

STAFF MODEL FOR THE DELIVERY OF SCHOOL HEALTH SERVICES

Washington State Board of Nursing

June 2026

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Washington Office of Superintendent of
PUBLIC INSTRUCTION

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INTRODUCTION

This document provides guidance on nursing care in schools and outlines the roles, qualifications, and responsibilities of staff delivering health services. It is intended to assist districts in hiring and assigning appropriate personnel and to support planning for school and district-level health service needs.

The model includes:

- A districtwide staffing framework with recommended ratios and roles.
- A nursing assessment process to determine individual student care needs and develop care plans.

Effective school health services help students stay safe, healthy, and ready to learn.

SECTION 1: SCHOOL HEALTH SERVICES AND SCHOOL NURSE PRACTICE

NURSING CARE IN SCHOOLS

The school nurse's primary responsibility is student health. Registered Nurses (RNs) manage all components of the nursing process: assessment, diagnosis, planning, implementation, and evaluation on an ongoing basis. RNs develop and implement Individualized Healthcare Plans (IHPs) as part of the student's interdisciplinary plan of care, in compliance with RCW 28A.210.305.

Key elements of nursing assessments include:

- Student and family interviews
- Physical and developmental evaluations
- Psychosocial and environmental assessments
- Review of medical history, medications, and treatment orders

Adequate time must be allocated for these assessments before the school year begins and as needed throughout the year. A process must be established to ensure RNs have access to new student health information at enrollment, and anytime an update is received by the school.

Delegation of Nursing Care

RNs and Licensed Practical Nurses (LPNs) may provide care within their respective practice acts. Only RNs may delegate certain tasks to Unlicensed Assistive Personnel (UAPs) under RCW 28A.210.260 and 28A.210.280, following delegation, training, and supervision requirements. The RN retains responsibility for care and may rescind delegation if safety or competency concerns arise per RCW 18.79.040(1)(c), RCW 18.79.260(2), and WAC 246.840.960.

In the process of determining the appropriateness of nurse delegation in schools, the RN uses their judgment to determine the competency of the individual accepting the training to complete a delegated task. The person to whom the RN delegates care must be willing, trained, and competent to accept the delegation of a nursing task or care. In every instance, the RN retains responsibility to the student for the quality of nursing care provided. If, in the judgment of the RN, the UAP is not able or willing to complete the task, the UAP is not considered competent and must not provide the care. Registered or certified nursing assistants (NA-R or NA-C) assigned tasks may be limited in the school setting by their scope and standards of practice ([Chapter 246-841A WAC](#)).

The Washington State Board of Nursing [School Nurse Delegation to School Personnel in Public and Private Schools Advisory Opinion](#) is an effective resource for the limitations and requirements of

school nurse delegation. The advisory opinion includes a decision tree which may be helpful for decision making around delegation.

Special Education and Section 504

Students eligible under IDEA or Section 504 must receive accommodations ensuring access to education in the least restrictive environment. Health-related accommodations may be documented in an IEP or Section 504 plan, developed with parental/guardian input and consent.

Confidentiality

All staff involved in student health care must comply with FERPA and state medical privacy laws (Chapter 70.02 RCW). Health information may not be disclosed without proper consent except as permitted by law. See [*Joint Guidance on the Application of FERPA and HIPAA to Student Health Records | Protecting Student Privacy*](#) (2019) and [Chapter 70.02 RCW: MEDICAL RECORDS—HEALTH CARE INFORMATION ACCESS AND DISCLOSURE](#).

SECTION 2: SCHOOL HEALTH ROLES

REGISTERED NURSE (RN)

RNs have either a Bachelor of Science in Nursing (BSN), an Associate Degree in Nursing (ADN), or a diploma from a hospital school of nursing. They may practice independently in the school setting to provide direct nursing care, develop IHPs and emergency care plans, train staff on health procedures, and coordinate with families and community resources. RNs are responsible for the development of health room protocols. They evaluate and monitor the school environment for health and safety hazards. They work with the local and state health departments in the control of communicable disease and the monitoring of student immunization against vaccine preventable disease.

Registered Nurses are legally required in school districts for the following functions:

- Creating care plans for students with health conditions: identification of students who require a care plan, student health assessment, writing, and training unlicensed staff to implement the plan
- Medication administration
- Delegation of nursing tasks including but not limited to medication administration, gastrostomy care, and catheterization.

Certificated School Nurse (ESA)

An RN with Educational Staff Associate (ESA) certification has formal training in educational law. ESA certification is required in order to provide specially designed instruction or related services under an Individualized Education Program (IEP).

Individuals serving as ESA school nurses in districts must hold an ESA certificate (WAC 180-86-011, WAC 180-87-050). ESA Certification is both a credential and employment classification. Thus, some school nurses may hold ESA certificates but be employed as classified nurses in some Washington State school districts.

Classified Registered Nurse

In Washington State schools, the term “classified registered nurse” generally refers to a licensed registered nurse (see above) who is employed in a classified position, meaning they are not part of the certificated staff (teachers, ESA nurses, and other ESA professional). Classified positions typically follow a different pay scale and bargaining unit than certificated positions.

Note: Registered Nurses may work under other employment classifications.

Licensed Practical Nurse (LPN)

LPNs deliver nursing care under the supervision of an RN or licensed provider, as defined in RCW 18.79.060. They may administer medications and perform routine procedures independently but require RN oversight for complex care situations. LPNs can revise but not create individualized health and emergency care plans. LPNs must consult with the responsible RN when revising care plans.

Health Room Assistants (HRAs)

HRAs are unlicensed school staff assigned to support health services under RN-developed protocols. CPR, first aid, and AED certification are strongly recommended. HRAs should be available during peak times to allow RNs to focus on licensed tasks.

Unlicensed Assistive Personnel (UAPs)

UAPs are unlicensed school staff who are specifically trained by a Registered Nurse and receive delegation to perform specific health tasks for students. UAPs include teachers, coaches, or any personnel who are responsible for students with health needs during school activities.

Parent-Designated Adults (PDAs)

PDAs may be school staff or other individuals who volunteer to provide specialized care for diabetes, seizures, and adrenal insufficiency as authorized under RCW 28A.210. They must receive additional training from a health professional. PDAs may perform any health care management tasks that the parent/guardian designates once the conditions are met for this designation. (RCW [28A.210.260](#); RCW [28A.210.330](#); RCW [28A.210.358](#)). The law does not allow PDAs to provide care for any other health conditions other than those specified above. The specialized care provided by PDAs is not delegated by the RN but designated under the direction of the parent/guardian.

Other Roles

Districts may employ nursing assistants, medical assistants, or EMTs as UAPs, provided they operate within scope-of-practice limits and delegation laws. Individuals with these credentials may function in the role of UAPs, **if hired as such**, and may receive delegation to perform tasks such as administering medications or performing clean intermittent catheterizations under RCW [28A.210.260](#) and [28A.210.280](#).

Office Staff

Clerical staff play an essential role in supporting school health services. Their responsibilities often include managing data entry, processing health, and immunization forms, and providing basic first

aid to students. By handling these tasks, they help free registered nurses to focus on their core nursing duties.

Family Members

Parents/guardians or other family members may perform all health care management tasks for their child/family member but may not be required to do so by the district. A parent/guardian who volunteers to provide care for their child must meet district and school requirements for volunteering and follow district policies. If the family member is less than 18 years of age, the 504 team should determine if it is appropriate and safe for the family member to provide care. Family members who are also students (siblings) may be considered on a case-by-case basis. Care should be taken so that siblings' access to education is not impacted. Family members must have prior approval from their parent/guardian before providing care.

SECTION 3: LEVELS OF NURSING CARE (ACUITY CODING)

Acuity coding is a method for planning adequate staffing to meet the varying needs of students. The RN classifies student health conditions and nursing care requirements into four levels based on the nursing assessment:

Level A: Nursing Dependent

Requires the continuous presence and skilled nursing care that cannot be delegated to unlicensed staff. Without the appropriate use of medical technology and the immediate availability of nursing care, the student is at risk of experiencing serious injury or death.

Immediate availability of a RN or LPN as determined by the RN assessment. The licensed nurse "on the premises and is within audible and visual range of the student and the student has been assessed by the registered nurse prior...." (WAC 246-840-010[34][b]). These nurses are often assigned one to one (1:1). The nurse assigned to this student must not be assigned other tasks while caring for this student.

Level B: Medically Fragile

Significant acute or chronic health conditions that require ongoing nursing management. These conditions may lead to life threatening complications if health needs are not met promptly.

Requires a full-time nurse on site. The nurse "is on the premises, is quickly and easily available, and the student has been assessed by the licensed registered nurse prior to the delegation of the duties to any caregiver" (WAC 246-840-010[34][b]). The need for a licensed nurse during transportation and extra-curricular activities may also need to be considered.

LEVEL C: MEDICALLY COMPLEX

Needs daily or frequent intervention and observation. Treatments, medications, and monitoring can be delegated. RN must be available weekly and as needed for support and supervision.

At Level C, the RN "is not on the premises but has given either written or oral instructions for the care and treatment of the patient [student] and the patient [student] has been assessed by the RN prior to the delegation of duties to any caregiver" (WAC 246-840-010[35][c]).

Level D: Health Concerns

Predictable, uncomplicated conditions; periodic RN monitoring. Students with health conditions in this category should have their health needs assessed at least once a school year by the RN. Reassessment occurs as the condition requires, and the nurse's professional nursing judgment determines.

Staffing must ensure compliance with delegation and supervision requirements under RCW 18.79 and WAC 246.840.

Acuity of condition does not always translate directly into nursing time with the students. Social determinants of health (e.g., poverty, lack of medical home, living unhoused) may increase acuity level. If a student has more than one diagnosis (comorbidity) or additional risk factors, the RN may place that student in a higher level of acuity.

Student acuity levels may fluctuate and staffing may need to be adjusted at any time. This is dependent on the RN's judgment and district policy.

If the student needs a level of nursing service not available at their home school, parents or guardians, school administrators, and RN should meet and discuss options. It is the school district's responsibility to provide the accommodations necessary for any student to access a Free and Appropriate Public Education (FAPE). (Section 504 & Students with Disabilities). Reasonable accommodation and provision of education and health services under Section 504 or under IDEA must be considered and addressed in each student's individual health care plan.

SECTION 4: STAFF MODEL

The following "*Staff Model for the Delivery of Health Services*" provides recommendations for school or district staffing for health services.

Recommended registered nurse staffing minimum:

- 1 RN per 1,500 students with acuity level D or no known health concerns, and
- Additional staff (RN, LPN, UAP) for students in acuity levels A-C:
 - o If the school has a student with a level A or B condition, a full-time nurse is required
 - o If the school has students with level C conditions, a minimum of one day per week RN time is required

It is recommended that HRAs be available during peak times such as lunch period or during recess.

PROTOTYPICAL SCHOOL MODEL

In 2022, the prototypical school model funding formula was updated by the legislature (HB 1664) to increase student support staffing levels incrementally over three years. **This model is used to create a funding formula and does not necessarily reflect current staffing patterns or needs in schools.**

REFERENCES

Washington Board of Nursing [School Nurse Delegation to School Personnel in Public and Private Schools Advisory Opinion](#)

RCW 28A.210 HEALTH—SCREENING AND REQUIREMENTS

- Public and private schools—Administration of medication—Conditions. [RCW 28A.210.260](#)
- Catheterization of public and private school students. [RCW 28A.210.280](#).
- Students with diabetes—Individual health plans—Designation of professional to consult and coordinate with parents and health care provider—Training and supervision of school district personnel. RCW [28A.210.330](#).
- Schools — Students with Adrenal Insufficiency. [SHB 1709](#)

RCW 18.79 NURSING CARE

- Registered Nurse Practice defined – Exceptions. [RCW 18.79.040\(1\)\(c\)](#)
- Registered nurse—Activities allowed—Delegation of tasks. [RCW 18.79.260\(2\)](#)

WAC 246.840 PRACTICAL AND REGISTERED NURSING

- Practical and Registered Nursing. [WAC 246-840-010](#):
- Nursing Assistant Scope and Standards of Practice [Chapter 246-841A WAC](#)
- Nursing Assistants - Definitions. [RCW 18.88A.020](#)

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