

MATANUSKA SUSITNA BOROUGH SCHOOL DISTRICT HEALTH SERVICES SCHOOL NURSE MANUAL SECTION I PROFESSIONAL STANDARDS

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**MATANUSKA SUSITNA BOROUGH SCHOOL DISTRICT
HEALTH SERVICES SCHOOL NURSES' MANUAL**

A LEGAL FRAMEWORK FOR SCHOOL NURSING

PURPOSE

To be in compliance with federal, state and professional requirements and guidelines.

A. POLICY AND PROCEDURAL DETERMINANTS

MSBSD Health Services determines the standards of professional nursing from the following sources:

- [Alaska State Statutes and Regulations](#) (AS 08.68 and 12 AAC 44)
- [American Nurses Association](#)
- [National Association of School Nurses NASN](#))NASN standards are adopted by reference in the absence of legal and/or local guidelines
Federal Laws – Individuals with Disabilities Education Act (IDEA) of 1975, section 504 of the Rehabilitation Act of 1973; and the Americans with Disabilities Act (ADA) of 1990.

B. HEALTH SERVICES POLICY

1. Definitions

- **Registered Nurse:** A Registered Nurse (RN) is a person who is currently licensed to practice nursing. An RN registered in Alaska must practice nursing within the parameters outlined by Alaska State Law. (AS 08.68) (12 AAC 44)
- **School Nursing (SN)** School nursing, a specialized practice of nursing, protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential. *Adopted by the NASN Board of Directors February 2017. .* (NASN 2016)
- **"Unlicensed assistive personnel:" (UAP)** Is defined as (for this purpose) persons, such as a school setting provider who is employed at a school that provides educational services to students age 21 or younger, who are not licensed to practice practical nursing, registered nursing, medicine, or any other health occupation that requires a license in this state.

2. The Practice of Registered Nursing [\(AS 08.68.850\(11\)\)](#): "means the performance for compensation or personal profit of acts of professional service that require substantial specialized knowledge, judgment, and skill based on the principles of biological, physiological, behavioral, and sociological sciences in assessing and responding to the health needs of individuals, families, or communities through services that include:
(A.) assessment of problems, counseling, and teaching clients to maintain health or prevent illness; and care of the ill, injured or infirm
(B.) administration, supervision, delegation and evaluation of nursing practice;
(C.) teaching others the skills of nursing
(D.) execution of a medical regimen as prescribed by a person authorized by the State to practice medicine; and,
(E.) performance of other acts that require education and training that are recognized by the

nursing profession as properly performed by registered nurses.”

3. Unprofessional Conduct (12 AAC 44.770) “Nursing conduct that could adversely affect the health and welfare of the public constitutes unprofessional conduct under AS 08.68.270(7) and includes the following:” (as they apply to Registered nurses and the school nurse setting)

- (1) failing to use sufficient knowledge, skills or nursing judgment in the practice of nursing as defined by the level of licensure;
- (2) assuming duties and responsibilities, on repeated occasions, without sufficient preparation or for which competency has not been maintained;
- (3) knowingly delegating a nursing care function, task, or responsibility to another who is not licensed under AS 08.68 to perform that function, task, or responsibility, when the delegation is contrary to AS 08.68 or 12 AAC 44 or involves a substantial risk or harm to a client;
- (4) failing to exercise adequate supervision over persons who are authorized to practice only under the supervision of the licensed professional;
- (5) failing to perform acts within the nurse’s scope of practice which are necessary to prevent substantial risk or harm to a client;
- (6) violating the confidentiality of information or knowledge concerning a client;
- (7) neglecting or abusing a client by one of the following means: (A) physically; (B) emotionally; (C) verbally;
- (8) using alcohol or other drugs to the extent that the use interferes with nursing functions;
- (9) violating state or federal laws regulating drugs, including forging prescriptions or unlawfully distributing drugs or narcotics, or prescribing controlled substances for self or the nurse’s immediate family members in this paragraph, “immediate family members” means a parent, sibling, spouse, child, parent-in-law, sibling-in-law, step-child, same sex or opposite-sex, domestic partner;
- (10) failing to maintain a record for each client which accurately reflects the nursing problems and interventions for the client, or falsifying a client’s records or intentionally making an incorrect entry in a client’s chart;
- (11) leaving a nursing assignment without properly notifying appropriate personnel;
- (12) permitting another person to use his or her nursing license or permit for any purpose;
- (13) failing to report to the appropriate board, through proper channels, facts known to the nurse regarding incompetent, unprofessional, or illegal practice of a health care provider;
- (14) engaging in fraud, misrepresentation, or deceit in writing the licensing examination;
- (15) for any person not authorized to practice acts of medical diagnosis or medical therapeutics as an advanced nurse practitioner, to use the title nurse practitioner or advanced nurse practitioner, or the abbreviation NP or ANP or any other words, letters, signs, or figures to indicate that the person is an advanced nurse practitioner;
- (16) for an advanced practice registered nurse [PRACTITIONER] to perform duties other than those specified in 12 AAC 44.430;
- (17) for any person not authorized to practice as a certified registered nurse anesthetist to use the title registered nurse anesthetist, nurse anesthetist or certified registered nurse anesthetist or the abbreviation CRNA or any other words, letters, signs, or figures to indicate that the person is a certified registered nurse anesthetist;
- (18) discrimination on the basis of race, religious creed, color, national origin, ancestry or sex in the provision of nursing services;
- (19) signing a record as a witness attesting to the wastage of controlled substances which the nurse did not actually witness;
- (20) exploiting the patient for financial gain or offering, giving, soliciting or receiving fees for referral of a patient or client;
- (21) intentionally misappropriating medications, property, supplies, equipment or other

resources of the client or agency for personal or unauthorized use; untruthful or misleading advertising of nursing services;

(24) knowingly violating laws regulating health insurance including those laws established in AS 21.36.360;

(25) engaging in activities that constitute the unlicensed practice of pharmacy;

(28) engaging in sexual misconduct with a client;

(29) harassing, disruptive, or abusive behavior by a licensee directed at staff or a client, a client's relative, or a client's guardian;

(30) disruptive behavior by a licensee at the workplace that interferes with the provision of client care;

(31) failing to cooperate with an official investigation by the board or the board's representatives, including failing to timely provide requested information;

(32) accepting healthcare provider orders from unlicensed assistive personnel;

(33) failing to cooperate with the department in an audit under of 12 AAC 02.960 – 12 AAC 02.965 of the continuing competency activities claimed by the licensee;

(34) claiming on an application for a license, or for renewal or reinstatement of a license, continuing competency activities that the licensee or license applicant has not performed.

4. Code of Ethics for Nurses. (2015) American Nurses' Association (ANA). The focus of nursing has always been the care of and concern for others. "Nursing encompasses the protection, promotion, and restoration of health and well-being; the prevention of illness and injury; and the alleviation of suffering, and the care of individuals, families, groups, communities, and populations." ." (Preface to Code)

Code of Ethics for Nurses: Provisions;

1. "The nurse, practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person." "

2. "The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population."

3. "The nurse promotes, advocates for, and protects the rights, health, and safety of the patient."

4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care."

5. "The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth."

6. "The nurse, through individual effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe quality health care."

7. "The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy."

8. "The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities"

9. "The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principals of social justice into nursing and health policy."

5. Code of Ethics for School Nurses (2017) National Association of School Nurses (NASN)

NASN CODE OF ETHICS

Acknowledging the diversity of the laws and conditions under which school nurses practice, the National Association of School Nurses (NASN) believes in a commonality of moral and ethical conduct. As such, NASN adopts the American Nurses Association's (ANA) *Code of Ethics for Nurses with Interpretive Statements* (2015), which establishes an ethical foundation for all nurses. Furthermore, this foundation is supported by the *School Nursing: Scope and Standards of Practice, 3rd Edition* (ANA & NASN, 2017) and ethical guidelines provided by state boards of nursing. School nursing practice, built upon these ethical foundations, is grounded in the NASN core values of child well-being; diversity, equity, and inclusion; excellence; innovation; integrity; leadership; and scholarship (NASN, 2020). The school nurse is responsible for complying with applicable federal, state, and local laws, regulations, ordinances, executive orders, policies, and any other applicable sources of authority, including any applicable standards of practice (NASN, 2016b).

SCHOOL NURSE ETHICS

"School nurses straddle two statutory and regulatory frameworks, health and education. Because school nurses practice nursing in an educationally focused system, they face unique legal, policy, funding, and supervisory issues that may also have ethical dimensions" (ANA & NASN, 2017, p. 37). Examples of challenges to school nurses' ethical foundation include:

- Unsafe school nurse to student workloads,
- Accountability for care delegated to Unlicensed Assistive Personnel (UAP),
- Documentation expectations that do not align with the standards of nursing practice,
- Assignment of nursing tasks to UAP without the input of the school nurse, and
- Attempts by non-licensed school administrators to direct practice.

As such, school nurses must have not only the skills to communicate within both the healthcare and education arenas, but also the requisite knowledge and skills to interpret applicable laws, regulations, and professional standards, as well as apply ethical theories and principles common across all nursing specialties (ANA & NASN, 2011).

C. HEALTH SERVICES PROCEDURE

1. Intent. It is the intent of Health Services to programmatically align its practice to meet federal, state and professional requirements and recommendations.

2. Practice. MSBSD nurses practice under direct supervision by the school principal, with indirect supervision by the director who supervises health services. The Medical Advisor, a local physician, writes standing orders "Medical Protocols for School Nurses" yearly. The physician is available for consultation as needed.

3. Documents and Trainings. Health Services maintains the following documents and conducts the following trainings to assure its intent and programmatic consistency:

- Medical Protocols for School Nurses (Standing Orders) – reviewed and updated annually
- Health Services School Nurse Manual – reviewed regularly and updated as needed
- New Nurse and Sub Nurse Training – includes receipt of or access to the Health Services School Nurse Manual
- Ongoing Nurse In-service/training -- held regularly throughout the year.

Areas found to no longer be in accordance with 'best practice' are reviewed, researched and updated

THE PRACTICE OF NURSING IN THE MATANUSKA SUSITNA BOROUGH SCHOOL DISTRICT

PURPOSE

To enhance the educational process by maximizing the health and well-being of Mat-Su Borough School District students

A. POLICY AND PROCEDURAL DETERMINANTS

MSBSD Health Services determines school nurse policy and procedure from the following sources:

- Alaska State Statutes and Regulations (AS 08.68 and 12 AAC 44)
- National Association of School Nurses ([NASN](#)). NASN standards are adopted by reference in the absence of local and/or professional guidelines.
- [MSBSD Board Policy](#)
- Local Professional Consultants
- Evidence Based Nursing Practice

B. HEALTH SERVICES POLICY

It is the intent of Health Services to promote and implement current standards of school nursing practice as we strive to maintain optimal health standards, educating school staff in understanding childhood illnesses and promoting staff and student health.

C. HEALTH SERVICES PROCEDURE

The following areas have been identified by AS 08.68, 12 AAC 44 and NASN to be within the professional duties of the school nurse. This list is not exhaustive, and its purpose is to provide examples of the core nature of this discipline.

1. First Aid and Crisis Management. The school nurse is a trained first responder. The MSBSD nurse is responsible to:

- triage emergency care and provide first aid when onsite
- instruct staff and students in Medic First Aid when requested
- identify and/or train selected staff to respond to school emergencies in the nurse's absence

2. Identification of Health Concerns. The school nurse is to use all means at his/her disposal to ascertain health issues that may decrease the student's ability to learn.

The MSBSD nurse:

- reviews available health information i.e. school physicals, student health registration information, written or verbal reports from the student and/or parent, reports of student health concern from school staff.
- observes symptoms and responds appropriately to the observation
- documents health information pertinent to education ability on the health record
- refers students for evaluation as necessary.

3. Specialized Nursing Service. The school nurse provides a variety of specialized procedures during the school day. These procedures are scheduled by a written order of the health care provider and follow a written nursing care plan. Procedures currently performed by MSBSD nurses include, but are not limited to:

- procedures i.e., catheterization, gastrostomy feeding, tracheal suctioning with airway assessments and treatments, and lung auscultation
- monitoring of existing conditions i.e., blood glucose testing, seizure protocols, respiratory baselines for asthma
- medication administration

- severe allergy considerations with Epi Pen availability
- daily assessments of selected students i.e., non-verbal, recently ill or injured and those referred by parent, teacher or student self-referral,
- assessment of students following a seclusion or restraint.

4. Infectious Disease Control. School nurses are trained in specific criteria regarding many of the most common contagious and infectious diseases and conditions. In addition, they are able to access specific information from a variety of sources.

MSBSD nurses are responsible to exclude or recommend for exclusion;

- students who appear to have symptoms indicating a contagious or infectious disease or condition ([BP 5141.22 & 5141.23](#))
- students who do not meet minimum state requirements for immunization (BP 5141.31). [Alaska Immunization Regulation](#) 4 AAC 06.055

These are specified in the "Medical Protocols for School Nurses" (standing Orders) Section II and in Section III of this manual.

5. Student Health. Student Health includes a comprehensive health program that covers the multiple facets of school nursing as it relates to students.

The MSBSD program includes, but is not limited to:

- student walk-in assessment for illness and injury
- collaborative work with parents, classroom teachers, medical professionals and others to assure the best possible health for the child
- health screening i.e. vision, hearing, height/weight, blood pressure, nurse assessments, etc.
- referral to a health care provider when evaluation results are outside the acceptable norm
- regulatory compliance reviews and reports

6. Multi-Disciplinary Team Member. The role of the school nurse in the multi-disciplinary team includes advising the team regarding appropriate student health referrals and interpretation of medical data.

The MSBSD nurse is usually a part of a team whose discussion includes student health. This may include:

- 504 and Individual Education Plan (IEP)
- Educational Intervention (RTI)
- Student Assistance
- Crisis Intervention Team

7. Instruction and Health Resource. The school nurse is an able instructor and resource for health information.

The MSBSD nurse is involved in the following:

- 1:1 student instruction in personal health issues i.e. diabetic monitoring, infection control, specific illness assessment
- health information resource per student and staff request
- student classroom topic instruction upon request (i.e. Hand washing, dental hygiene, personal safety, and germ transmission)
- staff educational classes i.e. Medic First Aid, emergency medication instruction (EPI PEN) and Bloodborne Pathogen

8. Liaison. The school nurse interprets school health laws, regulations and health data to those whom must (or should) comply.

The MSBSD nurses regularly interpret:

- individual health information and screening results to students

- screening information and referral needs to parents
- medical data to school staff
- State of Alaska Statutes and Regulations to parents, school staff and other interested parties

9. Documentation. The school nurse documents all work as required by the nursing profession. The MSBSD nurse documents in the following areas:

- generation and maintenance of student health file; hard copy and electronic
- generation and maintenance of Nursing Care Plans (Individualized Healthcare Plan (IHP), Emergency Action Plan (EAP)
- generation and maintenance of working documents i.e. medication forms, procedure log daily health log, medication administration record (MAR) nursing notes and as needed completion of health office reports

10. Staff Health. The school nurse provides in-service presentations/training per administrator request and is a resource for individual staff as needed. MSBSD nurses administer Hepatitis B vaccination for employees in their assigned building who are designated eligible in the district's exposure control plan.

11. Health Office Maintenance. School nurses maintain a health office consistent with the goals of delivering on-site care to those who are ill or injured and the storage of student health records. Refer to section III ([Nurse KB](#))

12. Delegation. ([Nurse KB](#) section IV) The school nurse must comply with (Nursing Statutes AS 08.68) and (Nursing Regulations 12 AAC 44.950-12 AAC 44.975) when determining which duties can and cannot be delegated.

- In general, duties that CAN be delegated include those in which the duty includes a clear direction from beginning to end and does not require nursing knowledge or judgment and where the students (patients) medical condition is stable or predictable.
- In general, duties that CANNOT be delegated include those in which the duty is dependent upon assessment, requires an evaluation to determine the next step or includes an invasive procedure.
- Delegation of medication administration must be in accordance with the Alaska Board of Nursing Statutes and Regulations and follow the Delegation Decision Tree. (See Appendix A Section I)

