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Essential School Health Services: A School Nurse Leader System



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ABSTRACT

This systematic approach to Vermont’s school health services is based on the needs of students, their families, and the school community. It is designed to improve student outcomes and attendance, and to increase the effectiveness of teacher and administrator time spent on student learning. School nurse leadership improves outcomes, through increased quality and safety, due to efficient and equitable school health services for all students.

2017

EXECUTIVE SUMMARY

Essential School Health Services: A system of safe, efficient, and equitable services

Vermont's Essential School Health Services (ESHS) is a system, established by the Vermont Department of Health (VDH) and previously called the School Nurse Leader Model, recommended in Vermont's [Education Quality Standards](#) (pg. 11). Today's students come to school with more challenges related to health and learning than ever before. ESHS, focuses on improving student outcomes, school attendance, the mitigation of challenges such as chronic health conditions, complex medical needs, and other barriers related to social determinants of health, e.g. poverty, unemployment, illiteracy, food and housing insecurity, and lack of healthcare.

REQUIREMENTS FOR ESSENTIAL SCHOOL HEALTH SERVICES

1. **A school nursing infrastructure, led by a qualified SN leader¹ (SNL),** to oversee nursing and school health services (See Sample Job Description in [Appendix I](#))
2. **The SN leader will be employed fulltime in their LEA.** LEA's with less than 2,500 students may use 50% of that time for regularly scheduled direct services.
3. **Designated nursing leadership and management time** is free from direct care and not to be used as a substitute SN. This time is used for accountability and quality improvement activities to assess, plan, implement, and evaluate desired outcomes related to student, school community, health services, and professional development addressing the continuum of nursing skill levels (Covell, 2013).
4. **Administrators (LEA-wide) who support** SNs in implementing a system of high-quality school health services such as health data systems, collaboration around emerging health issues, and engagement in the implementation of changes in health-related policy and protocols, including involvement in student support teams, programs, and other Continuous School Improvement efforts, etc.
5. **A completed Application and Needs Inventory** submitted to the State School Nurse Consultant: Sharonlee Trefry MSN, RN, NSCN, Vermont Department of Health, Ph: (802) 863-7348, sharonlee.trefry@vermont.gov.

The ESHS system is not intended as a template for reducing school health services staffing or for specifically reducing health services budgets. The ESHS system is about making a culture shift, focused on student outcomes rather than individual duties and tasks. [Act 46 of 2015](#) calls for LEA consolidation to "unify existing disparate structures into sustainable delivery systems...". Unification and consolidation is a good time to consider implementing this system of ESHS to improve quality, achieve equity, and efficiencies.

¹ In some LEAs, the nurse leader might be titled school nurse manager, director or department head. The role entails managing all school health services. SNs may be LEA or local school employees.

INTRODUCTION

Essential School Health Services: A system of safe, efficient, and equitable services

Vermont's Essential School Health Services (ESHS) is a system, established by the Vermont Department of Health (VDH) that was previously called the School Nurse Leader Model, and is recommended in Vermont's [Education Quality Standards](#) (pg. 11). Today's students face more challenges related to health and learning than ever before. These challenges include chronic health conditions, complex medical needs, and barriers to health related to social determinants of health, e.g. poverty, parental incarceration, food and housing insecurity, drug abuse, and immigration status. These needs, when unaddressed, contribute to chronic absenteeism and inequity in access to education. This system builds off decades of work in Vermont and takes inspiration from successes in other states, such as Massachusetts' Essential School Health Services program. Using evidence-based nursing leadership interventions will help all students participate in their learning environment, increase overall academic success, and improve students' chances of graduating on time.

"Children may be only 25 percent of the population but they are 100 percent of the future."
Tami Thomas, PhD, RN, FAANP (2015)

Recommendations for Local Education Agencies (LEA)

School nurses (SN) may be an employee of the LEA or of the individual school district. A [Licensed School Nurse/Associate School Nurse](#) [LSN/ASN] (pgs.120-126) may delegate some nursing tasks to designated health assistants under their supervision. Each school shall have backup personnel trained and supervised by a licensed SN to whom specific tasks are delegated by that SN, to insure continuity of care when the nurse or designated health person is absent. The required school health services are described in the Education Quality Standards, 2014:

"Health services, including health appraisal and counseling, communicable disease control, mental health, and emergency and first aid care, shall be made available in a confidential manner to students in each school. These health services shall be delivered in accordance with the school district's written policies and procedures, which shall be developed in collaboration with parents and community health resources." [\(EQS, pg. 11\)](#)

Health appraisal refers to a chart review of all major factors, including emotional and behavioral health, related to student well-being so that the SN can refer students for appropriate services (See Health Appraisal Section 16 of [the Standards of Practice: School Health Services Manual](#)).

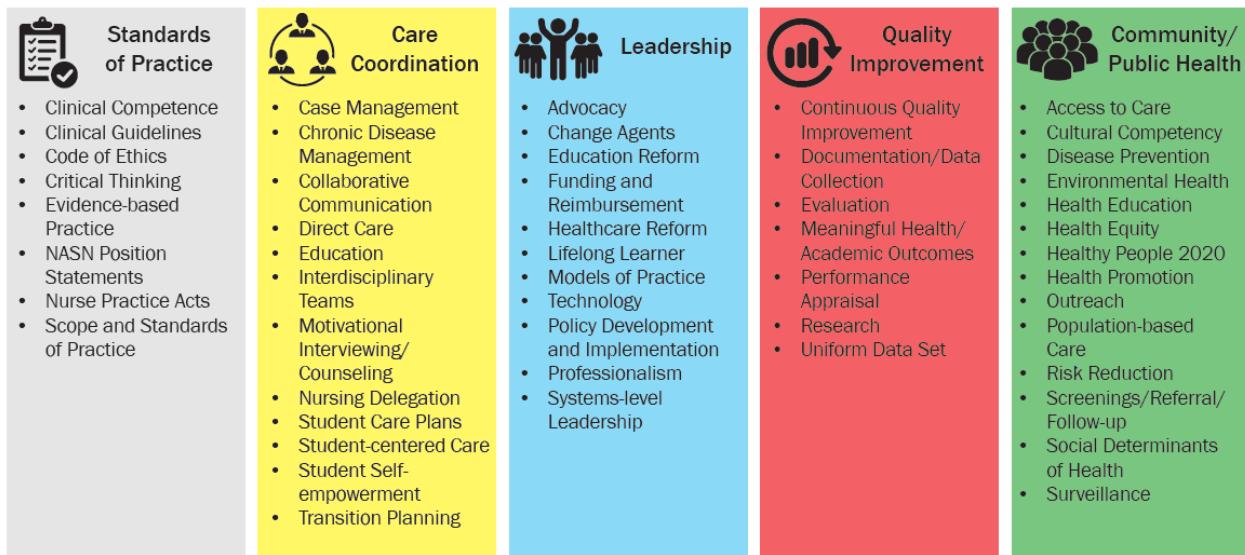
[Act 46 of 2015](#) calls for LEA consolidation to "unify existing disparate structures into sustainable delivery systems...". The ESHS system can facilitate this through expanded first aid coverage, promoting needs-based SN coverage, emergency medication trainings, professional

development for SNs, electronic health record keeping and data reporting across an LEA, leadership and skill development, and SN retention. Unification and consolidation is a good time to consider this sustainable delivery system for equitable and efficient delivery of health services throughout the LEA.

The ESHS system is not intended as a template for reducing school health services staffing or for specifically reducing health services budgets. The ESHS system is intended to facilitate a culture shift where the delivery of integrated school health services focuses on student outcomes rather than individual duties and tasks of the school nurse. The system is based on a needs assessment of the students and school community, and uses the national Framework for 21st Century School Nursing Practice (Maughan,2016) (below), to comply with the existing statutes of the AOE and of the [Office of Professional Regulation: Nursing](#) to establish school health services.

THE NATIONAL ASSOCIATION OF SCHOOL NURSES' FRAMEWORK FOR 21ST CENTURY SCHOOL NURSING PRACTICETM (MAUGHAN, 2016)

[the Framework] provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the Framework is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of Care Coordination, Leadership, Quality Improvement, and Community/ Public Health. These principles are surrounded by the fifth principle, Standards of Practice, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.



ASCD & CDC. (2014). *Whole school whole community whole child: A collaborative approach to learning and health*. Retrieved from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf>

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Rev. 10/26/15

Background

Vermont school nursing has a long history of leadership that has targeted the improvement of student health outcomes to support academic success. In 1944, school nurses helped create the Vermont Association for Health, Physical Education, and Recreation (Wimmer, 1998). From 1966 to 2009 the Department of Education and VDH alternated the hosting of a nurse in the role of State School Nurse Consultant (SSNC). The SSNC now exists within the VDH under an existing MOU with the AOE.

Since 2013, the VDH has offered annual *School Nurse Leadership 101* workshops to prepare school nurses for the potential role of School Nurse Leader (SNL). These workshops provide an opportunity for SNs to gain skills necessary for assuming leadership roles under the ESHS system. The VDH continues to support these nurses through participation in the monthly ([WebEx](#)) *School Nurse Professional Learning Community* called PLC 201.

Rational

The art and science of school nursing is complex and dynamic. The school community exists within the larger healthcare, educational, and family environments, which are rapidly evolving and changing. School health services require highly skilled SN clinicians that can provide, direct, and lead services for the school community, which must be responsive to the demands of this larger environment. SN clinicians must keep abreast of the current knowledge regarding best practice in the field of school nursing to support consistent and positive student outcomes. In addition, they must constantly develop and maintain the skills needed to practice in the context of high social capital, family, educator, medical provider, and family relationships.

characterized by frequent interaction, collaboration, and trust to support positive student outcomes.

Vermont schools and LEAs are experiencing the current societal trend towards increasingly complex community, health, family, and student needs. Students with chronic health conditions now account for as much as 25% of the student body, and this trend is expected to continue (Boyle, et al., 2011). LEAs need systematic school health services to bridge the gaps between healthcare and academics.

Next Steps

1. *Please contact:*

*Your Office of Local Health, Vermont Department of Health, School Liaison at:
http://healthvermont.gov/local/district/district_office.aspx*

Or

*Sharonlee Trefry MSN, RN, NSCN
State School Nurse Consultant
Vermont Department of Health
Maternal and Child Health Division
108 Cherry St. #302, Burlington, VT 05401
Ph: (802) 863-7348, sharonlee.trefry@vermont.gov*

2. *Please proceed through this introduction to become familiar with details of the requirements, scope of the system, and performance measures.*
3. *Fill out the application and the health needs inventory form. (See [APPENDIX II](#) and [APPENDIX III](#)).*

Requirements for Essential School Health Services

1. **A school nursing infrastructure, led by a qualified SN leader² (SNL):** The SNL (See Sample Job Description in [Appendix I](#)), ideally, is integrated into the school administrative structure through invitation to the senior management team. This nursing management role is consistent with nursing services in other healthcare arenas, e.g., hospitals, health centers and ambulatory clinics. The size of the student body in an individual LEA determines whether the position may be involved in delivery of direct care³.

² In some LEAs, the nurse leader might be titled school nurse manager, director or department head. The role entails managing all school health services.

³ The SNL should not be used as a substitute nurse.

2. **Designated leadership and management time:** requires a minimum of 0.5 FTE (in LEAs with 2,500 students or less) dedicated nursing leadership time to assess, plan, implement, and evaluate desired outcomes related to student, school community, and health services, and to assure professional development that addresses the continuum of nursing skill levels (Covell, 2013). The SNL must also develop and maintain the skills necessary to mentor adult learners in a coaching or preceptor role in the case of employment of nurses new to school nursing.
3. **The SN leader will be employed fulltime in their LEA,** except in those LEAs with fewer than 2500 students where a 0.5 full time equivalent may be dedicated for the management role and 0.5 full time equivalent for the direct service role. LEAs with more than 2,500 students require a fulltime SNL, who may dedicate up to one to two days per week to direct clinical care depending on the size and needs of the LEA. This position is not to be used for substitute nursing services. There are creative ways to entice qualified SNs into leadership roles at the LEA level. One LEA uses the title *Department Head* to provide a financial incentive for the additional designated leadership responsibilities; another extends the contracted time into the summer months.
4. **Administrative support (LEA-wide) of the SN Leader position is essential.** Administrative support is demonstrated through accessibility of the leadership staff to the SNL, and assistance with implementation of a system of high-quality school health services, including health data systems. A supportive leadership team provides the opportunity for the SNL to keep the leadership informed of current or emerging health needs or issues, and for the SNL to use their insight and expertise to implement changes in policy, protocol, and procedure. This integration of nursing input into current school or LEA-wide efforts can enhance the outcomes of Positive Behavioral Intervention and Supports, Multi-Tiered System of Supports, and Continuous School Improvement efforts.
5. **Application and Needs Inventory:** To implement the System the LEA needs to fill out and submit a completed application and Needs Inventory to the State School Nurse Consultant (see [contact information](#) page 3).

Performance Measures:

1. Safe medication administration (American Academy of Pediatrics, 2017a), (Council on School Health, 2009)
2. Carry out activities as described in the Medicaid Administrative Claiming program (see [APPENDIX IIIV](#))
3. Using [VDH Maternal and Child Health Strategic Goals](#) monitor:
 - i. % of children with and without special health care needs having a medical home;) see care coordination below.

- i. % of adolescents, ages 12 through 17, with a preventive medical visit in the past year
 - ii. % of adolescents that feel they matter to people in their community
 - iii. % of children, ages 1 through 17, who had a preventive dental visit in the past year as recommended by [Vermont's EPSDT program](#).
 - iv. Inform parents/caregivers each year about the American Academy of Pediatrics, *Bright Futures Guidelines for Health Supervision for Infants, Children, and Adolescents*, 4th edition, recommendation for annual comprehensive well-care visits to the medical home (primary care provider), for all school-age children.
4. Using VDH: [State Health Improvement Plan \(2013-2017\)](#) monitor
- i. Care Coordination:
 - a. Using Electronic Health Records to identify, track, and maintain current individual health plans for students with asthma, life threatening allergies, seizures, diabetes, and other chronic care coordination⁴ (Maike, 2014)
 - b. Provide referrals to community based medical providers for students identified with chronic conditions, such as diabetes, asthma, seizures, life-threatening allergies, and emotional and behavioral health
5. Using [National School Nurse Data Set](#) measures
- i. Monitor return to class rate⁵: see [NASN -- Disposition data, pg. 6,7](#)
 - ii. Attendance Rate: [chronic absenteeism](#): (including both excused and unexcused absences)
 - iii. Monitor the number of students, specifically with asthma, diabetes type 1 and type 2, seizures, and life-threatening allergies.
6. Increase vision referral completion⁶
7. Periodic Client Satisfaction Survey⁷

⁴ MA 2016 data: (see above) Improved attendance rates for students with chronic health – especially mental health conditions

⁵ (Massachusetts 2016 data: personal conversation with Mary Ann Gapinski, 10/31/16). School nurse impact on attendance is improved in same cohort over grades levels); health office utilization: 80% of students visiting the health office (outside of mandated screenings); and the return to class rate: 93% statewide average.

⁶ MA 2016 data: (see above) still low, but constantly improving with increase in resources and initiatives developed by SN leaders

⁷ MA 2016 data: (see above) 95% approval rate of SN practice among parents 911 calls: accurate data collection

APPENDIX I -- JOB DESCRIPTION - SAMPLE

Job Description – School Nurse Leader (SNL)

SCOPE OF RESPONSIBILITIES

The SNL manages the total school health service program, provides nursing leadership within the school system. She or he develops plans to address identified needs in order of priority, plans and implements programs, and provides for continuous quality assurance and evaluation using data from the initial health needs inventory. These activities provide coordination of the clinical aspects of the comprehensive school health program, through collaboration with other members of the health services and health education team. The SNL also collaborates with community providers, other community organizations, and coalitions that address the health issues of children and youth. The SNL should be freed from direct clinical care to fulfill their management and coordination responsibilities.

The SNL is a Registered Nurse, licensed by the Vermont State Board of Nursing and by the AOE as a Licensed School Nurse. The SNL must adhere to the Nurse Practice Act, pertinent regulations governing nursing practice, and standards of care established by the professional organizations

SUPERVISION RECEIVED

The SNL is an invited member of the school management team, who reports to the school administrator as defined in her/his position description, and collaborates with the VDH as well as with local health providers in the implementation of the school health service program. This position can be referred to as a Department Head. The SNL may be directly responsible to the Superintendent due to the multifaceted nature of this role, and its relationship to all school buildings,

SUPERVISION* GIVEN

The SNL supervises the clinical responsibilities and evaluates the clinical performance of the nursing staff that provides services in the school health program, as well as any Unlicensed Assistive Personnel (UAP) who perform delegated health tasks. (e.g., health aides). The SNL may delegate the clinical performance evaluation of UAPs to other SNs.

See ESHS: SN Leaders and Supervision: [Appendix XI](#)

Required Qualifications

The SNL must:

- Have a valid license to practice as a Registered Nurse in Vermont;

- Possess a minimum of a baccalaureate in nursing from an accredited nursing program (a master's degree in nursing or related field is preferred);
- Be licensed as a LSN by the Vermont Agency of Education;
- Have 4 yrs. of clinical experience, which includes community health and/or pediatrics as well as a minimum of 3 years' experience in school nursing, and maintain certification in cardio-pulmonary resuscitation and first aid.
- Assume responsibility for updating knowledge and skill in community health, management, and related fields as new information emerges

Responsibilities

NEEDS ASSESSMENT

- Creates, with the input of other SNs in the LEA, an initial health needs inventory using available demographic, health, school system, and community data and identifies health needs of the student population. They present this inventory to decision makers (e.g., coordinated school health teams, superintendent, school boards), for a more thorough assessment it establish health and wellness priorities for the LEA.
- Collaborates with the health and wellness committee or WSCC team, local department of health, and other community agencies in development of the needs assessment to identify and prioritize *desired outcomes*.

PLANNING

- Assumes leadership in the establishment of a coordinated school health committee with representation from such groups as school administration, faculty, students, parents, and community providers based on needs assessment
- Develops program goals, objectives, and action steps
- Coordinates planning with interdisciplinary colleagues in the comprehensive school health education program and community agencies,

IMPLEMENTATION

- Interviews, orients, assigns, and supervises qualified personnel to implement the school health program;
- Implements communication systems that promote participatory management, such as scheduled meetings and e-mail systems;
- Participates in the development of a plan for each building that includes input from all disciplines to assure timely identification of students in need of services so that appropriate interventions occur before or ASAP after enrollment.
- Develops and implements written policies and protocols that are based on the Vermont School Health Standards of Practice [Manual](#) (Vermont Department of Health and

Agency of Education), and the American Academy of Pediatrics Bright Futures Guidelines⁸.

- Implements computerized documentation systems at the individual student and the programmatic level;
- Implements data systems to review trends in health status indicators, adjust the health service system, and provide the required aggregate data for local and state agencies;
- Provides consultation to the health education staff, physical educators, and other administrative and teaching staff;
- Participates in interdisciplinary teams, (e.g., crisis, child abuse, emergency planning, CSI, PBIS, and MTSS) to ensure that integrated systems are in place that address the comprehensive health needs of the student population;
- Serves as the school health spokesperson in collaboration with LEA leadership on community initiatives;
- Implements protocols addressing communicable disease prevention and infection control based on current guidelines for universal precautions, prevention of bloodborne pathogens exposure, and hazardous medical waste disposal;
- Assures that there is an emergency care plan in place, which is communicated to all “need to know” staff and is closely coordinated with community emergency care protocols;
- Participates in communitywide bioterrorism and emergency response planning with other members of the multidisciplinary team; provides leadership in the school for bioterrorism preparedness;
- Collaborates with other school administrators and teachers to promote the physical, psychological, and social health of the student body, and a safe and healthy school environment;
- Promotes positive linkages with and facilitates referral mechanisms to community providers so that the broad range of services dealing with child and adolescent health are readily available to the school community;

⁸ Bright Futures provides guidance and recommendations to clinicians about clinical services and programs that address a variety of health issues (e.g., immunizations, medication administration, services for children with special health care needs, school wide injury prevention programs) and special programs groups (e.g., overweight prevention, asthma management, eating disorders, smoking cessation, substance abuse prevention/cessation and violence prevention);

- Seeks opportunities to present and interpret the health needs of school-age children and adolescents, the goals of the health service program, & the importance of health education to administrators, school committee members, faculty, families, the general community, local and state decision makers, using special reports, the media, health fairs and other special events;
- Prepares and administers the health services budget; seeks out opportunities to apply for grants and other external sources of funding for the school health service program;
- Uses the media (local cable stations, newspapers, and bulletin) and school health service website, per LEA policies, to share health promotion information, as well as to raise community awareness regarding the role of the school health service program;
- Presents written and oral reports regarding the school health program to the superintendent, school committee, and other stakeholders;
- Seizes opportunities to present the challenges as well as opportunities within school health to other members of the health care delivery system.

EVALUATION

- Compiles statistical reports as required by the LEA and by state agencies;
- Completes ongoing continuous quality improvement programs and adjusts school nursing practice based on findings in the **HEALTH NEEDS INVENTORY** ([APPENDIX III](#)) or
- Evaluates nursing and other health service staff and provides appropriate feedback
- Implements a client satisfaction feedback system;
- Reviews changing trends in health needs and program outcomes to revise program goals and objectives when necessary; and
- Assists nursing staff with access to opportunities for continuing education

STAFF DEVELOPMENT

- Implements an ongoing continuing education program for staff to ensure that they meet licensure requirements through the Vermont Agency of Education, and to maintain and expand their clinical skills;
- Encourages staff to participate in pertinent conferences and workshops that addresses range of school health issues; and
- Provides staff with ongoing formal and informal feedback about personal progress toward achievement of program goals, to encourage their pursuit of continuous educational and professional development.

APPENDIX II -- APPLICATION FOR ESSENTIAL SCHOOL HEALTH SERVICES (ESHS)

The Health Department shares accountability with the Agency of Education to the State Board of Education "... to ensure appropriate access and coverage across their district or LEA. Each school shall engage the services of a person licensed as a School Nurse or Associate School Nurse." (EQS- CVR 22-000-003). Per an agreement between the AOE and the Health Department, the School Health Services MOU, both agencies agree to "...promulgate administrative regulations which include, but are not limited to, education quality standards, school nursing licensing, and school health services." ([MOU 6/2015, Agency of Education and Vermont Department of Health](#)).

APPLICATION FOR ESSENTIAL SCHOOL HEALTH SERVICES

SIGNATURE PAGE

Local Education Agency:		Date:	
Primary Contact Information:	Name:		
	Title:		
	Email:		
	Phone #:		

RECOMMENDED PARTICIPATION IN ESSENTIAL SCHOOL HEALTH SERVICES:

Form or participate in an on-going coordinated LEA health team, i.e. Whole School, Whole Community, Whole Child (WSCC) team
Follow the School Nurse Leader job description document (See APPENDIX I)
Promote AAP's Bright Futures recommendations and periodicity schedule for comprehensive annual well care visits (WCV) for all students.
Follow Standards of Practice: School Health Services Guidelines Manual (Manual)
Follow the Vermont Board of Nursing Delegation Tree as contained in the Role of the Nurse in Delegating Nursing Interventions plus Decision Tree as the safety guidelines for all delegated nursing tasks
Implement or use Electronic Student Health Record (EHR) system or provide a timeline for implementation of an EHR (NASN position statement on EHRs)
Perform SN and School Health Services Evaluations using the forms found in the Manual
Continue to provide all data on the annual Vermont School Nurse and Immunization Reports by January 1 st .
Use data for quality improvement (see Health Needs Inventory Tool (See APPENDIX III)
Participate in recommended nurse leadership skills trainings and SN Institute
Complete annual School Health Services System report to the VDH by July 1 st
Promote the AOE/VDH " Well Exam- Sports Participation Clearance Form "
Use Medicaid Administrative Claiming reinvestment for population-based activities for all students

SN Leader if identified (Type Name):**

Signature:

Date:

Superintendent (Type Name):

Signature:

Date:

APPLICATION FOR ESSENTIAL SCHOOL HEALTH SERVICES

INSTRUCTIONS

1. Responses must be typed.
2. You may enter directly into this Word document, expanding spaces as needed.
3. Complete all sections.
4. Please mail or scan the completed application to:

State School Nurse Consultant, 108 Cherry St. Suite 302, Burlington, VT
05401, sharonlee.trefry@vermont.gov

QUESTIONS:

Direct all questions regarding this application and the School Health Services System to: –
[VDH School Liaison](#) nearest you or State School Nurse Consultant (contact information above)

QUALITY IMPROVEMENT

Data

Enter your LEA's current percentages for the following data elements using the most recent VT School Nurse Report and Annual Immunization Status Report. Please complete this for each school building. Contact your Office of Local Health School Liaison for the most recent copies of these reports if you are unable to locate your copies.

Schools Names (use initials)							
% with Well Child Exam in the Past Year							
% with no Well Child Exam in the Past Year							
% with no response to Well Child Exam question							
% with a Dental Exam in the Past Year							
% with No Dental Exam in the Past Year							
% with no response to the Dental Exam question							
% Students with (still have) Asthma							
% Students with Asthma, with a current Asthma Action Plan							
% of Students with health insurance							
% Students with no health insurance							
% Students with no response to health insurance question							
% Students provisionally admitted due to non-compliance with state immunization school entry requirements							

How do SNs in your LEA discuss and use these data points to develop strategies to improve these rates? Please describe 1-2 successes and 1-2 challenges you face in improving these rates:

Identify the top three strengths or assets in your LEA, using your YRBS data. Using the [Bright Futures Periodicity Schedule](#) and your Annual SN Report data briefly describe 2 strategies you would undertake that could improve the risk factors that you identified. Consider data from your LEA's [Hazing, Harassment, Bullying report](#) to the AOE. Please list two goals for other health and safety issues that you would like to address in this next year:

Evaluation of personnel and services

Please describe the tools and/or systems you will use to evaluate school nurses and school health services, e.g., Peer Review vs SNL Review, Standards of Practice: School Health Services Manual, Danielson's, other)? Please describe the tools and /or systems you will use to evaluate other school health service personnel, i.e. Unlicensed Assistive Personnel, health aids:

PUBLIC HEALTH

School nurses [appraise the health of all students](#) every year. The school nurse assesses student access to health care, e.g. annual well-care visit to the medical home or the availability of health insurance, using the [annual student health update forms](#) or [student enrollment forms](#). This information is then aggregated and reported annually to the VDH by January 1st. Your data is available for the LEA to guide quality improvement activities that improve student health and well-being. See [the Manual](#): Health Appraisal Section 16.

As required under Federal Law (OBRA 89), states must assure that 80% of children on Medicaid have and access a medical home. In Vermont, our goal is to ensure that all children access a medical and a dental home.

Please describe the methods and strategies you currently use to help children and their families access a comprehensive well-care visit yearly in their medical home? What methods and strategies do you currently use to help children and their families access a yearly dental exam in their dental home:

Health Insurance

Please describe the methods and strategies currently used to assist families obtain health insurance for their children:

Immunizations

School administrators, using a format approved by the VDH, will report grade level aggregated data on the immunization status of all students enrolled in the school. The annual immunization report will identify the immunization status of students enrolled at the date the form is completed. The data reported will also include the aggregated immunization rates for students in the kindergarten, first, seventh and eighth grades for each required vaccine, the number of medical, and religious exemptions filed and the number of students with provisional admittance for each required vaccine. This report must be received by the Department by January 1st. [K-12 School Nurses and Administrators as of January 4, 2017.](#)

Describe the improvement would you like to see in your immunization rates in the next school year in this LEA. What strategy or strategies would you employ to facilitate this improvement? What has been your greatest immunization success in this last year:

Asthma

Asthma is a chronic health condition with significant impacts on health, school and work attendance, healthcare costs, and on learning.

Please list the aggregate rate of students with asthma for your whole LEA? What is the rate of students reported to have asthma who do not have a current asthma action plan? What challenges contribute to this situation:

Sports Clearance

Do your LEA, School Nurses, and Athletic Director use the AOE/VDH "[Well Exam- Sports Participation Clearance Form](#)"? If not please indicate how it might fit into your priority health and safety goals within the next school year:

Whole School, Whole Community, Whole Child

Please check off the title/position that are currently participating on a WSCC team:

	Yes	No
School Administrator		
School Councilor		
School Nurse		
Facilities Manager		
Nutrition Services Manager		
Family representative		

Community representative		
Health Education		
Physical Education		
School Climate coordinator		
Employee Wellness coordinator		
Other		

Please highlight 1-2 recent accomplishments, and indicate a goal or objective for the WSCC team to pursue in the next academic year. Has the WSCC/health team used the CDC School Health Index or other tool to help identify priority areas for the team? If so, what sections or tools has your team completed, and what priority areas were identified? If the LEA has not identified a team, please explain your next steps for forming a WSCC team and evaluating its progress:

Staff and School Personnel

What if any staff wellness activities occur in your LEA, i.e. annual Path Program, flu clinics:

What, if any type, of staff inventory skilled in First Aid and CPR, EMS, or other disaster preparedness skills, do you perform? What if any health information do you collect for staff, i.e. Emergency Health Forms? What role does the school nurse play in Universal Precaution training and risk assessment regarding the need for Hepatitis B vaccine among staff as well as current Hepatitis B vaccine status:

Medicaid Administrative Claiming

Which school nurses participate in the Annual MAC Reinvestment Plan development? What are the primary MAC outreach and informational activities currently in place to help ensure that Medicaid eligible students have access to healthcare:

CARE COORDINATION

Annual Health Appraisal

The annual health appraisal of students done by the school nurse using an annual health update form is how school nurses identify care coordination goals for individuals as well as for groups of students (Cady, 2015). Nurses assess all students for unmet needs, risk factors,

and individual and family assets. In addition, they interpret health information for teachers and other professionals involved in developing individualized accommodations for students to assure their safety as well as their ability to access their education. For example, the nurse would assess for risk factors such as lack of access to healthcare, a new chronic disease diagnosis, as well as assets such as long-term stability in the same house or living near an available grandmother. See [the Manual](#): Health Appraisal Section 16.

1. Please describe the current SN role in the following activities:
 - a. [Individual Healthcare Plans \(IHP\)](#) development and implementation
 - b. [Section 504](#): Please describe the current SN role in developing and implementation
 - c. [IDEIA](#): please describe the current SN role in participation in the development and implementation of IEPs
 - d. [Educational Support Team](#) participation
 - e. [Act 264 team](#) participation
2. Please describe the typical training of school personnel in your LEA for students with life-threatening food allergies or provide a link to your LEAs policy and protocol:
3. Please list community resource and collaboration affiliations, currently used by the SNL, e.g. Community Health Teams, VDH School Liaison, Community Coalitions:

STANDARDS OF PRACTICE

School Health Services Staff [including Unlicensed Assistive Personnel (UAP)]

Complete the chart below.

	Position	# of FTE's
Current number of FTE's for each position title in your LEA	RN's	
	LPN's	
	UAP's	
Proposed number of FTE's for each position title in your LEA	RN's	
	LPN's	
	UAP's	

Delegation

Describe the *current* structure of school health services in your LEA. Be sure to include information about the staffing, supervision, and evaluation of school health services in your LEA. For example, does the SN in each school supervise and monitor tasks done by UAPs in their individual school setting or does the SNL do this for all the schools:

Describe the structure that you *envision* in your LEA. Be sure to include information about the staffing, supervision, and evaluation of school health services in your LEA. For example, will the SN in each school supervise and monitor tasks done by UAPs or will the SNL do this for all the schools? Use the Vermont Board of Nursing Delegation Tree contained in VT Board of Nursing Position Paper on Delegation: <https://www.sec.state.vt.us/professional-regulation/profession/nursing/position-statements.aspx> for guidance:

Health Policy and Protocols

Please provide the links to the LEAs current medication and treatment administration, training, delegation, and supervision protocols, if available, e.g. from online handbook or district policy manual:

- a. [Medication Safety](#), e.g. the transportation of Rx to and from school, administration procedure or protocol.
- b. Clinical protocols, e.g. [First Aid, notification of parents/guardians](#)
- c. [Asthma medication protocols](#)
- d. [Concussion Management Plan](#)
- e. [Management Plan for Life-Threatening Allergies](#)

LEADERSHIP

School Nurse Leader (SNL):

- a. Who has the LEA identified as a leader of School Health Services?
- b. Briefly describe why this individual is positioned to succeed in this role.
- c. **If there is no current leader:** Briefly describe your plans to fill this position.

Participation in this Essential School Health Service system:

- a. Please describe the current system of evaluation of school nurses, health services staff, and school health services in general.
- b. How will your LEA's participation in this ESHS system align with LEA [Continuous School Improvement](#) activities?
- c. What leadership training has the designated SNL, received in the last 5 years?

Participation in budget and program management:

- a. Please briefly describe the SNL's experience in health services budget and program management.

**** Please submit the resume for the SNL chosen or hired for this position. If one has not been chosen, please submit a copy of the job posting.**

Thank you again for your participation in this project. Please contact your [VDH School Liaison](#) or State School Nurse Consultant State School Nurse Consultant, 108 Cherry St. Suite 302, Burlington, VT 05401, sharonlee.trefry@vermont.gov

APPENDIX III – ESHS: HEALTH NEEDS INVENTORY TOOL

INTRODUCTION

This systematic approach to Vermont's school health services is based on the needs of students, their families, and the school community. It is designed to improve student outcomes and attendance, and to increase the effectiveness of teacher and administrator time spent on student learning. School nurse leadership improves outcomes by increasing quality and safety through the implementation of efficient and equitable school health services. For more information on this system, please refer to the full document titled Essential School Health Services (ESHS).

To begin an inventory of the needs of students and school communities in your Local Education Agency (LEA) please complete this Health Needs Inventory document.

PROCESS:

Step 1: Assess your LEA's readiness to implement using the following chart: (*You are welcome to attach any supporting draft or final documents.)

Current components of School Health Services in this LEA	In place	Planned	Future Action/ Name	No plan
School Nurse Leader (SNL) or Coordinator (write in current title)				
LEA health team, i.e. <u>(Whole School, Whole Community, Whole Child)</u>				
Electronic Health Records: name of system in place, all/some/no schools				
Is the EHR currently used to track:				
- chronic health conditions				
- annual well-care visits				
- annual dental exams				
- immunizations				
- annual asthma action plans				
- chronic absenteeism				
Promotion of American Academy of Pediatrics Bright Futures recommended annual well-care visit				
SN endorsement by the AOE				
All SNs have taken the New SN online Orientation				
SN Collaboration with:				
- Community partners/ coalitions				
- Local health care providers				

-- Resource persons from Office of Local Health (OLH)				
- Designated Mental Health Agency				
Name of VDH School Liaison at your Office of Local Health				
Protocol for reporting medication errors				

**Step 2: Protocols for staffing, delegation, and professional support as defined in ESHS:
please answer these questions using the definitions below:**

- a. **Using the descriptions below please describe both your current and then what your future ESHS system will look:** (One Leader or shared position with clearly defined written roles?) Please attach a copy of your proposed System.

- b. **Professional development and training for SNs and health staff:**
 - i. How often, what topics covered annually/biannually?
 - ii. Who is trained? RN's, LPN's, UAP, bus drivers, classroom teachers
 - iii. What format is used for training delivered or what programs are used?
 - iv. How do you track or document these trainings?

- c. **Administrative support:** Are there data-entry and or secretarial services, i.e. mailings, annual health appraisal forms, immunization letters, etc.? If so, please describe the work and the amount of time recommended.

- d. **Committee meetings:** please list frequency, i.e., monthly, bi-monthly, quarterly, annually. **Please list meetings currently attended by any school nurses in your LEA.**

Name of Committee	Regular meeting schedule	Frequency of school nurse attendance in average month	During school day or outside of school hours	Type of role: Committee member As needed As determined by Nurse or school protocol
504 meetings				
IEP meetings				
Ed. Support Team mtg.				
Community coalition mtg.				

OLH meetings				
Provider meetings, i.e. medical home, mental health, specialists				
LEA health team (Whole School, Whole Community, Whole Child)				
264 meetings				
Other, i.e. grants, in-service.				

School Nurse Leader (SNL) assures:

- That school health services are being examined through a population health focus to assure the availability of safe, equitable, and consistent services for individual students as well as the entire student body.
- Nursing leadership and planning expertise, as well as implementation of health systems related to LEA-wide goals and policy development that aligns with the LEA's [Continuous School Improvement](#) plan
- Continuous quality improvement and evaluation are available for health services and for school health personnel.

Collaboration with community providers, community organizations and coalitions addressing health issues for children and adolescents, thereby strengthening the link between the school and community resources.

Dedicated time for the SNL:

- May look different in different LEA's.
- May be a shared [Licensed School Nurse](#) (pg. 120) position, with clearly defined job expectations and a clear link to the LEA administrative leadership.
- Means the SNL will be employed fulltime in their designated management role, freed from direct service except in those school districts with fewer than 2500 students where they may be 0.5 full time equivalent as SNL and up to 0.5. FTE of the position may be involved in regularly assigned direct care and paid for by that local school budget.
- The SNL shall *not be used as a substitute nurse*.
- When the needs of students, the school, and nursing assessment allow, unlicensed assistive personnel (UAP) may be helpful.

(Alternate titles for SNL: Chair/Department Head/Coordinator of School Health Services)

Step 3:

Identify the LEA's health service needs based on data, acuity and school community. Please use the sample template provided below. You may have this information available in other reports, i.e. (See [Resources: HATS, School Health Index](#)(CDC)), [School Health Services Profile](#))

- **Information on the rates for your LEA can be found here:** <http://education.vermont.gov/data-and-reporting/school-reports>; open School Reports and enter the name of the school and the most recent school year.

Social determinants of health including:

Name of LEA	LEA %	State %
Family income: Free and Reduced Lunch		
ELL		
Mobility: at least 1 non-promotional move		
Special Education		
Truancy Rate		
Hazing, Harassment, Bullying Incidents		

Instructions for completing the Chronic Health Conditions Report

To the school nurse:

- ❖ This is a form to write on. Save it to your computer, complete the report and scan or attach it to an e-mail addressed to: sharonlee.trefry@vermont.gov
- ❖ Please fill in the total number of students you have in the right column next to (Total...). The secondary numbers in those sections may not add up to the total number of students who have the chronic illness as some students have more than one health condition.
- ❖ *** **To protect student privacy:** when there are 3 or fewer students with a particular condition please indicate – *Too Few to Mention*. When there are NO students with that condition please indicate -- a 0 (*zero*) in the column.

Chronic Health Conditions Report

Health Condition	Total Students with Condition
Diabetes:	(Total with diabetes)
1. Type I	1.
2. Type II	2.
3. Blood glucose monitoring (requiring any assistance, monitoring, or documentation by the school personnel)	3.
4. Insulin Injections	4.
5. Insulin Pump Management:	5.
Asthma	(Total with asthma)
1. Receiving inhaled medication at school	1.
2. Receiving nebulizer Tx at school	2.
Seizure Disorders	(Total with seizures)
1. Diastat, prn	
Cardiac Disorders	
Cystic Fibrosis	
Kidney Disorders	(Total with kidney disorders)
1. Self-catheterization	1.
2. Requires staff assisted catheterization	2.
Cancer	
Tube Feeding	
Impaired Mobility	(Total with any impairment in mobility)
1. Wheelchair dependent	1.
2. Prosthetics	2.
Hearing Impaired	(Total with impairment)
1. Cochlear Implant	1.
2. Hearing Aid	2.
Ventilator Dependent	
ADD/ADHD	
Allergies	(Total with allergies)
1. Food w/ Epinephrine	1.
2. Food w/o Epinephrine	2.
3. Insect w/ Epinephrine	3.
4. Insect w/o Epinephrine	4.
Do Not Attempt Resuscitate Orders	
Autism Spectrum Disorder	
Traumatic Brain Injury	

Juvenile Rheumatoid Arthritis	
Cerebral Palsy	
Celiac Disease	
Down Syndrome	
Oxygen Dependent	
Autism Spectrum Disorder	
Sickle Cell Disease	
Oxygen Dependent/Medically Fragile/Full time RN care	
Do Not Attempt Resuscitation Orders	
Traumatic Brain Injury	
Other (pls. list):	

School Health Services Profile

Thank you for your time and effort. This data will be invaluable when planning programs and services.

RESOURCES

See in [Resources](#): [HATS](#), [School Health Index\(CDC\)](#), [School Health Services Profile](#)

APPENDIX IV – ESHS: ANNUAL PARTICIPATION REPORT

Due July 1st Each Year

Local Education Agency:		Date:	
Primary Contact Information:	Name:		
	Title:		
	Email:		
	Phone #:		
Lead School Nurse (if different):	Name		
	Title:		
	Email:		
	Phone #:		

ANNUAL REPORTING:

The Health Department shares accountability with the Agency of Education to the State Board of Education "... to ensure appropriate access and coverage across their district or LEA. Each school shall engage the services of a person licensed as a School Nurse or Associate School Nurse." (EQS- CVR 22-000-003). Per an agreement between the AOE and the Health Department, the School Health Services MOU, both agencies agree to "...promulgate administrative regulations which include, but are not limited to, education quality standards, school nursing licensing, and school health services." ([MOU 6/2015, Agency of Education and Vermont Department of Health](#)).

Annual review of the LEA's current implementation of the ESHS model helps the Health Department assess fidelity to the system and resources created by the Health Department, including the [Standards of Practice: School Health Services](#) manual. It also helps assess the appropriate access and coverage of health services for all students throughout LEA. This process of accountability supports improved student outcomes in an evidence based, measurable manner.

INSTRUCTIONS:

1. Complete the annual report by July 1st each year
2. Type all responses
3. Complete all sections of this documents, using the space below each paragraph; attachments acceptable.
4. The completed report should be sent to:
State School Nurse Consultant
108 Cherry St. Suite 302
Burlington, VT 05401.
OR
5. Scanned documents with an electronic signature can be sent to:
sharonlee.trefry@vermont.gov

QUESTIONS

All questions regarding this report and Essential School Health Services should be directed to: [Office of Local Health School Liaison](#) or the State School Nurse Consultant.

INTRODUCTION

Vermont's Essential School Health Services (ESHS) is a system, established by the Vermont Department of Health (VDH) that was previously called the School Nurse Leader Model, and is recommended in Vermont's [Education Quality Standards](#) (pg. 11). Today's students face more challenges related to health and learning than ever before. These challenges include chronic health conditions, complex medical needs, and barriers to health related to social determinants of health, e.g. poverty, parental incarceration, food and housing insecurity, drug abuse, and immigration status. These needs, when unaddressed, contribute to chronic absenteeism and inequity in access to education. This system builds off decades of work in Vermont and takes inspiration from successes in other states, such as Massachusetts' Essential School Health Services program. Using evidence-based nursing leadership interventions will help all students participate in their learning environment, increase overall academic success, and improve students' chances of graduating on time.

The purpose of the Essential School Health Services system is to develop a school health services system that is:

1. Administered by registered professional school nurses (SN) (Maughan, 2016) skilled in directing, managing, and implementing services needed for all students in an equitable

- manner. Registered professional SNs (Maughan, 2016) are the most qualified personnel to coordinate health services for all students and the school community.
2. Integrated with, and supportive of, educational goals and LEA Continuous School Improvement plans and maximizes:
 - a. Student health
 - b. Student achievement
 - c. Student attendance
 3. Consistently integrated across the LEA utilizing streamlined policies, protocols, and professional development to maximize the effectiveness of the existing school health service capacities.
 4. Able to use resources efficiently and increase collaboration with educators resulting in:
 - a. Increased educator and nurse time devoted to student and school community needs
 - b. Increased family, community, and stakeholder satisfaction with these services
 - c. Increased professional and clinical competencies
 - d. Increased job satisfaction and job retention for SNs

SN LEADERSHIP ACTIVITIES:

School Nurse Leader (SNL)

Has there been a change or do you anticipate a change in SNL for your LEA's ESHS system? If there will be a change in the SNL, briefly describe why this SN is, or will be, positioned to succeed in this role. Please include at least 2 of the SN's leadership assets in your description. If the SNL position is vacant, please describe your plans to fill this position (provide copy/draft of job description):

Participation in the ESHS system

Please share *at least* one specific program related success that you believe will result through implementation of ESHS this year:

School Health Services Staff [including Unlicensed Assistive Personnel (UAP)]

Complete the chart below.

	Position	# of FTE's
Current number of FTE's for each position title in your SU/D (Please include only UAPs who have a specific and regular duty to cover assigned healthcare tasks)	RN's	
	LPN's	
	UAP's	
	Clerical support for the Nurse	
Proposed number of FTE's for each position title in your SU/D	RN's	
	LPN's	
	UAP's	

(Please include only UAPs who have a specific and regular duty to cover assigned healthcare tasks)	Clerical support for the Nurse	
--	--------------------------------	--

What is the projected LEA enrollment for the upcoming school year? _____

Describe the current structure of school health services in your LEA. Please include information about the staffing, supervision, and evaluation of school health services in your LEA:

For example:

- Is the SNL a shared position with another Licensed School Nurse?
- Is the SNL responsible for all delegation in the LEA or does the school nurse in each school building assume this responsibility?
- Who is responsible for creation and management of IHPs?
- Please describe how nursing and UAP evaluations are carried out. Is it the responsibility of the SNL to evaluate all nurses and UAPs or is the RN in each school building responsible for the annual evaluations of other nurses and UAP staff, or do you employ some other method of evaluation?

Do you have a written plan for your ESHS system that provides a clear, concise description of the system that is available for review by all immediate stakeholders? *If there will be a change in structure, describe what you envision for this coming school year:*

Whole School, Whole Community, Whole Child model (WSCC)

Does your LEA have a health and wellness team? What is the name of this team? Does this team have a coordinator? Please highlight 1-2 recent accomplishments of your team. Please indicate a goal or objective your team has for the next year. Has the WSCC/health team used the CDC School Health Index⁹ or other tool to help identify priority areas for the team? If so, what sections or tools has your team completed, and what priority areas were identified? If your LEA does not currently have a health and wellness team, please explain your next step toward forming and evaluating a WSCC team.

The following are domains from the WSCC model. Check the domains currently represented on your team:

	(X)
Health Education	
Physical Education & Physical Activity	
Nutrition Environment & Services	
Health Services	
Counseling, Psychological, & Social Services	

⁹ <http://www.cdc.gov/HealthyYouth/>

Social & Emotional Climate	
Physical Environment	
Employee Wellness	
Family Engagement	
Community Involvement	
Others (e.g. administrative leadership)	

QUALITY IMPROVEMENT ACTIVITIES:

Enter your LEA's current percentages for the following data elements using the most recent VT School Nurse Report and Annual Immunization Status Report. Please complete this by school building. Contact your Office of Local Health School Liaison for the most recent copies of these reports if you are unable to locate your copies. (See [Resources: HATS, School Health Index\(CDC\)](#), [School Health Services Profile](#))

Schools Names (use initials)						
% with Well Child Exam in the Past Year						
% with no Well Child Exam in the Past Year						
% with no response to Well Child Exam question						
% with a Dental Exam in the Past Year						
% with No Dental Exam in the Past Year						
% with no response to the Dental Exam question						
% Students with (still have) Asthma						
% Students with Asthma, with a current Asthma Action Plan						
% of Students with health insurance						
% Students with no health insurance						
% Students with no response to health insurance question						
% Students provisionally admitted due to non-compliance with state immunization school entry requirements						

Student Outcomes

Please list some student outcomes that have improved during the past school year due to School Nurse interventions or implementation of ESHS. Please also list some student outcomes that you hope to address in the coming year:

Evaluation of School Health Services Personnel and Services

What tools or systems will be used to evaluate school nurses and school health services, e.g., Peer Review vs SNL Review, Standards of Practice: School Health Services Manual, Danielson's, other)? What tools and or systems will be used to evaluate other school health service personnel, i.e. Unlicensed Assistive Personnel (UAP), health aids:

PUBLIC AND COMMUNITY HEALTH ACTIVITIES:

Medical and Home Access

Research indicates that access to a regular medical home and an annual well-care visit directly correlates with improved health outcomes for children and youth. Healthy children learn better than those with undiagnosed and untreated health conditions. In Vermont, our goal is to assure that all children have access to a medical home and that their families use it appropriately. What trends have you noticed about the percentage of students in your LEA receiving their annual well-care visit? What plans do you have to increase the percentages for this important health indicator?

Immunizations

Vermont law requires children to be immunized for school entry for grades K, and 7¹⁰. Immunization Surveillance and School Data: <http://healthvermont.gov/hc/imm/ImmSurv.aspx>. Please explain your method of outreach and your use of Health Department forms? Using the most recent, as well as historical data for your LEA submitted in the Annual Immunization Report, please highlight successes you may have had in improving immunization rates or decreasing the number of provisional admittances over the last year(s). What may have contributed to this success:

STANDARDS OF PRACTICE ACTIVITIES:

Enter your LEA's status implementing the following (x):

School Health Services	In place	Planning	Future Action/Name	No plan
School Nurse Leader (SNL) or Coordinator (write in current title)				
LEA health and wellness team, i.e. (Whole School, Whole Community, Whole Child)				

¹⁰ **Vermont School Entry Immunization Requirements - Effective August 2008;** the requirements apply to all students who will be entering kindergarten and 7th grade, as well as to any student regardless of grade who is newly enrolling in a school. For the latter, students must meet the same requirement as for kindergarten (if the student will be entering the 1st – 6th grade) or the 7th grade (if the student will be entering the 8th – 12th grade).

Electronic Health Records: name of system in place, all/some/no schools				
Is the EHR currently used to track:				
chronic health conditions				
annual well-care visits				
annual dental exams				
immunizations				
annual asthma action plans				
chronic absenteeism				
Promotion of American Academy of Pediatrics Bright Futures recommended annual well-care visit for all school-aged students				
RN endorsement by the AOE for all SNs in LEA				
All RNs have taken the New SN online Orientation				
SN Collaboration with:				
Community partners/ coalitions				
Local health care providers				
Resource persons from Office of Local Health				
Designated Mental Health Agency				
Name of Office of Local Health, School Liaison				
Protocol for reporting medication errors				

Clinical Protocols and Procedures

Please list or describe any clinical protocols and procedural documents you have created? Are they in place across the LEA? What goals do you have for implementing them throughout the LEA? Which protocols and procedures would you like to work on in this coming year:

CARE COORDINATION ACTIVITIES:

Students with Chronic Health Conditions

School nurses play a significant role in ensuring that students with chronic health conditions can attend school safely and regularly ([NASN, 2015](#)) and have equitable access to their education. This requires the creation of [Individualized Healthcare Plans and Emergency Care Plans](#) (IHP/ECP) (NASN, 2015) by the [Licensed School Nurse/Associate School Nurse](#).(LSN/ASN) (pg. 119-122). The nurse must assess, plan, identify expected outcomes for, implement, and evaluate these plans at least annually for students identified by the LSN/ASN

to need an IHPs. Please list the number of students in your LEA require who require (these numbers may include students who have one or more of these plans):

1. IHP
2. 504 plan
3. IEP

How are teachers and staff, on a need-to-know basis, educated about these written IHP/ECP plans? Please provide a couple of examples of how do you use your EHR to manage students with chronic health conditions:

Thank you for completing this annual assessment.

School Nurse Leader - current (Type Name):

Signature: _____ Date: _____

Superintendent (Type Name):

Signature: _____ Date: _____

RESOURCES

See in [Resources: HATS](#), [School Health Index\(CDC\)](#)), [School Health Services Profile](#)

APPENDIX V – ESHS: EXPECTED SCHOOL NURSE LEADER COMPETENCIES

Standards of Practice - Principle

a. **CLINICAL COMPETENCE:**

- i. School Nurse Leader (SNL) position promotes strong clinical leadership within the school health delivery system to assure optimal standards of care consistent with standard nursing practice. The SN leader plays an integral role in the school health service system. The SN Leader must meet the following criteria:
 1. Have a minimum of a baccalaureate or, preferably, a master's degree in nursing, and be licensed with an endorsement as Licensed School Nurse (LSN) by the Vermont Agency of Education
 2. Be employed fulltime in their designated management role, freed from direct service except in those school districts with fewer than 2500 students where she/he may be 0.5 full time equivalent. The SNL shall not be used as a substitute nurse. In some cases, in LEAs with more than 2,500 students the SNL may be employed for regular weekly direct care and paid for by that local school budget. This may be in a large school or in place of a Licensed School Nurse/Associate School Nurse (LSN/ASN) for those clinical days.

b. **USE/ESTABLISH CONSISTENT CLINICAL GUIDELINES/PROTOCOLS, FOR EXAMPLE:**

- i. Health Appraisals: Systematically collect student health information at registration to identify students with chronic health conditions or special health care needs. Reviewing and updating information annually (see Manual).
- ii. Access to oral health care
- iii. Asthma
- iv. Diabetes
- v. Emotional and behavioral health
- vi. First Aid care as delegated to UAP
- vii. Incident reporting and follow up
- viii. Life-threatening allergies
- ix. Medication administration and error reporting
- x. Seizures
- xi. Students with other special health needs, e.g. DNAR orders, tube feedings, etc.

c. **USE OF THE CODE OF ETHICS FOR NURSES, THE FOUNDATION OF NURSING PRACTICE IN ALL SETTINGS**

- a. Strong critical thinking and evidence-based practice skills
- b. Knowledge of the scope and standards of SN practice:
 - i. Vermont Nurse Practice Act
 - ii. NASN Position Statements

Care coordination - Principle

a. CASE MANAGEMENT:

- i. Individualized Healthcare Plans (IHPs) for students with special healthcare needs (developed by the SN with input from the parents, student and primary care provider as appropriate) and linked to special education services, when appropriate, will be in place.
 - ii. Using the EHR, establish a plan to monitor the attendance of and to track any changes in early dismissals of children with IHPs; identify unmet needs and develop collaborative plans to improve attendance.
 - iii. There will be continued collaboration with special education services in the district to ensure that the special healthcare needs (physical and mental) of children with Individual Education Plans, and 504 plans are also met.
Please note: to ensure consistency of standards, the oversight of the nurses caring for these children should be provided by the SN Leader or their nurse designee.
- b. **CHRONIC DISEASE MANAGEMENT** In partnership with the medical home, student, family, and school teams, the SNL shall participate in the 504-plan management process.
 - c. **DESIGN AND IMPLEMENT STUDENT-CENTERED CARE GUIDELINES** to incorporate student self-empowerment
 - d. **EDUCATION AND TRAINING FOR EDUCATORS AND** Unlicensed Assistive Personnel (UAP)
 - e. **INTERDISCIPLINARY TEAMS:** A plan for supporting the emotional and behavioral health of the school community will be developed. The SNL role should include but not be limited to:
 - i. Collaborating and participating with the school administration, [LEA Multi-Tiered System of Support \(MTSS\) and Positive Behavioral Interventions and Supports \(PBIS\)](#) to ensure a positive and respectful school climate , as well as education of all staff members to assure a consistent response to bullying, threats of violence, etc. (It is recommended at a minimum that the SNL will assist in planning the education, identifying issues, and tracking intentional injuries.)

- ii. Integrating the promotion of emotional and behavioral health, wellness and stress reduction into the educational system. (SNs will collaborate with educators to identify opportunities to for incorporation of these issues into ongoing curricula.)
 - iii. Participation in the interdisciplinary [Educational Support Team](#) at the building level (with building SN participation) which meets at least monthly to identify students at educational, health and/or behavioral risk. This will include 504, IEP, 264, and other interdisciplinary teams.
- f. **BE KNOWLEDGEABLE ABOUT RECOMMENDED PRACTICES/PROGRAMS** such as:
 - i. [Lifelines](#), and [Umatter for Youth and Young Adults](#) suicide prevention programs
 - ii. [Conscious Discipline](#) is a program that is trauma informed and is based on brain research that promotes developing community and personal relationships to access optimal brain function.
 - iii. [Sexual Abuse Free Environment for Teens™ \(SAFE-T\)](#) is a curriculum developed by Prevent Child Abuse Vermont in compliance with ACT 1.
- g. **PREVENTING AND/OR RESPONDING TO INDIVIDUAL BEHAVIORAL CRISES.** Prevention strategies may include interventions such as daily check-ins with vulnerable students. (SNs should assist in identifying vulnerable students, providing interventions and referrals as needed.)
- h. **PROVIDE DIRECT CARE**
 - i. **MOTIVATIONAL INTERVIEWING/COUNSELING**
 - j. **NURSING DELEGATION:**
 - i. Delegation of any health-related tasks or duties to others will follow the guidance of the Vermont State Board of Nursing, and be in compliance with Vermont's Nurse Practice Act.
 - ii. See [Manual](#) section: Delegation
 - iii. Each LEA will develop written protocols and procedures consistent with the principals of delegation and of the Education Quality Standards (pg. 11-12)
- k. **TRANSITION PLANNING** for students and for health services personnel

Leadership - Principle

- a. **ADVOCACY, EDUCATION REFORM**
 - i. Recruit all nursing and healthcare staff, in collaboration with school principals. Establish a list of appropriately oriented RNs to work as

- substitute nurse in the absence of a LSN/ASN. Complete periodic evaluations of all nursing and healthcare staff.
- ii. Assume and share responsibility for communicating VDH information (entire weekly e-mails) to the nursing and health services staff in all schools within the LEA [SN Bulletin, Health Alert Network and emergency notifications]
 - iii. Attend SN leader meetings, as developed by the VDH State School Nurse Consultant (SSNC) and VDH School Liaisons, SN leader orientation, local and state committee meetings addressing health issues. It is recommended that the SN leader attend the summer SN Orientation and one School Nurse Advisory Committee meeting annually. The Committee meets monthly. The SN leader will complete and pass the required on-line New School Nurse Orientation and will review it every three years for new content.
 - iv. Participate in Vermont Blueprint for Health Community Health Teams, or Accountable Care Organization Unified Care Collaborative teams, as appropriate. Work with community coalitions that promote activities to improve the health of the community's children.
 - v. Establish, develop, and maintain relationships with local providers and hospitals to improve coordination of care.
 - vi. Work with health educators to promote health and wellness, and incorporate information relevant to current health topics/events/concerns at the school, e.g. If it's cold and flu season coordinate on a lesson that incorporates Flu shot and hygiene info as well as current absentee data and impact. Educate and promote Adolescent Well Care Visit (AWCV) to students, families, teachers, and administrators and educate regarding appropriate use of the medical home.
 - vii. Work to assist older adolescents to transition from pediatric to family medicine and obtaining health insurance. This is particularly important for youth with chronic health conditions or those with significant risk factors.
 - viii. Work with athletic directors to promote student athletes' health, as well as sports clearance forms.
- b. **EVALUATE CURRENT COMMUNICATIONS AND/OR MARKETING STRATEGY** for sharing information sharing about ESHS will be in place and updated as necessary:
- i. Present updates on the school health system, including relevant data, to the school board a minimum of once a year.

- ii. A brochure (or section of the student handbook/website) about the health service system.
- iii. A mechanism for regular information sharing with the parents and community about health issues of children/youth and young adults, including prevention strategies, e.g. handbook, website or other media. Any use of social media will align with FERPA and LEA policy on the use of social media.
- iv. Ongoing meetings between the building-based SNs and principals where information/data specific to the health needs of the building population is shared.
- v. Promote AWCVs and accessing medical and dental homes.

C. FUNDING AND REIMBURSEMENT:

- i. Actively participate in the budget process for the entire school health service system, and provide recommendations for local school health service budgets
- ii. Actively participate in leadership of the [Medicaid Administrative Claiming Annual Reinvestment Plan process](#) and bi-annual reauthorization of the Medicaid Administrative Claiming Agreement that is signed by the superintendent. (See [APPENDIX IIIIV](#))
- d. **ENCOURAGE HEALTH STAFF TO ATTEND PROFESSIONAL DEVELOPMENT** trainings and complete the clinical competencies as they are developed. Support a culture of reflective practice and collective responsibility for outcomes related to student health and well-being.

e. CHANGE AGENTS:

- i. A shared governance approach for SN leadership is recommended (French-Bravo, 2015)
- ii. Establish relationships with local hospitals, providers and universities to promote strategies that enhance the care of children, youth and young adults.
- iii. Be engaged or knowledgeable about current issues in Healthcare Reform. Partner with health care providers on these efforts.
- iv. Lifelong Learning
- f. **CONSULT WITH** Regional Career and Tech Centers, LEA linked education programs, and pre-approved Pre-K programs located in the LEA community

g. **MODELS OF PRACTICE:**

- i. Actively participate in the LEA [Whole School, Whole Community, Whole Child \(WSCC\)](#) team. This is a comprehensive school health advisory group that includes broad internal and community representation, and reviews the needs assessment, goals, and objectives. The team monitors Wellness Policy implementation and program effectiveness for each of the 10 components of the [WSCC framework](#), and provides recommendations for policy and system development and/or improvement. It should include the SN leader.
 - ii. As a subset of the WSCC team, a School/LEA Health Advisory Council (SHAC) or other title of choice, is recommended to address specific School Health Services issues.
 - iii. In the event of a co-located school based-health center, there should be a representative on the SHAC. Continue coordination of the school-based program with local primary care providers through established communication systems, etc.
 - iv. In LEAs with a school based health center, a Memorandum of Agreement (MOA) between the SNL/Superintendent and the School Based Health Center (SBHC) should be completed. It should outline plans for collaboration and periodic meetings, to meet requirements of your agreement. (See [ESHS: Considerations for an AGREEMENT between ... Appendix X](#))
- h. **TECHNOLOGY:** be knowledgeable about existing technology and lead EHR implementation and integration.
- i. This includes the use of appropriate recommended screening tools and the calibration of instruments used in schools: screening tools, scales, meters, etc.

i. **POLICY DEVELOPMENT AND IMPLEMENTATION:**

- i. Be an invited member of the school district's administrative management team
- j. **MODEL PROFESSIONALISM BY DEMONSTRATING** self-reflection and personal professional growth and development.

k. **SYSTEMS-LEVEL LEADERSHIP**

- i. Be familiar with the AOE Rules relevant to each program type:
 - a. [Universal Prekindergarten](#)
 - b. [Career and Technical Education Programs](#)

- c. Collaborate with Regional Career and Tech Centers, LEA linked education programs, and pre-approved Pre-K programs schools receive information from the VDH (weekly e-mails and alerts), as well as information on local school health issues, events, and resources. Please submit MOAs.
- ii. Collaborate and consult with LEA SNs and health services personnel and promote networking with statewide or national professional nursing organizations, [VDH School Liaisons](#) and [State School Nurse Consultant](#), and Vermont education stakeholders.
- iii. Promote school nurse involvement and “reach” within the community through telephone consultation, invitation of the charter/educational collaborative/vocational technical schools to SN meetings, professional offerings, and other networking opportunities as appropriate.
- iv. Encourage staff to engage in SN research, see Quality Improvement.
- v. Conduct at least an annual in-person meeting with each LSN/ASN. Quarterly meetings, which are recommended, may occur through video conference or other electronic links.

Quality Improvement - Principle

- a. [ESTABLISH AND MAINTAIN A MEDICATION ERROR REPORTING](#) system to monitor safety and insure quality improvement that is consistent with Vermont Standards of Practice: School Health Services ([Manual](#))
- b. [CONTINUOUS QUALITY IMPROVEMENT MAY INCLUDE:](#)
 - i. The [Deming cycle of Plan-Do-Check-Act](#), is really the nursing process in action: assessment, identification of the issue, developing a plan, implementing the plan, and evaluating if the goals/ outcomes are achieved [as cited in (Maughan, 2016)].
 - ii. Documentation/Data Collection Evaluation
 - iii. Outcomes orientation: use assessment skills and relevant data to set SMART objectives, and to choose strategies and measurement tools that will lead to achievement of objectives. Use nursing process as guide to work planning.
 - iv. Nursing Process
 - v. Engagement in collaboration/consultation/networking among LEA SNs and Health Services Personnel and with statewide or national professional nursing organizations and Vermont education stakeholders to assist in the

in on-going development, review, revision, administrative approval and implementation of key school health policies EQS/Rules

See in [Resources: HATS, School Health Index\(CDC\)](#), [School Health Services Profile](#)

c. **MEANINGFUL HEALTH/ ACADEMIC OUTCOMES:**

- i. Collaborate with SNs, and LEA and school leadership to identify and prioritize desired outcomes
- ii. Initiate data analysis concerning utilization of the health room to evaluate delivery of school nursing services and to improve student outcomes.

d. **RESEARCH:**

- i. Support SN engagement in SN research activities, e.g. the [National SN Data Set](#) or other school or health related research initiatives and SN professional activities such as membership in a related professional nursing organization

e. **UNIFORM DATA SET:**

- i. NASSNC/NASN Step Up: National Data Set (see below)
- ii. Development and implementation of electronic health records management information system that meets the [Medicaid Meaningful Use Guidelines](#)

f. **A STAFFING PLAN WITH POSITION DESCRIPTIONS**, which require all SNs employed to be either licensed or in the process of endorsement by the Agency of Education as LSN/ASN, will be in place.

- i. **A HEALTH NEEDS INVENTORY OF THE STUDENT** population should be conducted at regular intervals (at a minimum every 2-3 years). See [Resources: HATS, School Health Index\(CDC\)](#), [School Health Services Profile](#) to determine staffing needs. School buildings with complex student needs may need additional or re-assigned SNs.
- ii. LEAs that are redistricting or merging with other LEAs should reassess at that time.

g. **WORK TOWARDS ESTABLISHING CONSULTING PHYSICIAN** for the LEA (see Sample Consulting... [Appendix IX](#)). A position description of the consulting school physician is recommended.

h. **ADEQUATE SCHOOL HEALTH ROOM FACILITIES**, equipment and supplies:

- i. Allowing for compliance with FERPA, safety of ingress, egress, and EMS
- ii. Accessible toilet for all ages and per [ADA](#)
- iii. Handwashing facilities
- iv. Access to ice

- i. **SUBMISSION OF REQUIRED REPORTS** and completion of certain surveys as requested by VDH, including but not limited to asthma surveillance, medical and dental home, insurance, and IZ and others, as recommended.
 - i. Annual Vermont School Nurse Report due January 1st
 - ii. [Annual Immunization Report](#) due January 1st
 - iii. National Association of School Nurses and National Association of State School Nurse Consultants, Step Up & Be Counted National SN Data Set
 - iv. [Staffing and FTE report and Chronic Health Condition](#) Report due January 1st
 - v. [Student Disposition Data](#) report due on the last day of student attendance.
- j. **SUBMISSION OF RECOMMENDED MONTHLY REPORTS** (See [Manual](#)) that are shared with the school administration (the monthly Activities Report [[see Manual](#) pg. 14,15]) school committee, LEA school health advisory committee,
- k. **ANNUAL EVALUATION OF THE HEALTH SERVICES** across the LEA (Manual: [Evaluation, pg. 3](#)) and of the services provided by [Unlicensed Assistive Personnel \(UAP\)](#) as defined by the LEA or school policy
 - i. Recommend a client satisfaction survey at least every three years if defined by the LEA. Consider for example measuring how well students or families feel connected, safe, in their interactions with the SNs.
 - ii. Demonstration of continued improvement in the referral follow-up of all population-based screenings
 - iii. Assist the Regional Career and Tech Centers, LEA linked education programs, and pre-approved Pre-K programs or schools in completion and/or revision of periodic updates to school health service policies, including the school district's emergency plan.

Community/Public Health - Principle

- a. **ACCESS TO CARE:**
 - i. Develop and maintain links between students and their primary care providers, dental providers, behavioral/emotional and behavioral programs, and community prevention programs. Facilitate the enrollment of uninsured children with appropriate healthcare insurers. The plan should incorporate the following:
 - a) Development and maintenance of a process that insures that all children, youth and young adults will have (a) an identified primary care provider, (b) an identified dental care provider, and

(c) insurance coverage for both preventive and primary healthcare, with referrals as needed (see [Medicaid Works: Candice's Story](#)).

- b) Continued participation in community coalitions and initiatives addressing child, youth and young adult medical, dental and emotional and behavioral issues.

b. CULTURAL COMPETENCY:

- i. The SNL should develop and include in school health services personnel professional development opportunities to increase cultural competency, to evaluate this progress, and to address specific concerns when identified.

SNs have a pivotal role in management of a child's health and sensitivity to the cultural needs of each individual child is essential. . Communities are constantly evolving and changing, and SNs must be able to identify cultural needs in order to address health needs. (National Association of School Nurses, 2013)

c. DISEASE AND HEALTH SURVEILLANCE:

- i. Develop and integrate:
 - a) An immunization management system
 - b) LEA-wide electronic student health record integration

d. DISEASE AND INJURY PREVENTION - CREATE A CONSISTENT SYSTEM ACROSS THE LEA TO:

- i. Monitor and report diseases of public health importance to the Vermont Department of Health:
http://healthvermont.gov/prevent/reporting/disease_report.aspx
- ii. Develop and maintain school health services as part of a sustainable comprehensive school district and school building emergency plan which is linked to local emergency medical services.
- iii. Support SNs/school personnel as possible to be trained in [NIMS 700 and ICS100 through Federal Emergency Management Agency](#).
- iv. Participate in the development of the school all hazard emergency plan and support training for SNs in emergency planning ([see School Safety Planning Resources](#))
- v. Respond to a traumatic loss/event which may affect the entire school community, e.g., death, suicide (or attempt), major injury, including linkages to state-funded suicide response services.
- vi. Serve on the crisis response team as designated by the SN leader.

- vii. Develop a protocol to support the re-entry of students hospitalized for mental or medical health or substance abuse issues. (SNs will collaborate with in-hospital providers, parents, behavioral health colleagues, administrators and others in pre-planning for re-entry into the school setting.)
- viii. Identify appropriate SN for training in:
 - a. Sobriety Assessment: Drug Impairment Training for Educational Professionals (DITEP):
<http://ghsp.vermont.gov/sites/ghsp/files/documents/DITEP%20Flyer%20Info%202016%20%281%29.pdf> [this link is unpredictable]
 - b. [SBIRT \(Screening, Brief Intervention & Referral to Treatment\)](#)
- e. **IDENTIFY AND BUILD RELATIONSHIPS WITH INTERNAL AND EXTERNAL MENTAL/BEHAVIORAL** health providers to promote collaboration and facilitate referrals. Work closely with school counselors and other mental health clinicians to identify qualified mental/behavioral health experts and establish communication systems with them. The plan should describe the school nursing role in identifying students in need of services, as well as implementing plans of care during the school day that may include:
 - i. Assisting in the implementation of advising parents of the annual emotional and behavioral screening at the annual well-care visit in the medical home
 - ii. Promote current the [Up for Learning's, Getting to 'Y' program](#) (Student-led YRBS data analysis).
- f. **ENVIRONMENTAL HEALTH:** promote the Envision Program and the [EPA Guidance and Tools for Schools](#)
- g. **HEALTH EDUCATION:** See [Manual](#): Section # 17. Health Education. Support the school district's comprehensive K-12 school health education program based on Vermont AOE approved [National Health Education Standards](#). School health programs for K-12 students are effective in changing health behaviors. Work with health educators to promote health and wellness, incorporating information relevant to current health topics/events/concerns at the school using current absentee data to demonstrate the impact of health on learning. Support education of students and families about the importance of Annual Well-Care Visits and how a comprehensive well-care exam at the medical or dental home differs from episodic or acute care visits. Help health education personnel to address the

process of transitioning care from pediatric to family medicine or adult care, and how and why to become insured. Other topics include:

- i. [Sexual Health](#), to increase the awareness of sexual health related information and services available to students and families. See [Joint Memo from AOE and VDH on Comprehensive Sex Education](#) (2016).
 - ii. [Technical Assistance Resource Guide for Sexual Violence Prevention](#), the resource for teaching Vermont school personnel how to recognize and reporting child abuse.
 - iii. Mental health and its importance to overall health; see Standards 1 & 2 of the National Health Education Standards.
- h. **HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH:** Systematically promote consistent services across the LEA that:
- i. Promote annual well-care exams for all students, including the recommended use of the Vermont Sports Clearance Form for all organized school sponsored athletic programs
 - ii. Provides information to families regarding multiple options available through Vermont Health Connect for insurance access
 - iii. See Section # 16. Health Appraisals in [the Manual](#).
- i. **HEALTH PROMOTION:** Use Healthy People 2020 and the VDH Health Improvement Plan to promote health and wellness
- j. **POPULATION-BASED CARE:** Use evidence from Annual Vermont SN Report, Annual Immunization Report, YRBS data, and Community Health surveys to identify issues on need of improvement in the LEA Collaborate with the LEA [Substance Abuse Prevention Programs](#) and their youth initiatives, including enforcement of tobacco/drug-free school policies, family education, and linkage with community programs as appropriate.
- k. **COLLABORATE WITH COMMUNITY PARTNERS** to implement **RISK REDUCTION STRATEGIES**
- l. **SCREENINGS/REFERRAL/FOLLOW-UP:** Develop a consistent system of population-based screenings as required (see Manual)

APPENDIX VI – ESHS: BACKGROUND IN DETAIL

BACKGROUND IN DETAIL

For several decades, recognition of the link between health and education has steadily increased. There is greater understanding that a child must be healthy to learn, and a child must learn to be healthy. There is also greater recognition that school health service systems are in a unique position to improve child health status, have an impact on resilience and well-being, provide care equity to support the student's school attendance, and assist with [child find](#) by identifying and refer students with certain health risks and conditions. These activities ultimately support the student's ability to learn, and contribute to the health of both the school and community.

Other states have implemented a system of essential school health services. Massachusetts used their long-standing system to study the return on investment of their school health services system managed by LEA-level SN leaders (Wang, et al., 2014). Both Colorado SNs and the Colorado Association of School-Based Health Care define a system of essential school health services (Essential School Health Services, 2015). Alaska defined their essential school health services as a system for all students including those with chronic health conditions (Alaska Department of Health, 2013).

Since the late 1970's when Vermont children with special health needs began to access education in the regular classroom, SNs were hired to comply with a ratio of not more than 500 essentially healthy students per SN. At that time, the Vermont Department of Education used a formula, based on the number of students with specialized health needs, special education, number of schools served, and social determinants of health, to determine when a school needed to hire more SNs. Examples of social determinants of health include poverty, lack of access to healthcare, parental education level, employment, caregiver incarceration, trauma, and homelessness (World Health Organization, 2012). Today, as many as 25% of students have chronic health conditions, e.g. diabetes, seizure disorders, life threatening allergies, asthma, and diagnosed mental health illness (Healthy Schools Campaign, 2016).

THE LONG HISTORY OF SN LEADERSHIP SYSTEMS IN VERMONT INCLUDES SN LEADERS with designated leadership time and some do not. The SN leader or SN coordinator model has been in place since at least the 1980s. One example is the Chittenden East Supervisory Union who designed their system to have a SN with designated leadership and collaboration time allowing better coordination of services and targeted professional development for SNs across the LEA. That model is still in place (May 2017) and many more VT LEAs use very similar features. Colchester and Hartford School Districts have used this model since the 1990s to manage five schools each. The fact that Vermont has over 320 different school principals for only 84,500¹¹

¹¹ [Student Enrollment Report \(SY 2015-16\)](#)

students in Vermont and lists school health professionals at 259 FTEs¹² leads to as many different models of school health services as there are schools. This results in confusion and wasted resources with inconsistent outcomes.

SN LEADERSHIP AND IMPROVED EFFICIENCIES range from 504 plans, policy improvements, to professional development programs, to name a few. Examples include:

- A. Completely updated 504 plans across the LEA (Meeting with Lamoille South Supervisory Union (LSSU) (personnel communication, Jan. 6, 2016), and consistent LEA-wide student/parent annual health forms and school registration documentation since the 1990s (CESU).
- B. Professional development programs, LEA-wide, targeted to SNs and school health services:
 - a. Rutland Northeast Supervisory Union (existing)
 - b. Chittenden East Supervisory Union (~1980-present)
 - c. Colchester School District (1990-present); they also have a designated SNs leader
 - d. Addison Northeast Supervisory (ANESU) (1995-2005)
 - e. St. Johnsbury Academy: they also have a designated SN leader
- C. LEA-wide policy implementations
 - a. Lice policy (Windsor Central Supervisory Union [WCSU]; Southern Vermont Supervisory)
 - b. Wellness policy lead by the SN leader (WCSU)
 - c. Whole School, Whole Community, Whole Child (WSCC) team coordination by the SN leader and Consulting Pediatrician (Windsor Southeast Supervisory)
 - d. Policies such as condom availability
 - e. And naloxone availability (ANESU, Addison Northwest Supervisory, Hartford, and CESU)

¹² Data from 2015/16 Agency of Education Reports

APPENDIX VII – ESHS: RATIONAL IN DETAIL

*“Children may be only 25 percent of the population but they are 100 percent of the future.”
Tami Thomas, PhD, RN, FAANP (2015)*

The art and science of school nursing is not a static skill set. School health services requires highly skilled nurse clinicians to provide, direct, and lead services for the school community in an increasingly and rapidly changing healthcare, educational, and family environment. SN clinicians must keep up with the current knowledge and skills needed to practice in the context of high social capital, family, educator, medical provider, and family relationships characterized by frequent interaction, collaboration, and trust to support positive student outcomes. See [APPENDIX XII: TALKING POINTS](#)

This ESHS document provides a more detailed description than the earlier 2009 version of the School Nurse Leader Model recommendation, now called, Essential School Health Services. This document aims to clearly describe systems and features designed to minimize resource demands on things such as redundant or inconsistent protocols and record keeping, poor job satisfaction and job retention, re-training and continued mentoring or coaching of *new* SNs, and demands on principal and teacher time. Increasing efficiencies will allow schools to focus on improving student health and learning outcomes, to minimize health impacts on learning, and to close the achievement gap for all children (Healthy Schools Campaign, 2016).

Schools are spending more time looking for SNs to fill frequently vacant positions than they have in the past. Since 2012, LEAs have hired almost 450 nurses to fill the approximately 300 SN positions (VDH data on certificates of completion for the New SN Orientation, Nov. 22, 2016). Professional job retention is shown to be related to job satisfaction, job security, opportunities for professional growth or career ladders (Jones, 2007), and shared governance (French-Bravo, 2015).

The SN leader can support strong programs for SNs such as mentoring or coaching, strategies for problem solving, protocols, and professional development (Covell, 2013) activities to promote excellence in clinical and academic student and staff outcomes. One example of a SN career ladder is moving from a novice SN at a single school to an expert SN leader at the LEA-level. This efficient use of resources benefits students, their families, school personnel, and the community as students succeed in becoming thriving and contributing members of society.

Students need to be in school, or the learning environment, to learn. Current research (Healthy Schools Campaign, 2016) finds that 5 million to 7.5 million students across the U.S. miss nearly a month of school each year. It has been determined that health issues are the primary reason for chronic absenteeism. Additionally, children have an increasing number of chronic and more complex health conditions. Data reported by the American Academy of Pediatrics (AAP) in 2011 showed that developmental disabilities (DDs) are common: about 1 in 6 children in the

U.S. had a DD in 2006–2008, an increase of 17% since 1997 (Boyle, et al., 2011). More children survive premature births and advanced medical care is saving the lives of more children who now attend school. Children enter school or return from hospitalization with greater healthcare needs. These must be addressed to allow them full access to a Free and Appropriate Public Education (Robert Wood Johnson Foundation, 2016). U.S. Department's 2013-14 Civil Rights Data Collection (CRDC) defines chronic absenteeism as students who miss at least 15 days of school in a year. They are at serious risk of falling behind in school. Chronic absenteeism is also defined as missing 10% or more of the school year - or two days a month - for any reason, including excused and unexcused absences as well as suspensions. Reasons for chronic absences may include physical or mental illness, unreliable transportation, and homelessness (AAP, 2016)

The reemergence of diseases reminds SNs and communities to increase surveillance of infectious disease, and upgrade prevention efforts to address, for example, measles, pertussis, tuberculosis, and the recognition of previously unknown infections such as Ebola and tick-borne diseases. There is an increased need to plan for all hazard emergencies (Vermont School Crisis Planning Team, 2016) and to make special accommodations for the most vulnerable students and staff (National Association of School Nurses [NASN], 2014).

Vermont Data: Student Chronic Health Conditions:

- The current asthma prevalence among Vermont children ranged from 5-15% across Vermont counties [<http://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/asthma>] Based on SN reports, 2005 asthma prevalence in Vermont schools (K-12) was 9.2%.
[<http://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/asthma>], compared with VT SN data for 2014/15 it is essentially the same.
- The number of VT students with seizures and food allergies is represented in the 2015/16 report to the National Association of School Nurses and National Association of State School Nurse Consultants: [Step Up and Be Counted report for Vermont](#). Students whose primary care giver reported seizures was 0.08%.
- The number of VT students with food allergies was 3% (see above). Nationwide food allergies increased 18% from 1997-2007. Contact datachamp@vssna.org. [<https://www.cdc.gov/nchs/data/databriefs/db10.pdf>]. Children with documented food allergies commonly have co-occurring health conditions, e.g. asthma, eczema, making them at greater risk for severe reactions or death. Approx. 20-25% of first time anaphylaxis from allergic reactions occur at school. ([McIntyre, Sheetz, Carroll, and Young \(2005\)](#)).
- Children with Special Health Care Needs (CSHCN): missing 11 or more days of school due to illness: <http://www.childhealthdata.org/browse/rankings/maps?s=65>. Vermont is 13% [lower than national]
- Children age 6-17 who missed school in VT in the last year at a rate of 6%, higher than the national average. <http://www.childhealthdata.org/browse/rankings/maps?s=85>

- The number of students with diabetes has increased since 2008 (Data unpublished):
 - The number of Vermont children of school age with at least one insurance claim for insulin has increased from 350 in 2008 to 407 in 2014, representing a 16% *increase* (Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), 2016).
 - The number of school age insured children with at least one insurance claim for insulin pump equipment/supplies has steadily increased from 153 in 2008 to 220 in 2014, representing a 44% *increase* [from] 2008-2014 (Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), 2016)

Effective SN leadership at the LEA level improves efficiencies in existing school health services (Essential School Health Services, 2016). The Massachusetts ESHS system has demonstrated improved return to class rates for students visiting the SN, decreased chronic absenteeism, improved attendance for students with chronic health conditions, e.g. asthma, diabetes, and seizures (personal communication, Gapinski, Oct. 31, 2016). In 2014, the same system demonstrated a significant cost-benefit savings of \$2.20 for every dollar spent on SNs:

Costs of SN staffing and medical supplies incurred by 78, ESHS districts during the 2009-2010 school year were measured as system costs. System benefits were measured as savings in medical procedure costs, *teachers' productivity loss costs associated with addressing student health issues*[italics added], and parents' productivity loss costs associated with student early dismissal and medication administration. Net benefits and benefit-cost ratio were calculated. All costs and benefits were in 2009 US dollars. (Wang, et al. [2014], pg. 1)

Efficiencies in school health services could best be achieved from SN leadership at the LEA-level, and by using existing data. These include, but are not limited to, the use of evidence from the annual Vermont SN Report, Annual Immunization Report, Youth Risk Behavior Survey (YRBS) data, and [Community Health surveys](#) to identify areas of health need in the LEA. Reviewing, keeping current, and creating consistent health service policies, protocols, job descriptions, and forms across the LEA allows SNs more time to focus on care coordination, and targeted professional development to implement quality improvement activities. Vermont's Special Education services are now provided at the LEA-level through consistent policy, protocol, and procedure implementation with cost effective improved outcomes beginning to be reported but as of yet are unpublished (personal communication D. Quackenbush Nov. 15, 2016). SN leadership in the domains of public health, care coordination, quality improvement and proficiencies in clinical and standards of care, improves school health services, leading to improved student outcomes and protections for the LEA and the community.

- SN have been long acknowledged (since the 1900's) for their public health role of infectious disease surveillance and prevention (Keeton, Soleimanpour, & Brindis, 2012),

recently confirming that value in high immunization compliance and the reporting of syndromic signs of disease, e.g. H1N1 in 2009. Poor immunization rates in California (2014) and the lack of SNs to provide surveillance and compliance support contributed to the Measles outbreak of 14/15 school year.

- Vermont SNs promote annual well-care visits as a means of annual risk screenings at the primary care or medical home provider office. For example, in LEAs with an increased number of deaths by suicide, SN collaboration with the VDH School Liaison Nurse and area medical homes increased the number of adolescent screenings for depression at the provider office. When Youth Risk Behavior Survey data shows a high rate of substance abuse, SN collaboration with providers can increase the number of youth screened for drug abuse risk factors at their annual well-care visit potentially increasing referrals for treatment.

The increasing complexity of our students and families' health status, our schools, our communities, our society's health, and our emergency planning needs demand that we make the best possible use of our existing resources. SN help teachers teach and principals lead by freeing them from having to address health issues. SN leadership is a proven method of addressing these needs in a cost-effective manner (Baisch, 2011).

APPENDIX VIII – MEDICAID ADMINISTRATIVE CLAIMING

Vermont's Medicaid Administrative Claiming (MAC) program allows schools to be reimbursed for their role in helping ensure that all Medicaid eligible children in Vermont have access and use healthcare appropriately. School nurses, school counselors, and other professionals that participate in outreach, informing and access facilitation can train for and participate in the Random Moment Time Study (RMTS) allowing Local Education Agencies (LEA) to account for the reinvestment of funds through this [Early Periodic Screening, Diagnosis, and Treatment \(EPSDT\) – Medicaid Administrative Claiming program](#). Vermont's Annual MAC Reinvestment Planning is done in the spring so the LEA can identify how they will use the reimbursed funds to support population based health improvement activities.

LEAs work with their local School Liaison from the Vermont Department of Health, Office of Local Health, to learn about the program, ensure training, and to plan for the reinvestment of funds. Reinvestments should consider use of the following resources, [Standards of Practice: School Health Services](#) hosted on the VDH website: <http://www.healthvermont.gov> Bright Futures Guidelines for Health Supervision for Infants, Children, and Adolescents, 4th edition, Centers for Disease Control and Prevention (CDC) [School Health Index](#), The CDC and ASCD's, [Whole School, Whole Community, Whole Child model](#), [Youth Risk Behavior Survey Data](#), Vermont School Nurse Report Data, Annual Immunization Status Report Data and the [Essential School Health Services](#) system (formerly called, School Nurse Leader Model) provided by VDH.

The funds are intended to be used for population-based prevention and health promotion activities, for all students of the LEA, and not for any single student who receives services due to an eligibility process or screening such as, but not limited to IEP or 504. Ideally, funds should be spent for long-term improvement of health outcomes for children in the LEA.

ROLE OF SCHOOL NURSE LEADER:

The SNL should become familiar with this public health responsibility to ensure that all students have access to and to use their medical and dental homes appropriately. This responsibility starts with the support of efforts to ensure that all Medicaid eligible students have health insurance. More details on this can be found in the Expected SN Leader Competencies (see [APPENDIX V](#)) and by contacting your Health Department School Liaison.

The SNL should take an active role in educating, at least, all SNs in the LEA about their responsibilities in all aspects of promoting the access to care for all students. Perform Medicaid administrative activities as an agent for the VDH to ensure the availability, accessibility, coordination, and appropriate utilization of preventive and remedial health care services for children on Medicaid and their families in the SU/SD.

Accountability for these activities is tracked through the process of Random Moments Time Studies required of all health-related school professionals who may be reasonably expected to perform Medicaid administrative activities. Participants must be performing activities that are directly related to the administration of the Medicaid program. Participants will be in a position whose duties, qualifications and responsibilities require the professional knowledge and skills as stated in the position descriptions, specifications, or contract. The credentials of the participant must match the credentials of the participant's position.

Work with the MAC Project Coordinator in your LEA to ensure that, at least, all SNs participate. They must complete the online training modules that are hosted on the VDH's MAC vendor's website, each State fiscal year beginning July 1st. The training modules must be completed by October 1st each year, but no later than the first RMTS moment assigned to the participant for the current fiscal year.

Failure to ensure each of the RMTS participants in the LEA have completed the online training modules may result in delayed processing of future claims. The content includes information to ensure participants understand the RMTS, and receive appropriate instruction for completing randomly assigned moments using the MAC vendor's RMTS website. The LEA Project Coordinator will assist in ensuring that all MAC participants are completing these modules using online reports provided on the VDH's MAC vendor's website.

APPENDIX IX -- ESHS: CONSULTING SCHOOL PHYSICIAN

Considerations for a Memorandum of Agreement or Understanding

The Vermont Department of Health and the [American Academy of Pediatrics, Council on School Health](#) recommends that schools engage with a local primary healthcare provider, ideally, a pediatrician for consulting services ([AAP, 2012](#)). This relationship can be helpful in the support of school health services and the development of health-related policy and protocols. Information and suggestions below do not entail direct medical care for individuals or students.

For example, the implementation of Vermont's concussion law (16 V.S.A. § 1431) or life-threatening-allergy law (16 V.S.A. § 1388) is a place where medical consultation may be helpful in establishing school policy and to annually renew and review a prescription for stock auto-injector epinephrine. Participation on a Wellness Committee using the [Whole School, Whole Community, Whole Child \(WSCC\)](#) model is another example. This is only a few of the many opportunities for medical consultation.

A physician and school nurse may wish to consider this partial list of the following ideas as opportunities for collaboration for the benefit of the whole student body:

- Promote partnerships between child/family, medical/dental home, and school.
- Assist with the development of Standards of Care (e.g. when to send home for fevers, cough, diarrhea, vomiting, etc.)
- Assist with the development and review of school policies related to health.
- Advocate and promote school health among colleagues and the community.
- Act as a consultant for program development and implementation of health-related activities for students and school staff when appropriate.
- Act as a medical consultant for general question.
- Educate medical office staff about the MOU and relationship with this school.

APPENDIX X -- ESHS: Considerations for an AGREEMENT between two entities – OPTIONAL

AN AGREEMENT Between two entities: [There may be an occasion for entities within the LEA or region, i.e. Technical Center or Prekindergarten Center, where it can be important to clearly articulate any new or altered arrangements for school health services in sites not originally part of a school nurse employment contract, so this sample is offered for that purpose.]

SCHOOL DEPARTMENT OR LOCAL EDUCATION AGENCY MAY CONSIDER providing the following, if applicable:

- Required school health services or selected school health and human services
- Required screenings for the following: (check applicable examinations and screenings and fill in grades):
 - Vision screening, grades:
 - Hearing screening, grades:
 - Maintenance of school records
 - Care of students with special health care needs
 - Health education
 - Emergency care planning and provision
 - Case finding (Health Appraisals: See Manual), referral, and follow-up
 - Health counseling
 - Communicable disease control, including prevention, case finding, and follow-up

May provide the following services (if applicable):

STAFFING

- Registered Nurses/Public Health Nurses/School Nurses
- School Health Assistants or Aides
- Dental Hygienist
- Vision and Hearing Screeners
- Clerical Assistants
- Other (Specify):

SUPERVISION

EQUIPMENT AND SPACE

Consider the maintenance of records and policies regarding confidentiality (include responsibilities for computerization, technology assistance, and sharing of demographic data):

MUTUAL RESPONSIBILITIES FOR COORDINATION AND COOPERATION

- Evaluation
- Planning
- Communications

TERMS OF AGREEMENT

TERMINATION OF AGREEMENT

EFFECTIVE DATES

RENEWAL DATE

APPENDIX XI -- ESHS: SN Leaders and Supervision

Clarification on School Nurse and Associate School Nurse Licensure and Supervision

The question has been raised. Does a School Nurse or Associate School Nurse who supervises and/or evaluates other School Nurses or Associate School Nurses, as contemplated under the Essential School Health Services (a School Nurse Leader model) need to have a Supervisor's Endorsement?

A supervision school nurse does not need to have a supervisor endorsement.

1. School nurses endorsed by the Vermont Agency of Education are not responsible for the supervision and evaluation of instructional content or of those instructional educators.
2. The Supervisor endorsement (75) was removed on 8/2/13. [16 V.S.A. 5150](#)

APPENDIX XII -- ESHS: TALKING POINTS

Who Benefits from Essential School Health Services System?

STUDENTS BENEFIT WHEN SCHOOL HEALTH SERVICES:

- When students are healthy, attendance improves and chronic absenteeism decreases
- Improve students' access to and appropriate use of healthcare so that students enter the classroom ready to access their whole learning environment
- Promotes Equity in, safe, and appropriate access to education for those with chronic health conditions
- Are accountable for quality improvement efforts designed to increase the safety and competencies of clinical nursing care including medication management
- Coordinate and manage care for those students with chronic health conditions, IEPs and 504 accommodations such as those with asthma, diabetes, life-threatening allergies, seizures, and emotional and behavioral health conditions
- Emergency care plans are fully developed and appropriate school personnel are adequately prepared to respond to student health crises in the absence of a SN
- Contribute to a positive and supportive school climate and student satisfaction when students and parents feel confident that the assessment and plan of care for their student's needs is reliably safe and appropriate
- Provide continued student access to a person properly supervised and trained to carry out delegated tasks. The SN makes sure there is someone trained in First Aid and CPR when students are on campus and there is no SN that day.
- When SHS is well organized and streamlined, nurses have more time to interact with students, and develop working relationships with them. The nurses have more time for meaningful interaction and support.

FAMILIES BENEFIT WHEN:

- They know that someone understands the unique needs of their student, is connected to the medical home, and ensures that the care plan is carried out as prescribed. They are less likely to keep their child home when they are confident that the SN can provide appropriate care and will let them know when their child should go home and when the child *should stay in school*.
- Electronic health records with approved software and parental permission allows families to keep the school updated on student health needs and for the future of

linking to the electronic medical record in the medical home. Families do not have to retell their story or information from school to school or from SN to SN.

- Their work day includes an increased peace of mind, less disruption, and confidence that their child is in good hands.
- SNs provide care coordination helping to build positive relationships between students, families and teachers; the SN's clear knowledge of the student and in a strengths-based manner interprets the student's needs between all parties and the medical home.
- SNs stay current in infectious disease surveillance, prevention, and management minimizing the spread of disease to others in the school, the family and the community.

TEACHERS BENEFIT FROM COMPETENT SCHOOL NURSING WHEN:

- They have increased time available for teaching (at least 20 min. daily x 180 days= 60 hr./year/teacher) (Baisch, 2011)
- There are positive teacher, family and SN communications on health-related issues because the student is in class and care is well coordinated with the medical providers, 504 team, IEP teams, and Act 264 teams.
- Teachers and staff are appropriately trained in the emergency care first-response to the increase in student life-threatening conditions such as allergic response, seizures, diabetes, asthma, and emotional/behavioral health conditions.
- Students and staff are not contagious and when healthy life-style, nutrition, and physical activity is integrated throughout the LEA, resulting from disease surveillance and such events as adult flu vaccine clinics.
- Teacher and staff exposure to illness and the need for substitute teachers or staff is reduced when healthier students attend school resulting in a net savings for the LEA.
- Healthier students and staff means staying on track for learning

PRINCIPALS BENEFIT WHEN THEY HAVE MORE TIME FOR:

- Administration of the learning environment (1hr/ daily to care for student health related needs x180 days = 4.5 work wks./ academic year) (Baisch, 2011) because all is well in Equity in School Helath Services
- Administration of professional development activities for school personnel due to less time being spent on SN turn over
- System development rather than spending time training, orientation, and mentoring or coaching a new SN

- Supervision and evaluation of direct instructional personnel because less time is needed to manage SNs, answer their questions, and provide and arrange for their mentoring or coaching and evaluations
- Administrative policy and procedure writing for instructional and school issues due to decreased time needed to address health services policy, protocol, and procedure writing
- Peace of mind knowing that school health services are handled appropriately, professionally, safely and consistently across the LEA
- Proactive meetings with families because of improved family satisfaction

SCHOOL BOARDS BENEFIT WHEN:

- Cost efficacies - decreased spending on:
 - hiring and mentoring or coaching of SNs
 - professional development for basic skills for novice SNs
 - Electronic Student Health Records are purchased LEA wide
 - School personnel needed for data entry and reporting
- School health services meet state and federal standards of care reducing liability risks
- Accountability for and equity of school health services to the community is transparent
- Cohesive SN leadership integrates a shared responsibility for quality school health outcomes
- There is greater family, staff, and community satisfaction in the school health services and better support for related budget needs

SCHOOL NURSES (SN) BENEFIT WHEN THERE IS:

- Increased job satisfaction and reduced SN turnover related to increased professional oversight, consultation, problem solving, and on-going quality improvement.
- Improved mentoring and coaching for, and a go-to person, SN leader, for SNs with questions
- Increased focus on student outcome improvement due to less time spent trying to develop protocols and procedure, for example: LEA wide EHRs improves consistent and required documentation, data analysis, and quality improvement.
- Increased SN time for communications with parents and teachers
- Increased time for care coordination for students with chronic health conditions, including 504 Case Management

- Increased time for targeted professional development activities which includes: aligning school health services with School Effectiveness Plans, supporting health education instruction, and improved team work and coordination
- Consistency between schools. This makes nursing staff more flexible and adaptable to meeting health related needs in other schools in the LEA. There is less training and orientation time needed when staff move to another school.
- Increased coordination with peers across LEA, and support for questions and problem solving.

SUPERINTENDENTS BENEFIT WHEN THERE:

- Are increased efficiencies of school health services due to SN time being allocated based on student and school needs rather than simply on numbers.
- Is one SN leader to work with rather than several different persons in settings with different needs and protocols
- Increased administrative time available for LEA administration because they are spending less time addressing health services gaps and policy development.
- Increased and systematic accountability for desired student outcomes
- Improved family satisfaction

COMMUNITIES BENEFIT WHEN THERE IS:

- Cost effectiveness: For example, in Massachusetts, every dollar spent on school health services saves the community \$2.20. (Wang, et al. 2014)
- Improved collaboration and planning on all-hazard response preparations with First Response, Fire, Rescue, hospital communications and transport, and family reunification.
- Improved infectious disease control, surveillance, and prevention such as suicide prevention resulting in improved community health
- Increased collaboration on referrals for emotional/behavioral, and specialty healthcare
- Reduced misuse of hospital emergency department by increasing the appropriate use of the primary care and medical and dental home
- Improved relationships with healthcare providers
- Decrease in healthcare costs for individuals and the population (Wang, et al. 2014)

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