

School Nurse Corps

1. **Purpose:** The School Nurse Corps (SNC) program provides nursing services to meet student health care needs as identified by a 1997 Joint Legislative Audit and Review Committee (JLARC) study, [Survey of School Nurses \(1997\)](#). The legislature funds the SNC program through OSPI to the Educational Service Districts (ESDs), dispatching registered nurses (RNs) to the neediest small schools to provide direct care for students, health education, and training and supervision for school staff. The SNC's first priority is to maintain and increase student safety through a system of direct student services and through regional technical assistance that helps to ensure consistent and quality school nursing services throughout the state. The nine Educational Service District (ESD) School Nurse Corps Administrators are funded to directly serve or support all districts in their region by assessing and analyzing student health needs, allocating resources, consulting, mentoring, and building partnerships.
2. **Description of services provided:** School health requirements 30 years ago primarily addressed management of communicable diseases, immunizations, and health screenings. Student health needs and the regulatory landscape are substantially different today. SNC nurses assess students and develop individualized care plans. They train staff to respond quickly and effectively to emergency situations (especially life-threatening) when the nurse is not present. Care plans outline instructions for school staff to provide daily maintenance care and accommodations for students with special health care needs, in accordance with federal requirements under Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act. These services support students with complex needs to attend school, to be safe, to support optimal learning, and keeps them on track to graduate. SNC nurse administrators support these interventions by providing customized technical assistance regarding school health and nursing issues. Program staff attends to quality assurance, guided by student safety, evidence, and cost containment.
3. **Criteria for receiving services and/or grants:** Qualifying districts must (1) demonstrate a lack of RN services existed prior to the inception of the SNC; (2) complete an assessment of district health services; and (3) meet criteria used to determine the neediest schools.
4. **Beneficiaries in 2015-16 School Year: *Number of School Districts***
One hundred fifty-seven (157) districts were funded by the SNC program funds for direct nurse time. An additional six districts received direct nurse services by the SNC program through an alternate funding source. School Nurse Corps Administrators provided technical assistance to 236 of the 262 school districts that participated in the 2016-2017 District Assessment.

Number of Students:

The SNC Program directly served 91,026 students while more than 896,000 students were served indirectly through technical assistance, training, consultation, professional development and other resources available through the SNC Program and the Health Services Program Supervisor at OSPI.

Number of student care plans:

More than 78,000 care plan were written in the participating districts, while asthma accounted for more than 28,000 and anaphylaxis for more than 20,000. At least 4950 seizure care plans were

developed. There were more than 3,000 were developed for Type I and Type II diabetics. More than 51,500 students were identified as life threatening according to RCW 28A.210.320.

FY 17 Funding:

State Appropriation: \$2.541 million

FTEs 1.2 FTEs

5. **Are Federal or other funds contingent on state funding?** No.
6. **First year funded:** 1999
7. **State funding, number of beneficiaries, number of services since inception:**

Fiscal Year	# of School Districts	Amount	# of Students Enrolled	# of Nurse Hours funded by SNC	# of Health Conditions
FY17	157	\$2.541 million	91,026	664.34	37,709
FY16	143	\$2.541 million	81,203	530.42	23,582
FY15	142	\$2.541 million	77,194	822	18,529
FY14	140	\$2.541 million	78,859	546	20,400
FY13	141	\$2.5 million	82,779	566.843	18,349
FY12	141	\$2.5 million	74,860	558.398	24,348
FY 11	138	*\$2.4 million	73,716	Before cut 644	Not Available
FY 10	138	\$2.5 million	73,380	638	14,929
FY 09	138	\$2.5 million	77,179	638	13,832
FY 08	149	\$2.5 million	87,333	692	12,800
FY 07	145	\$2.5 million	82,563	815	10,972
FY 06	152	\$2.5 million	94,971	921	11,684
FY 05	155	\$2.5 million	100,521	1005	10,988

*\$2.5 Million – 6.287% 10/01/2010 = \$2.4 million

8. **Average and range of funding per beneficiary, 2015-16 school year:** Each of the 9 ESDs are awarded a grant ranging from \$108,589 (PSESD) to \$492,272 (ESD 101). The regional nurse administrators analyze district data and a 'greatest need' matrix to allocate limited RN hours to local school districts. The program flexibility allows SNC RN hours to be provided by (1) a district- hired nurse; (2) an ESD hired or contracted nurse; (3) a public health nurse; or (4) a nurse employer that has a qualified nurse available.
9. **Programmatic changes since inception: A modification to** program objectives occurred in 2006, prioritizing nursing hours to focus on direct services for student safety. In addition, the program has evolved to recognize the value of having a regional nurse expert available to help districts and families resolve student health issues.
10. **Evaluations of program/major findings:** Annually, OSPI collects and aggregates data through the *Assessment of District Student Health Services* and parent and staff surveys. Findings illustrated in the chart below show that, since the 2002-03 school year to present, the number of health conditions of children has more than tripled, while the number of RN hours in schools to address these clinically complex health problems has decreased so significantly that services are only

focused on student safety. Other tools used to evaluate the program are parent and staff surveys. While this data is limited, the majority of parents agreed that their children are safer at school because of the SNC nurse's interventions, and nearly all staff surveyed agreed that having a school nurse in the district resulted in improved health and safety for both students and staff.

11. Major challenges faced by the program since the 2002-03 school year:

- a. Increased numbers and complexity of student health conditions, higher costs, increased federal and state requirements, and reduced capacity, has resulted in significantly reduced direct RN hours. Student chronic health conditions, unfunded state mandates, and federal requirements have increased, resulting in higher needs for RN direct care services to students that includes, conducting student health assessments and counseling, developing individualized health plans, and other direct care service needs.
- b. A decrease in funding and nursing hours to support health education, staff training, and prevention services such as, population health and safety, immunization compliance and reduction of the spread of communicable diseases, and many other necessary services. □ Decrease capacity and funding to keep up with the market demands.

12. Statutory and/or Budget language:

Budget Proviso: 2ESHB 2376, Sec. 501 (24) \$2,541,000 of the general fund -- state appropriation for fiscal year 2018 and \$2,541,000 of the general fund – state appropriation for fiscal year 2019 are provided solely for a corps of nurses located at educational service districts, as determined by the superintendent of public instruction, to be dispatched to the most needy schools to provide direct care to students, health education, and training for school staff.

13. Other relevant information: Research supports an association between student health risk factors and increased academic challenges. Nurses provide expert intervention on hundreds of different health challenges for thousands of students, which improves chronic absenteeism, on time graduation rates, and student/family/community engagement. If funding for the SNC continues to erode, thousands of students with critical health care needs will not be served. If the program were ever eliminated, there *would* be districts (and their students) completely without RN services. This would endanger student safety and health, lower academic achievement, increase absenteeism, and leave districts open to liability. Each SNC nurse administrator typically receives more than 100 technical assistance questions per month, supporting both Class II and Class I districts, Private Schools, and Charter Schools throughout the state. Examples include, but not limited to:

- (1) Students with: oxygen, heart conditions, insulin pumps, anti-seizure medications that can stop breathing, feeding tubes, cancer, addiction, homelessness, suicide risks, potentially fatal anaphylactic reactions
- (2) Infections such as H1N1, enterovirus D-68, or MRSA
- (3) Accepting medication orders from out of state
- (4) Assistance in identifying resources for students with dental needs, eating disorders, depression, mental health disorders, or vision problems.

In 2013, Governor Jay Inslee and Secretary of Health John Weisman presented the School Nurse Corps with the Warren Featherstone Reid award, recognizing the SNC as a state leader in providing quality, cost-efficient health services that benefit all Washingtonians. The SNC program is valued, trusted and relied upon by Washington State's communities, schools, families, and students. It creates a foundation of health and wellness upon which all of our educational, civic and economic aspirations and objectives depend.

Number of Student Health Conditions in School Nurse Corps

School Year	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Health Conditions	6683	9563	10,988	11,684	10,972	12,800	13,832	14,929	16,222	24,368	18,349	20,400	18,529	23,582	37,709
RN Hours	1087	1067	1005	921	815	695	638	638	577	559	576	546	523.1	503.42	664.34

14. Program Contact Information:

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