

HELPFUL INFORMATION AND MENTORSHIP PROGRAM

INTRODUCTION TO THE MENTORSHIP PROGRAM

Welcome to IASN. We're glad you are a school nurse and have joined the professional organization. School nursing is an exciting and challenging nursing specialty. To assist you with your developing role as a school nurse, IASN offers a Mentoring Program. This is a free service you receive as part of your membership in the organization.

The Mentoring Program consists of two parts. The first part is the packet of written informational materials. They contain information that will be helpful in your work as a school nurse. Practical suggestions from experienced school nurses are also included. These materials are located on the IASN website under the FOUNDATION drop down menu.

The second part of the program is linking you with an experienced school nurse to serve as your mentor for the school year. Each local IASN Division has members prepared to serve as mentors. The Foundation Mentorship Chair will work with your local Division president to assign you a mentor. Your mentor will contact you to set up times to talk together. These contacts will be weekly until mutually agreeable to lengthen the contact interval. The purpose of these contacts is to offer support and encouragement, answer general questions, to assist you in locating information/resources about specific problems or situations encountered, and help you utilize the resources available through IASN.

The mentor will:

- Listen to your concerns and frustrations
- Offer emotional support and encouragement.
- Answer general questions about school nursing
- Assist you in locating information and resources about school nursing issues.
- Assist you to identify resources and supports within her school/district
- Assist you in locating appropriate health care resources in the community.
- Assist you in identifying and utilizing available IASN/NASN supports.
- Assist you in understanding school nursing issues from a State-wide perspective
- Introduce you to other members at Division meetings.

Some districts assign preceptors/mentors to new employees. The IASN mentor supplements these services. Our program offers a broader perspective and an additional resource/support person to assist you in your development as a school nurse.

We hope you will find the Mentoring Program beneficial. Feel free to contact me if you have questions, concerns, or feedback about the program.

Jeannie Martin – Chairperson IASN Mentoring Program
e-mail jmartin@adams.net

HELPFUL INFORMATION FOR ALL NEW SCHOOL NURSES

IASN BASICS

The Association is divided into 10 divisions and is governed by a Board of Directors consisting of the Elected Officers, Division Presidents and Standing Committee Chairs. The board meets three times a year. Information from these meetings is shared with the membership via division presidents and newsletters. IASN members wishing to ask questions or have an issue discussed by the board may communicate through their division presidents or contact a board member directly.

State Officers:

- The elected state officers are: President, President-elect, Treasurer, Recording Secretary, NASN director, and Nominating Committee.
- The Executive Committee consists of the President, President-elect, Treasurer, recording Secretary, NASN director, and Executive Secretary. They meet as needed to conduct association business between Board of Directors meetings.
- IASN state officers are elected to serve 2-4 year terms of office. In order to be considered for an office, the school nurse must be an active, paying member of IASN. Persons can hold the same office for a period of 2 terms.
- Officers are installed at the fall Annual State Conference. A listing of current officers can be found on the website.
- Officers determine IASN policies and procedures, communicate regularly with the State Board of Education and the Department of Health Services and regarding issues affecting the health of school children. They network with other organizations involved with the well being of children and adolescents.
- The Board of Directors communicates with NASN regarding IASN concerns as well as informing Illinois school nurses of resources available through NASN.

Division Officers:

- Division officers must be current active paying members of IASN. Associate and retired members may serve on committees at the division level. Officers are elected to 2-year terms and installed at the fall division meeting.
- Officers communicate information from the State Board of Directors to division members. They plan and implement programs two to three times a year for their divisions. They serve as resource and support persons to division members.

Website:

The website for IASN is www.iasn.org. It is updated on a regular basis and contains valuable information (IASN Newsletter, State office and committee chairs contact information, news articles, legislative updates, educational programs, meetings) for all school nurses in Illinois. The website also has links which will take you outside of the website to related organizations and resources.

The IASN and NASN web sites are different systems and need different Username and Password. IASN Username – full name in small letters. Password – membership number.

IASN Discussion Group:

IASN has a Discussion Group that is free to all active members. It is hosted and in part of the NASN Connected Community. You will be automatically signed up for the Discussion group when you join/rejoin IASN. This is an e-mail site for the organization to share information and announcements with members in a timely manner. Members can use this site to share information and ask questions related to school nursing. If you are not receiving messages from the discussion group or are having difficulty with it, contact IASN Discussion Group Manager, Cathy Yonkaitis at cyonk@uic.edu.

AFFILIATED ORGANIZATIONS:

ADA - American Diabetes Association
AFHK - Action For Healthy Kids
AFT/IFT – American Federation of Teachers/Illinois Federation of Teachers
ALA - American Lung Association
ADC - American Dairy Council
ANA-IL – Illinois Nurses Association
CDC - National Center For Disease Control
CTU - Chicago Teacher's union
DHS – Department of Human Services
HSC – Healthy Schools Campaign
ICAH – Illinois Caucus for Adolescent Health
ICAAP/AAP- Illinois Chapter of the American Academy of Pediatrics/American Academy of Pediatrics
ICNR - Illinois Coalition for Nursing Resources
ICSHC - Illinois Coalition for School Health Centers
ICVP – Illinois Center for Violence Prevention
IHEA - Illinois Health Education Alliance
IDPH – Illinois Department of Public Health
IEA/NEA – Illinois Education Association/National Education Association
IMRC - Illinois Medical Reserve Corp
INET – Illinois Nutrition Education Training Program
INVENT - Illinois Nurse Volunteer Emergency Needs Team
IPC - Illinois Poison Center
IRHA – Illinois Rural Health Association
ISBE – Illinois State Board of Education
ISELA – Illinois Special Education Association
ISHA - Illinois School Health Association
JDRF - Juvenile Diabetes Research Foundation
NBCSN - National Board for Certification of School Nurses
NIH-National Institute of Health
PTA/PTO – Parent Teacher Association/Parent Teacher Organization
SALF - Save a Life Foundation
SWPTF - School Wellness Policy Task Force

FLOW OF A TYPICAL SCHOOL YEAR

The beginning of every school year is a challenge! The school nurse's obligations are both immediate and long term and in constant competition for time and effort. The beginning of the year responsibilities must be completed while providing daily, competent nursing care for students, families and school personnel. Setting priorities can be difficult. Experienced school nurses have learned that there is an annual pattern to the workflow and priorities are different each month. By focusing on the priority tasks for each month, the school nurse can gain control of her workload and prevent becoming overwhelmed.

Beginning of the School Year; August:

- Inventory and put away supplies
- Organize clinic area
- Student health information:
 - Identify children with health concerns
 - Evaluate their needs (i.e.: medications, treatments; safety) in the school setting. Contact parents for input and clarification
 - Notify staff (classroom teachers, physical education teachers, cafeteria personnel, principal) about children with health concerns and their needs
 - Educate staff about pertinent health demands such as care during and after a seizure, requirements of the diabetic child, how to use an epinephrine auto-injector (EIA), etc
 - Plan and implement environmental accommodations as dictated by children's needs (i.e. establish peanut free table in cafeteria). Inform the principal of these interventions
 - Establish an emergency plan for when the nurse is not available
- Medications and treatments:
 - Secure physician's order and parent permission to administer medication and treatments at school
 - Develop a medication / treatment schedule. Prepare a master list of daily and PRN medications / treatments
 - Alert teachers to students receiving medications / treatments at school, administration times, and symptoms to report
- Physical and Immunization Records:
Whether your district has first day, September 1st. or October 15th exclusion:
 - Follow district guidelines for follow-up contacts and exclusion. Keep the principal informed of students at risk of exclusion
 - Send immediate notification to parents explaining requirements and consequences
 - Maintain fluid list of noncompliant students, noting cause of noncompliance, communication attempts, and action taken
 - Maintain a list of students susceptible to vaccine preventable illnesses due to medical or religious exemptions

September:

- Student health information:
 - Continue identifying children with health concerns

- Continue evaluating their needs (i.e. medications, treatments; safety) in the school setting. Contact parents for input and clarification
- Identify goals and develop nursing care plans for children with severe allergies, diabetes, seizure disorders, treatments etc. Begin implementation of IHP's
- Develop and nurture a "Team" approach (including school nurse, child, family, teachers and staff) to student health care
- Review with teachers how to manage students with common health concerns such as asthma, absence seizures, ADHD medication
- Physical and Immunization Records:
 - Organize records as they arrive for ease in locating them until there is time to do filing (alpha by grade is the most common system)
 - Work from master list of students (Consider what lists will be easier for your school; classroom, grade level or whole student population)
 - Maintain fluid list of noncompliant students, noting cause of noncompliance, communication attempts, and action taken
 - Send immediate notification to parents explaining requirements and consequences
 - Follow district guidelines for follow-up contacts and exclusion. Keep the principal informed of students at risk of exclusion
 - Enter new physical and immunization data into computerized health records system
- Special Education: (For the licensed/endorsed School Nurse or Nurse completing ISBE course)
 - Secure list of students with IEPs and 504 plans
 - Check that teachers have copies of 504 plans and know who to consult if they have questions/concerns about the 504 plan
 - Identify nursing services mandated
 - Secure a list of required Health Histories and Re-evaluations due during the year.
 - Arrange for staff education on health policies and OSHA mandates
 - Arrange to attend IASN Annual Conference in October. Apply early for district to cover your registration and or expenses.

October:

- Check back with teachers of students with chronic health problems to see if they have questions about managing the student's health needs in the classroom
- Finish obtaining health records
- Finish entering health data into computerized health record system
- Prepare Illinois immunization report as of district exclusion date
- Plan the remainder of the year:
 - ✓ Arrange for health educational programs (i.e.: hand washing, dental health, human sexuality, STDs, drug and alcohol abuse, accident prevention, mandated staff trainings)
 - ✓ Arrange for staff health and wellness programs (immunization clinics for influenza, blood work, mammogram, weight control, exercise or smoking cessation)
 - ✓ Begin vision and hearing screening for mandated grades, new students and those requested by teachers

November/December:

- Evaluate medication efficacy for students taking daily medications at school.
- Share this information with parents and recommend they share it with their physician.
- Prepare for Holiday Assistance for needy families by coordinating with the social worker or counselor to identify and refer students
- Continue vision and hearing screening, referrals for failed screenings
- Identify and plan for students needing accommodations to prevent cold weather related health problems
- Complete third party billing for August - December

January:

- Evaluate progress to date. Items to consider include:
 - Expected completion of mandated tasks
 - Health education programs
 - Role in Sp. Ed. (PEL-CSN licensed/endorsed School Nurse or Nurse completing ISBE course)
 - Communication and lines of authority
 - Documentation
 - Fee for service billing
 - Personal, professional goals (i.e. conferences, workshops, research, grant writing)
- Develop and implement plan for achieving goals
- Begin follow-up on vision and hearing referrals

February:

- Continue follow-up on vision and hearing screenings
- For elementary schools - coordinate dental health programs
- Check with teachers to find out if 504 plans are in need of revision. Work with building principal to arrange 504 plan meetings if needed (Type 73 licensed/endorsed School Nurse or Nurse completing ISBE course)

March:

- Complete follow-up on vision and hearing referrals
- Identify students needing transition plans to prepare for next year's health care at school
- Notify parents of students needing dental exams before May 15
- Identify and plan for students needing accommodations to prevent hot weather related health problems
- Review and revise as needed plan for achieving your goals for the year

April:

- Notify parents of health requirements mandated for the next year (K, 6, 9 physicals and immunizations, K, 2, 6 dental, K vision)
- Complete third party billing for January-April
- Evaluate medication efficacy for students taking daily medications at school. Share this information with parents and recommend they share it with their physician

- Coordinate implementation of spring health education programs (bike/skateboard safety, I Spy, growth and development)
- Send information about summer health related camps (diabetes, asthma) to appropriate students

May/June:

- Complete:
 - Vision and hearing state reports
 - Dental state reports
 - Charting and filing of health records.
 - Complete Third Party billing
- Professional Educator Licensed/endorsed School Nurses or Nurses completing ISBE course should attend:
 - Year-end IEP meetings of students whose health impacts their academic performance
 - Transition meetings for students moving to another building as needed.
 - Follow the district's procedure for notifying next year's school of health concerns and 504 plans
- Inventory and order health supplies
- Order free products for following year i.e. tooth brushes, deodorants
- Send home Medication Authorization Forms for next year
- Arrange for remaining medications to be picked up by families at the end of the year

Last Day:

- Discard remaining medications per district protocol
- Pack up the health office and store records per district protocol
- Breathe a sigh of relief and collapse!

DOCUMENTATION

The best resource available to help you with record keeping is Guidelines for School Nursing Documentation: Standards, Issues and Models by Nadine Schwab, Mary Jo Panettieri, and Martha Dewey Bergren, available from NASN.

Thoughts to consider:

- Basic guidelines for charting are similar to those found in acute health care settings
- Avoid duplication of effort, i.e. maintaining both hard and soft copies of record
- Guard confidentiality. Remember that papers/logs left on your desk can be seen by anyone entering the office
- Keep basic health records and Special Education records separately
 - Always value and document what you do. It is important to document health/self care teaching and referrals in addition to medications /treatments, first aid, and illness management
 - Don't let paperwork limit your role, rather, let documentation define and describe your efforts on behalf of students within the framework of the nursing process

- For challenging families, keep a separate log of personal notes about contacts, discussions, recommendations, and referrals. These are not official records, rather a way to keep track of details and refreshing your memory.

WHO IS THE NURSE’S BOSS?

School Nurses frequently do not think to reflect on the answer to this question. In fact, the boss question for the school nurse revolves around another core question, which is, “Who am I accountable to?” This question should have been answered at the time of hiring. Not only should there have been a conversation about the “chain of command “ and where the school nurse fits on the organizational chart, but the nurse should have a written (dated) copy of this information. The terms “official” and “unofficial” accountability must be considered when discussing who is the “boss” of the school nurse.

1. The Principal:

In most schools in Illinois (public and private), the school nurse is accountable to the building principal. This entails determining a system of communicating any information that needs to go out to parents, making decisions on a daily basis pertaining to students and building staff, and determining interventions for the safety and well being of all in the building. He/she must be kept informed of any information or situation that could possibly be referred to the principal (i.e.: injuries, illness outbreaks, exclusions, discipline problems, DCFS issues, etc.) The principal may assign building tasks to the nurse. The nurse must educate the principal so he/she does not require the nurse to perform duties that violate the Nurse Practice Act or confidentiality laws. The principal is also involved with the nurse’s performance evaluations.

2. Student Services (Health Services) Supervisor:

This person has “official” authority over the nurse’s role and evaluation. The principal would report displeasure or concerns regarding the nurse’s role and functioning to this person. He/she is whom the nurse consults when there is a disagreement with the principal. The supervisor is the person to answer questions about health services policies and procedures.

3. The Superintendent:

It is not unusual for the school nurse to report directly to the superintendent, especially in smaller districts. The superintendent rarely has health background and will need evidence-based data to guide his/her decisions regarding health services. Justification for budgetary items is a major concern for this “boss”. He/she will need reports and data to justify expenditures for school nurses.

4. Parents:

Parents, have a vote in more ways than one in what they expect from the school nurse. They may communicate this to you directly or indirectly. As a group they can influence the resources you have, the percentage of time you are assigned to a particular school as well as how their children utilize your services.

5. Teachers:

Indirectly, teachers have great influence over the interactions the school nurse has with students. Teacher's understanding and acceptance of how we partner with them to support students is crucial. The school nurse's role in the health curriculum depends largely on the teachers. They allow access to their students and "teachable moments" (such as health "commercials" after a student has a seizure or after a near choking when a child is sucking on a hard candy). Teachers also control student access to the nurse. The nurse must be perceived as current, approachable, flexible, understanding, and resourceful for staff to fully utilize what she can offer.

5. Students:

The School nurse is well aware that students are the reason why we are working in a school setting. Today's students have consumerism skills that include how they perceive the school nurse's role. The time and resourcefulness it takes to uncover hidden health problems, which could impact the student's life, are connected to this accountability. Listening and observing students as well as tracking individual and group health trends is part of what drives our accountability to students. The student's perception of the services they receive versus the ones they expect can be reported or communicated in such a way that the students are classified as unofficial "bosses."

6. Self:

The school nurse practices under the School Nurse Standards of Practice, national and Illinois, and should strive to reach those standards. Ultimately, the school nurse has to determine how the official and unofficial bosses will impact her practice. The Nurse Practice Act, Department of Professional Regulation, NASN standards, IDPH, and CDC are just a few of the regulatory groups to whom we are held accountable. It is the school nurse's responsibility to stay current and to know the resources connected to these entities. At the end of the day, the school nurse must be able to face a "jury of peers" and be at peace with the choices and priorities made.

THE CASE MANAGEMENT ROLE OF SCHOOL NURSES

School nurses are the link between the school, health care providers, community agencies, and families. As such, school nurses frequently find themselves functioning as case managers. The purpose of case management is not to provide the services directly, but to link students with existing school and community-based services.

Case management is the process of assessing, planning, organizing, coordinating, and monitoring services and referrals for clients. School nurses, social workers, and counselors are all in positions to serve as case managers. They must work together to determine who will be the case manager for a particular student. When the needs primarily involve health care resources, it is appropriate for the school nurse to take the lead. The nurse has a vital role in helping coordinate communication between the school, home, and health care providers. While all RN's are allowed to make referrals to health resources in the community, only Professional Educator Licensed endorsed/certified School Nurses or nurses completing the ISBE course may recommend school accommodations or special education health plans.

As case manager, the school nurse is responsible for assessing the needs of a student and making appropriate referrals to school and / or community based services. In situations where the parent's difficulties are preventing them from assisting their child, there may also be a need to refer the parent for services. After referrals are made, the case manager must coordinate the flow of information among all involved. She must ensure appropriate parental consent and releases of information have been obtained.

A major function of the case manager is to follow-up and monitor the status of referrals. Often referrals become lost in the system. The case manager must be available to the student and family to assist with overcoming obstacles to obtaining needed services. Having a contact person for coordinating the flow of information keeps things running smoothly. It is important to educate teachers and other school staff to keep the nurse informed of information received and requested from community health care providers. Following up on the results of a referral will help determine if the need was met or if additional services are needed.

BEST PRACTICES GUIDELINES: IDEALS VS REALITY

School nurses verbalize concerns regarding the gaps between what they learned to be "Best Practices" for the delivery of school health services and the reality of what is done in their work settings. It can be difficult to decide what to do in these circumstances. Consider each situation individually and consider the following:

- If rights of the student will be violated in any way.
- If the needs of the student will be in jeopardy
- If there is a possibility that legal action or other consequences could occur.
- If there are ethical implications.
- The available resources (someone to delegate to)
- The support from principals, administrators, parents, students and other school staff.
- The expectations of the school community (or the lack of expectations)
- Conflicting time priorities of the school nurse

Thankfully, one does not have to be enrolled in a program for school nurses to keep abreast with updated and emerging best practice", as well as current standards of practice for school nurses. This information is available online via position papers on the NASN web site. In addition to specific Illinois State School Nurse Standards of practice, there are core public health practices that as registered nurses we are expected to abide by and/or "enforce."

Examples of the types of dilemmas school nurses encounter:

- Expectation that hand washing should occur before eating snacks or lunch for all grades - but there are often inadequate facilities or lack of time for hand washing.
- Expectation of confidentiality related to medical conditions – health concerns lists with details of the origin of students health problems should not be seen in any setting. Instead the child's educational need as it relates to this condition should be shared individually on a "need to know" basis.

- Routine school-wide head checks for lice – have been deemed disruptive and a poor use of educational time – but are still sometimes expected by teachers, administrators, and parents.
- Requesting school nurses to administer medications, including over-the counter medications without proper orders.
- Individual logging of students contacts with the health office – The use of the one sheet daily log with list of names and reasons for contacts has been illegal and not recommended for many years. When parents ask for their child’s data the nurse spends hours and hours going through the logs to identify visits and reasons. In addition when logs have been subpoenaed the privacy of other students has been compromised.

When such dilemmas are encountered, the response of the nurse who is working to incorporate “best practices” should include:

- Verbally sharing her concern with a mentor, preceptor, or respected co-worker.
- Consult the principal or nursing supervisor for guidance.
- Identify the written source used to determine “best practice” guidelines with emphasis on the date the recommendation was made.
- Be aware of any litigation that is connected to not following the guideline.
- Be aware of any personal risk or educational risk connected to not following the guideline.
- Develop a written recommendation or proposal to meet the guideline or standard and possibly offer to “pilot” the process in your setting.
 - If all else fails put your concerns in writing – state what your personal risk is according to the Nurse Practice Act, and cc this letter to your principal, student services supervisor, and superintendent. Request that this document be placed in your record for future reference should an incident occur.
 - Share your concern with your professional organization (IASN) and union (IEA or AFT). They can provide you with suggestions or recommendations. As a school nurse, your concerns could be included in future negotiations or lobbying.

Nurse who find themselves in a potential disciplinary situation should be aware of the need for proper documentation to support the accusation, the language of the job description, and the right to have an advocate or union representative present at the meeting. Nurses may also contact ISBE, IASN and nurses in neighboring districts for support and advice.

The school nurses’ ability to carefully weigh her response to gaps between school nurse theory and best practices against the events and realities of the school community is a critical determinate of her professionalism. Litigation, civil suits, and out of court settlement are a part of this reality. The recurring themes from past successful suits against school nurses include:

- Failure to keep abreast of nursing knowledge
 - Failure to document adequately
 - Failure to recognize urgent and emergency situations
 - Failure to follow school district policy
 - Failure to challenge administrative decisions that put students at risk.
 - Practicing beyond the scope of the nurse’s education and credentials.(Schwab, 2001, p. 77)

If we are truly committed to serving as advocates for the school community while supporting student success, we must be deliberate in our actions to make a difference – our future as well as the future of our students literally depends on it.

Resources:

American Nurses Association. (2015). *Code of Ethics for nurses with interpretive statements*. MD: Silver Spring. Author.

Council on Linkages between Academia and Public Health Practice. (2003). *Core Competencies of Public Health Nursing Professionals*. Washington, DC: Public Health Foundation. <http://www.trainingfinder.org/competencies/list.htm>

Division of Professional Preparation. (2002). *Illinois Content-Area Standards: Standards for the School Nurse*. Springfield: IL: Illinois State Board of Education. http://www.isbe.state.il.us/profprep/CASCDvr/pdfs/23120_schoolnurse.pdf

National Association of School Nurses (NASN) and American Nurses Association (ANA). (2011). *School nursing: Scope and standards of practice*. Silver Spring, MD: Author.

Schwab, N. C. & Gelfman, M. H. B. (2001). *Legal issues in school health services: A resource for school administrators, school attorneys, and school nurses*. North Branch, MN: Sunrise River Press.

Selekman, J. (2013). *School nursing: A comprehensive textbook (2nd Edition)*. Philadelphia: F.A. Davis.

THINGS TO KNOW BEFORE YOU FIND YOURSELF IN TROUBLE

- Know what your job description states.
- Know the Nurse Practice Act and your role in the school setting: what duties/tasks can/cannot be delegated to an LPN or aide, who can legally administer medications.
- Know the Illinois School Code as it pertains to school nursing: what duties/tasks can only be performed by a Professional Educator Licensed endorsed/certified school nurse.
- Know which union you are in: Either teachers' IEA-NEA or IFT-AFT or the support staff union.
- Know what your contract states and how it covers you and your duties. Have a copy of your CURRENT contract.
- Know the chain of command in the union. Know your building representative. The first person to go to for information and help.
- Know what your "Weingarten rights" are and when to use them. When in a situation where you think you will be receiving administrative discipline have the union representative with you.
- Become a member of NASN(National Association of School Nurses) which makes you a member of IASN and your local division. These organizations are excellent resources for you as a school nurse. Use the information available on the websites.

- Be active in your professional organization to network with other school nurses and stay on top of current situations. ie, legislative bills, etc.
- Attend Division educational offerings, State and National conferences.
- Ask questions. Be pro-active. Educate staff, administrators, parents, etc. about what being the school nurse means.
- Ask other experienced school nurses for help as needed.

Should you find yourself in trouble, contact the IASN Crisis Intervention Committee chair person promptly for advice before getting deeper into trouble.

TIME MANAGEMENT TIPS:

Time is every school nurse's challenge - not enough to go around and too many legitimate and diverse contenders for top billing or immediate attention! Furthermore, what works one day is sometimes not so efficient the next. The real art is finding what works most often for you. Some of us try to shape the environment by creating larger uninterrupted blocks of productive time. Ways to attempt this are:

- Set specific clinic hours for all students except injured or obviously ill, maybe one hour in the AM and one hour after lunch
- At the first faculty meeting, educate teachers and supply them with classroom first aid kits to treat minor afflictions
- Educate parents by a newsletter or flyer about when to keep children home from school for illness
- Set aside a regular hour, several times a week, behind "closed doors" or away from the clinic, if necessary, to work on health histories, make phone calls to physicians or families, complete reports, or continue to screen, chart and file.

Organize your workload:

- Use a daily planner/ appointment calendar
- Make and use "to do" lists everyday to help prioritize tasks
- Break large tasks into manageable sections and work on each section one at a time
- Pace your work
- Attack most challenging tasks during your best, most productive time.

Take care of yourself:

- Frustration, fatigue, and physical discomforts hinder work efficiency.
- Participate in wellness programs
- Learn to say no
- Take frequent breaks to stretch and relax
- Enlist help from parents and volunteers
- Delegate tasks

HELPFUL HINTS FROM EXPERIENCED SCHOOL NURSES

- Take it one day at a time. Everything will get done in due time.

- Communication is the key. Share information. Keep notes. Don't be afraid to ask questions. Keep your principal informed.
- Find an experienced nurse with whom you can discuss ideas and concerns, ask questions, get clarification. School nursing can be very lonely if you don't have contacts.
- Attending area IASN division meetings is a great way to develop contacts and get support, as well as valuable information.
- Know the Nurse Practice Act. Know Public Health Law. Know where to find Best Practice Standards. Let these guide your decisions.
- Schedule a meeting with your principal before school starts. Come to the meeting with a written list of your priorities for the first semester and discuss them with him/her. Find out what he/she expects from you. Arrange to update the principal regularly on what you are doing and where you need assistance.
- Meet your school's social worker and counselor. Determine how you will share information about students and families you are both working with.
- Don't let what the person before you did automatically become what you do. If her way worked, great, but it's OK if you want to try doing things differently.
- Don't try to change things too quickly or drastically. As you learn more about the school, it may make sense.
- No matter how nice you are, some parents will still get upset with you when their child gets sent home. Don't take it personally. Remember that you are doing what is best for the children.
- At the beginning of the year, attend the first staff meeting to introduce yourself. Let them know your schedule, what you expect of them, and what they can expect from you.
- Take time to sit down and plan a calendar so that you know deadlines, expectations, and what will be needed at each part of the school year. If you can find someone who knows about the school and expectations for the nurse, have this person help with planning the calendar. This will help you get things done in a timely manner and prevent worrying about things before you have to.
- Get a list of students with nursing services on their IEP's. Determine the amount of time needed for these services and who will deliver them. Find out if you need to train anyone to deliver these services.
- The first priority at the beginning of the year is setting up medication and treatment schedules/procedures. Then notify staff of any significant health concerns they must know how to handle.
- Plan to spend September dealing with physicals and immunization records.
- Look over weekly, monthly, quarterly, and annual report forms so you know what data you need to collect. Set up systems for gathering this data. Other nurses in your district may already have systems for data collection that work – ask them.
- Inventory the consumable supplies in each of your offices during the first few weeks of school. When it is time to order supplies for the next year, re-inventory the supplies. You will be able to figure out how much you used during the year.
- If possible, do hearing screenings before Thanksgiving. Once the students spend time with relatives and flu season begins, there will be many congested students.
- It's OK to tell student's to wait. When you get a crowd in the office, prioritize the students and get to them as you can.

- Trust yourself. The nursing process you used in other settings works for school nursing too.
- You are not expected to know it all. Know your resources. Know where to call or go to find needed information.
- It's OK to close your office and take a lunch break – you need to recharge yourself too. Make sure the office understands to call you only for serious emergencies.
- Get to know your secretaries and custodians. You will need to have a good working relationship with them.
- Cultivate a good relationship with the technology person in your building or district. They can help you access information and work smarter, not harder.
- Be an active member of the school staff. Get involved in staff social functions. You will find friends and moral support this way.
- Put in a good day's work and go home. Do not burn yourself out or set yourself up for failure. Don't be afraid to leave things for another day.
- Have a sense of humor.
- When all else fails – eat chocolate. (Or step outside for a few deep, relaxing breaths of (fresh air)
- Have passion for what you do and all the important people in your life.
- You have chosen a great profession! Enjoy it.

For the Professional Educator Licensed Endorsed/Certified school nurses:

THE SCHOOL NURSE'S ROLE IN SPECIAL EDUCATION

Special Education Services are an important component of public school education. When a student is having difficulty academically a referral for eligibility for special education services can be made. The certified school nurse is a member of this multi-disciplinary team that meets and helps to decide what services are available to help the student have success in the learning environment. Remember that a nurse must have a Professional Educator License endorsed/certified in School Nursing or have passed the ISBE web course to legally participate in Special Education Services Team activities. Completion of the ISBE web course assists in learning this content.

The Professional Educator Licensed School Nurse's Duties as a Team Member:

- Ensure vision and hearing screenings have been completed within 6 months of the MDC/Eligibility meeting
- Consult with parents to assess current health status and obtain a health history if needed
- Interpret medical reports and terminology for the team
- Identify health problems that may create a barrier to educational progress
- Develop plans for management of health concerns in the academic environment
- Function as the medical/health resource person on the team
- Assist with implementing district protocols for OT/PT and ADHD referrals

Types of Meetings:

There are several types of special education team meetings. It is important to understand the purpose of each meeting in order to be prepared for what might occur. The Professional Education Licensed School Nurse should participate in all meetings involving students with known or suspected health concerns.

- Consultation meeting: fact-finding and problem solving
- Intake/Initial/Domain meeting: open a case study and determine which domains will be evaluated
- MDC/Eligibility Meeting:
 - Present evaluation results to establish a composite understanding of the child's problem, adverse affect in the academic setting, and unique educational needs
 - Determine a disability and eligibility for special education programs and related services
 - Determine the extent the child's needs can be met in the regular school program or in the special education programs in the least restrictive environment
- IEP Meeting:
 - Communication between parents and school personnel to jointly decide, as equal participants, the student's needs
 - Determine services which will be provided to meet identified needs and what the anticipated outcomes may be
 - Put in writing a commitment of resources necessary to enable the student to receive needed special education and/or related services
 - Establish goals and objectives for each eligible service.

General questions to ask:

- Who coordinates the special services team schedule/meetings? Ask to receive a copy of all team agendas.
- Which special education students have health concerns?
- Which students have health services listed as a related service? Obtain a copy of the goals and objectives
- Are all the appropriate medical reports in the file and current?
- Who is the case manager of the special education students?
- Ensure that a system is in place to notify the nurse when a case study is initiated that will require a health history. When possible, attend the intake meetings since the nurse should be the one determining if health impacts the student at school
- Remember you are the child's advocate. Do not be afraid to address the health needs of the child as they pertain to his/her performance and success in school

THE SCHOOL NURSE'S ROLE IN 504 ACCOMODATION PLANS

These are regular education initiatives, not special education. They delineate accommodations necessary for accessing the learning environment and participating in educational activities as a result of a disability. Since most 504 Plans are written for health related disabilities, the Professional Educator Licensed endorsed/certified School Nurse should be actively involved in the development and implementation of these accommodation plans.

- Interpret medical information and terminology for the educational team

- Obtain medical documentation of health/medical disabilities
- Suggests health accommodations and/or modifications for the child's educational environment to allow the student to access the learning environment and perform at their optimal level
- Refer students for 504 Plan evaluations when appropriate
- Implement nursing services included in a 504 plan
- Collaborate with the principal or designated 504 coordinator to ensure 504 plans are reviewed and revised at appropriate intervals
- Collaborate with the principal or designated 504 coordinator to ensure 504 plans are communicated to next year's school

THE SCHOOL NURSE'S ROLE IN RTI (RESPONSE TO INTERVENTION)

Response to intervention is a proactive, team approach to assisting students who are struggling in school. Multidisciplinary problem solving is utilized to design interventions to assist students with academic, behavioral, social, and health difficulties. Services are based in regular education and not automatically referred for special education. The entire building staff has stake in student success. Decisions and interventions are data driven. The success of interventions is evaluated frequently. The levels of service are called tiers and are similar to nursing's levels of intervention. Tier 1 would be comparable to primary care, tier 2 similar to secondary care, and tier 3 similar to tertiary care. More intensive services are added as needed to promote student achievement.

The school nurse is a member of the multidisciplinary problem solving team. She often has information students and their families that is important in planning services. The nurse can assist with interventions in numerous ways. Health education, offering a time-out spot or safe haven for a stress break, beginning or end of day welfare checks, coordinating accommodations due to health and hygiene needs, coordinating communications between school and community agencies are just a few ways the nurse can contribute to student success under RTI.

FOR THE RN WORKING IN THE SCHOOLS:

Schools are exciting and challenging places for nurses to work. As the sole person with health care knowledge, the school nurse must have a broad knowledge base, be confident in her assessment abilities, and be comfortable practicing independently. The non-licensed/certified RN working in the schools serves an important role in providing necessary nursing assessment and interventions.

Duties:

Nurses are involved in many types of activities. These Include:

- Managing illnesses and injuries to students and staff
- Performing medication administration and medical procedures for students
- Assessing and developing nursing care plans for students with chronic health condition
- Evaluating immunization and health exam records for compliance with State mandates
- Coordinating school based health clinics and screenings

- Instructing students and teachers on management of individual health care needs
- Coordinating communication between school, home, and health care providers
Interpreting medical information for teachers and administrators
- Communicating with the local Health Department regarding Communicable Diseases
- Child abuse reporting
Assisting administration in preventing illness and injury in the school setting
- Referring students, families, and staff to community based health services as needed

Differences Between An Illinois Professional Educator Licensed endorsed/certified School Nurse and an R.N. Working in the Schools

The RN must recognize that her role is governed by both the Illinois Nurse Practice Act and the Illinois School Code. She/he may perform any nursing task covered under the Illinois Nurse Practice Act. She may NOT conduct tasks that require an Illinois State Board of Education (ISBE) Professional Educator License endorsed/certified in school nursing. In general, a PEL-CSN is required to conduct activities related to special education, developing 504 Accommodation Plans, and teaching classroom health education.

In the absence of a Professional Educator License endorsed/certified School Nurse, it is legal for the RN to conduct a health history, interpret the health history or suggest health accommodations to the special education team. She/he may implement health care required as part of an individualized special education plan (I.E.P.) or 504 Plan and provide feedback on the outcomes of the care.

R.N.'s are expected to provide individual health teaching and counseling in the school setting, as they would in any other setting. If trained, they may conduct small group sessions for individuals with specific health concerns such as asthma. To teach health classes in the classrooms requires certification, since only individuals with ISBE PEL-CSN may be in charge of a classroom.

Avoiding Legal Problems

To avoid legal problems, it is recommended that all R.N.'s working in the school setting review pertinent sections of the Illinois School Code and ISBE Standards for the School Nurse.

(Illinois State Board of Education) Learn more at <http://www.isbe.state.il.us/>

Regulations Governing School Nursing Practice:

In addition to State Nurse Practice Acts and State School Codes, the following Federal Regulations impact school nursing practice.

- HIPAA (Health Insurance Portability and Accountability Act) is a federal law that protects the privacy of an individual's health information. Learn more at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html>
- FERPA (Family Educational Rights and Privacy Act) is a federal law that protects the privacy of all student educational records, including health records. Learn more at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

- IDEA (Individuals with Disabilities Education Act) is a federal law that requires public school districts to provide education to children with disabilities. Learn more at <http://idea.ed.gov/>
- ADA (American Disabilities Act) protects all Americans from discrimination based on disability. Learn more at <http://www.ilru.org/dlrp/html/publications/schools/general/guidcont.html>

Helpful Resources Available To Assist R.N.'s In Learning About School Nursing Duties:

Communicable Disease Guide by IDPH, 2002

Content Area Standards: School Service Personnel by ISBE Division of Professional Preparation, January 2002.

First Aid Procedures For Injuries and Illnesses by IDPH & ISBE, February 1999.
www.idph.state.il.us/chp/ofh/schoolhealth/firstaid1999.pdf

Guidelines For The Nurse In The School Setting by Illinois Emergency Medical Services For Children - IDPH & Loyola University Medical Center, April 2010.

Management of Chronic Infectious Diseases in School Children by ISBE & IDPH, 2003.
www.idph.state.il.us/health/infect/chronicinfectiousdisease2003.pdf

Manual For Mandated Reporters by IDCSF, January 2008.
www.state.il.us/DCFS/docs/mandated.

Recommended Guidelines For Medication Administration In The Schools by IDPH & ISBE, September 2000. www.idph.state.il.us/chp/ofh/schoolhealth/pdf/medguide2000.pdf

RN's Working in the Schools Workshop. A two day workshop conducted by Lewis University. Contact Linda Gibbons, RN, MSN, PEL-CSN, NCSN at gibbonli@lewisu.edu.

School Nurse Emergency Care Course: Contact Evelyn Lyons, RN, BSN, MPH at the Illinois Department of Public Health (evelyn.Lyons@illinois.gov)

Selekman, J. (2013). School nursing: A comprehensive textbook (2nd Edition). Philadelphia: F.A. Davis.