Guilday, 2000).

The school nurse-to-student ratio affects the delivery of school nursing services. Caseload assignments are influenced by multiple factors, such as:

- Mandated functions
- School district goals and objectives
- Educational preparation of the school nurse
- Geographic location and number of buildings assigned to the nurse
- Social, economic and cultural status of the community
- Special health problems within the student population
- Mobility of the people in the community
- Reimbursement opportunities
- Licensed or unlicensed assistive personnel
- Presence or absence of a school-based clinic
- Job description, model of service delivery
- Accessibility to medical care
- Student populations with Individualized Educational Plans, Individualized Health Care Plans, or 504 Plans

School nurse-to-student ratios in many schools indicate that teachers cannot always depend on the school nurse to be available in case of a medical emergency (Barrett, 2001). Additionally, some students' health needs may not be safely met by a nurse who has simultaneous responsibility for hundreds of other students (Costante, 2001) or who needs to cover schools at disparate sites.

Research has shown that nurses with a baccalaureate degree are more likely to use interventions that facilitate health promotion and disease prevention activities and are more likely to involve families and communities. These activities are vital to the establishment of a coordinated school health program. Nurses without baccalaureate degrees report using more interventions that focus on the physical needs of the students (Guilday, 2000). School nurses with advanced preparation as a nurse practitioner or in other fields bring additional skills to the school setting.

RATIONALE

All students have a right to have their health needs safely met while in the school setting. School nurse-to-student ratios need to be set to ensure that each student is afforded appropriate preventative, health promotion, early identification, and intervention services (Costante, 2001).

CONCLUSION

It is the position of the National Association of School Nurses that school districts should provide a full-time professionally prepared registered nurse all day, every day in each building (NASN, 2003). Also recommended is additional school nurse staff to accommodate other student health needs including, but not limited to, special education evaluations, nursing services included in IEPs, nursing services for students with 504 Plans, and schools with large populations and large numbers of students with mental or social concerns.

NASN recommends minimum ratios of nurses to students depending on the needs of the student populations:

- 1:750 for students in the general population,
- 1:225 in the student populations that may require daily professional school nursing services or interventions,
- 1:125 in student populations with complex health care needs, and
- 1:1 may be necessary for individual students who require daily and continuous professional nursing services.

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