

# STANDARDS OF PRACTICE

## *Chapter 1*

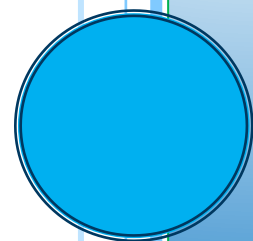
Nurses in all specialty practices, including school nurses, work within the context of laws, standards, policies, and protocols that guide their daily practice. This chapter, Standards of Practice, addresses essential guiding documents relative to school nursing. It covers national and state laws that impact school health services, in addition to other performance standards and expectations that influence or dictate the roles and responsibilities of the school nurse in working with students and the school community. These laws, documents, and standards provide the foundation for quality school nursing practice that is evidence-based and clinically competent. This chapter, Standards of Practice, takes its title from a principle within the Framework for 21st Century School Nursing Practice developed by the National Association of School Nurses.

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# Standards of Practice

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# STANDARDS OF PRACTICE

## Components

- Clinical Competence
- Clinical Guidelines
- Code of Ethics
- Critical Thinking
- Evidence-Based Practice
- Position Statements<sup>1</sup>
- Statutes and Regulations<sup>2</sup>, including Nurse Practice Act
- Scope and Standards of Practice

Standards of Practice is one of the five principles within the National Association of School Nurses (NASN) Framework for 21<sup>st</sup> Century School Nursing Practice (NASN, 2016). The NASN model is referred to as the “Framework”. The Standards of Practice principle “directs and leads” the school nurse’s actions and activities (NASN, 2016) and thus is pragmatically the foundation for all the principles within the Framework. Unlike the other principles that overlap one another in some areas, Standards of Practice intersects in all areas and is the underpinning for all components because it establishes practice and performance expectations: legally, professionally, and ethically. For this reason, the Standards of Practice Chapter is the first chapter within the Delaware School Nurse Manual. It creates the framework for the Framework. NASN’s [graphic illustration](#)<sup>3</sup> depicts this principle encircling all the others.



<sup>1</sup> Framework for 21<sup>st</sup> Century School Nursing Practice refers to this as “NASN Position Statements” (National Association of School Nurses [NASN], 2016).

<sup>2</sup> Ibid.

<sup>3</sup> Used with permission.

The Standards of Practice principle or chapter should not be confused with the Scope and Standards of Professional School Nursing Practice, which is a document developed by NASN and the American Nurses Association (ANA). The NASN/ANA document is only one part of a comprehensive body of laws, documents, and protocols that guide and influence the role of the school nurse.

Three Delaware adaptations have been made to components within the Standards of Practice principle. First, the components of “Position Statements” and “Scope and Standards of Practice” have been combined under the heading of “Practice Structure”. Added to these are an overview of the Framework and the ASCD Whole School Whole Community Whole Child model (WSCC Model). Secondly, the Framework identifies “NASN Position Statements” as providing guidelines for school nursing practice. Their value is not disputed; however, other national and local Position Statements also influence practice, e.g. American Academy of Pediatrics Policy Statement on the [Role of the School Nurse in Providing School Health Services](#) or the American School Health Association’s [The Role of the School Health Coordinator](#) . Thus, this Delaware chapter has changed the component from “NASN Position Statements” to “Position Statements”. It is included with the new Practice Structure section. The final change is relative to the Framework’s component “Nurse Practice Act”. Delaware expands this component beyond laws specific to a state or nurses, to include all state and federal laws and regulations relevant to school health, e. g., Delaware Department of Education regulations on immunizations or Delaware law on minors consent to care. The Nurse Practice Act will be covered within the section titled “Statutes, Regulations, & Policies”.

## References

National Association of School Nurses [NASN]. (2016). Framework for 21<sup>st</sup> century school nursing practice: National Association of School Nurses, *NASN School Nurse*, 31, 45-53. doi.10.1177/1942602X15618644.

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## *Clinical Competence, Clinical Guidelines, Critical Thinking, & Evidence-based Practice*

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The school nurse's effectiveness in meeting the needs of students and the school community are directly impacted by the nurse's knowledge, skills, and resources, combined with his/her ability to effectively apply them in the school setting. Clinical competence is more than holding a degree in nursing or certification in school nursing. Competence is demonstrated by the nurse maintaining "professional knowledge and skills" in nursing (NASN, 2016). Competence builds on the nurse's aptitude and ability to think critically while providing nursing care based on clinical guidelines or evidence-based practice. Clinical Guidelines may be provided in a textbook, this Delaware School Nurse Manual, professional specialty organizations, from the student's healthcare provider/system, or other credible sources. The school nurse follows these guidelines and seeks training or clarification when they are not understood or are challenging to follow in the school setting. Evidence-based practice is a term that encompasses all interventions, programs, and practices provided by the school nurse and school. The rationale for using these approaches is that they are "the best available research and scientific evidence" (NASN, 2016). Many new nurses may believe that the school health office, with its inherent set-up and practices from the previous nurse, must be evidence-based practice. In the same way, seasoned school nurses may believe that they are following evidence-based because it is the way they have always done it and it works for them. Neither conclusion is correct. Evidence-based practice is actually the opposite of this thinking. Evidence-based practice is evident in the school nurse office when what the school nurse does is based on "best [current] available research and scientific evidence" (NASN, 2016), not on "that's the way it's always been done". These four components within the Framework work synergistically. Quality school health services and positive student outcomes are built on the school nurse's competency, knowledge of clinical guidelines and evidence-based practice, and ability to critically, strategically, and effectively integrate them into the school setting.

### **Activities**

- Continuing education
- Quality references in the school nurse office (Refer to References & Resources below for a list of reference materials that should be current and available in every school nurse office.)

### **School Nurse Role**

- Maintain current competency in school nursing
- Obtain school nursing certification
- Seek understanding, knowledge, and training when responsible for a student, whose condition or treatment is new to the nurse
- Maintain current registered nurse license and school nurses certification
- Select continuing education that enhances the skills needed in the nurse's current school setting

## References & Resources for Every School Nurse Office

- Colyar, M. R. (2011). *Assessment of School-Age Child and Adolescent*. Philadelphia, PA: F. A. Davis<sup>1</sup>
- Delaware Department of Education. (2016) *Delaware School Nurse Manual*.<sup>2</sup>
- Heymann, D. L. (2008). *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition*. Washington, D.C.: American Public Health Association.<sup>3</sup>
- Hockenberry, M. J., Wilson, D., & Rodgers, C. C. (2016). *Wong's Essentials of Pediatric Nursing, 10<sup>th</sup> Edition*.<sup>4</sup> Philadelphia, PA: Mosby.
- National Association of School Nurses [NASN]. (2016). Framework for 21<sup>st</sup> century school nursing practice: National Association of School Nurses, *NASN School Nurse*, 31, 45-53. doi.10.1177/1942602X15618644.
- Nursing 2016 Drug Handbook, 36<sup>th</sup> Edition*. (2016).<sup>5</sup> Philadelphia: Wolters Kluver.
- Selekman, J. (2013). *School Nursing: A Comprehensive Text*. Philadelphia: F. A. Davis.<sup>6</sup>
- Taliaferro, V. & Resha, C. (2016). *2016 School Nurse Resource: A Guide to Practice*, 9<sup>th</sup> Edition.<sup>7</sup> Nashville, TN: School Health Alert.

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<sup>1</sup> Required document or a current, quality text on pediatric physical assessment. The School Nurse Certification Program references this text.

<sup>2</sup> Required document

<sup>3</sup> Required document

<sup>4</sup> Required document or a current, quality text on pediatric nursing. A text on current pediatric nursing procedures is recommended if the nurse is providing specialized nursing procedures.

<sup>5</sup> Required document or a current, quality text on medications. This one as provided to Lead School Nurses.

<sup>6</sup> Required document

<sup>7</sup> Required document

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# Code of Ethics

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“One could argue that all the structures [of school nursing practice], except Ethics, are more about the tasks we perform and less about the manner in which they are implemented. It seems that it is the *ethics* that is the essence, i.e. the *heart*, of the school nurse. It is stories (of school nurses who change lives or save lives) that create a picture for the community of a compassionate and trusted healthcare provider” (Wolfe, 2013).

The American Nurses Association (ANA) provides a document for nurses on the Code of Ethics. The Code of Ethics is a legal document that articulates what nurses expect from one another to ensure that we “provide care, advocate for families, outreach to those at risk, and collect data with compassion, honesty, and integrity that protect the dignity, autonomy, rights, and client confidentiality within the legal limit of the health and educational systems” (NASN, 2016). The ANA works collaboratively with nurses across specialty areas to develop and continually revise the Code of Ethics. The committees that led the most revision work for the current edition included two Delaware school nurses.

The ANA Code of Ethics presents nine provisions. The nine are divided into three general guidelines (Howard, 2015). The first three focus on supporting the client. The second three call the nurse to be competent in delivering care, including caring for one’s self. The last three are more global in calling the nurse to accept responsibility for the advancement of professional and social policy.

## **School Nurse (and all Nurses) Role**

The nine Provisions from the ANA Code of Ethics

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 and collective 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 integrity of the profession, and integrate principles of social justice into nursing and health policy.

## References & Resources

ANA. (2016). *Code of Ethics for Nurses with Interpretive Statements*.<sup>1</sup> Silver Spring, MD: American Nurses Association

Howard, C. (2015). 2015: The year of nursing ethics. *NurseTogether.com*, Retrieved on October 15, 2016 from <http://www.nursetogether.com/2015-year-nursing-ethics>.

National Association of School Nurses [NASN]. (2016). Framework for 21<sup>st</sup> century school nursing practice: National Association of School Nurses, *NASN School Nurse*, 31, 45-53. doi.10.1177/1942602X15618644.

Wolfe, L. C. (2014). Ethical considerations for school nurse leaders. *NASN School Nurse*, 28(6), 284-286.

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<sup>1</sup> Required document for the School Nurse Office.



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## *Practice Structure*

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The role of the school nurse is broad. It encompasses all the students and staff in his/her building and the school community-at-large; yet, realistically one school nurse cannot be solely responsible for such an immense case load. There are capacity issues to be considered and priorities to be established. Basing one's practice on a framework can help to outline boundaries and expectations. This section seeks to provide guidance in this area.

### **Activities**

The concepts below are described on the following pages.

- Framework for 21<sup>st</sup> Century School Nursing Practice
- Whole School Whole Community Whole Child Model (WSCC)
- Scope and Standards of Professional School Nursing Practice
- Position Statements

### **School Nurse Role**

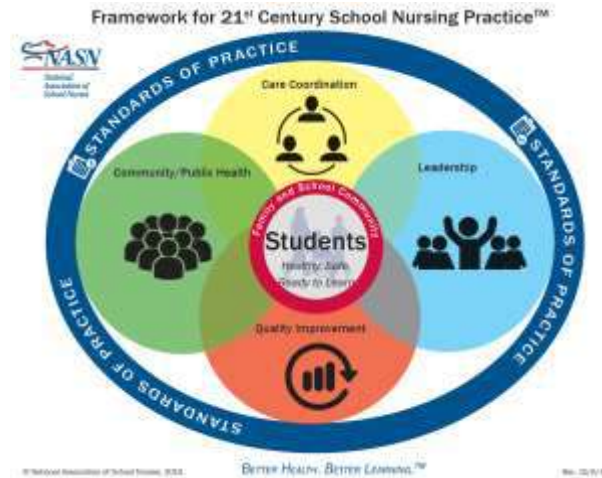
- Fully understand and implement the principles and frameworks that define the role of the school nurse

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# Framework for 21<sup>st</sup> Century School Nursing Practice

## Overview

Nursing, like other professions, uses models and frameworks to describe the interactions, influences, and outcomes of the practice. In 2015, the NASN released a new Framework to identify and visualize school nursing practice. NASN's [graphic illustration<sup>1</sup>](#) is below.



The Framework consists of five principles: Standards of Practice, Care Coordination, Community/Public Health, Leadership, and Quality Improvement. The development of the Framework was based on “a review of the current needs and healthcare topics of school-age children, the health climate, evidence-based literature, and critical skills needed to meet student health challenges” and a review by “numerous individuals and groups”, including an appeal to all school nurses (NASN, 2016). The Framework aligns with the ASCD’s Whole School, Whole Community, Whole Child model (NASN, 2016), which is described later in this chapter. All school nursing activities should fit within this Framework.

The Delaware School Nurse Manual provides five chapters, each based on one of the five principles. For an overview of each principle and its application to Delaware school nursing practice, refer to the introduction to each chapter. Additionally, the Delaware School Nurse Certification Program provides classes to address each area of these five principles.

## Role of the School Nurse

- Evaluate one’s knowledge and skills across all five principles of the Framework to identify areas for self-improvement and ways to enhance school health services for the school community

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<sup>1</sup> Permission granted for replication.

## References

National Association of School Nurses [NASN]. (2016). Framework for 21<sup>st</sup> century school nursing practice: National Association of School Nurses, *NASN School Nurse*, 31, 45-53.  
doi.10.1177/1942602X15618644.

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# Whole School, Whole Community, Whole Child

## Overview

The Whole School, Whole Community, Whole Child model (WSCC) was developed by ASCD<sup>1</sup> and the Centers for Disease Control and Prevention (CDC). The WSCC model recognizes that “establishing healthy behaviors during childhood are easier and more effective than trying to change unhealthy behaviors during adulthood” (CDC, 2015). Schools are ideally positioned to take the lead in children’s healthy development, both in terms of academics and health. The WSCC model includes all aspects of a child’s development by “coordinating policy, process, and practice” and “improving learning and improving health” (ASCD, 2014). It ensures the student is “safe, engaged, supported, challenged, and healthy” (ASCD, 2014). The WSCC model builds on the CDC’s previous model, Coordinated School Health Program (CSHP), which had wide acceptance amongst many national education and health organizations (ASCD & CDC, 2014, p. 5). [ASCD’s graphic illustration of WSCC](#) is available on-line.

Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Research shows a link between the health outcomes of young people and their [academic success](#). To have the most positive impact and influence on the health outcomes of young people, it is essential that government agencies, community organizations, schools, and other community members must work together through a collaborative and comprehensive approach.

While the research on the link between good health and academic success is undisputed, the original CSHP model was “viewed by educators as primarily a health initiative focused only on health outcomes and has consequently gained limited traction across the education sector at the school level” (ASCD & CDC, 2014, p. 5). The ASCD, a leading educational organization, recognized the need “for an acknowledgement of the interdependent nature of health and learning” and called on the community-at-large to “forge a new compact with our young people to ensure their whole and healthy development” (ASCD & CDC, 2014, p. 5). The ASCD’s Whole Child Initiative focuses on systems that promote “long-term development and success of the whole child” (ASCD & CDC, 2014, p. 5), rather than more narrow definitions of academic success or health (ASCD & CDC, 2014, p. 5).

The WSCC model expands the original eight components of the CSHP to ten: Health Education; Physical Education & Physical Activity; Nutrition Environment & Services; Health Services; Counseling, Psychological, & Social Services; Social & Emotional Climate; Physical Environment; Employee Wellness; Family Engagement; and Community Involvement. The changes focus “additional attention on the effect of the Social and Emotional Climate in addition to the Physical Environment” (ASCD & CDC, 2014, p. 6). “The WSCC model responds to the call for greater alignment, integration, and collaboration between health and education to improve each child’s cognitive, physical, social, and emotional development” (ASCD & CDC, 2014, p. 7). The CDC notes that “public health and education serve the same children, often in the same settings” (2015). It is apparent that integration, beyond collaboration, is needed.

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<sup>1</sup> ASCD was originally the Association for Supervision and Curriculum Directors. Its official title today is “ACSD”.

## School Nurse Role

- Understand the WSCC model
- Advocate for integration of the WSCC approach to health services and school-wide programming
- Recognize the critical link of health services to supporting educational goals for students

## References & Resources

ASCD. (2016). Whole school, whole community, whole child. *Learning and Health*. Retrieved on October 25, 2016 from <http://www.ascd.org/programs/learning-and-health/wsc-model.aspx>.

ASCD & Centers for Disease Control and Prevention (CDC). (2014). *Whole School, Whole Community, Whole Child: A Collaborative Approach to Learning and Health*. Retrieved on October 25, 2016 from <http://www.ascd.org/ASCD/pdf/siteASCD/publications/wholechild/wsc-a-collaborative-approach.pdf>.

CDC. (2015). Whole school, whole community, whole child (WSCC). *Healthy Schools*. Retrieved on October 25, 2015 from <http://www.cdc.gov/healthyschools/wsc/index.htm>.

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## Scope & Standards of Practice

### Overview

School nurses are responsible for practicing within standards established by the profession of nursing. The current standards for school nurses were developed and approved in 2011 by the NASN working with the ANA. NASN is the only professional organization with a membership entirely made up of school nurses. Its mission “is to optimize student health and learning by advancing the practice of school nursing” (NASN, 2015). ANA is a national group that represents all registered nurses, regardless of specialty practice. *School Nursing: Scope and Standards of Practice, 2<sup>nd</sup> Edition*, is a required text for all school nurses. It can be purchased from either organization. An overview of the Standards of Practice is provided on the following page.

Standards of nursing practice are defined as “a set of guidelines for providing high-quality nursing care and criteria for evaluating care. Such guidelines help assure patients that they are receiving high-quality care. The standards are important if a legal dispute arises over the quality of care provided a patient” (Mosby, 2009). School Nursing standards identify, describe, and measure expectations of nurses practicing in the school setting. Standards were established to protect the public and ensure quality care; thus, they are the foundation of the practice to promote the highest quality of care.

### School Nurse Role

- Evaluate one’s knowledge and application of all standards into school health services and professional goals
- Implement the standards into all aspects of professional school nursing practice

### References & Resources

ANA & NASN. (2011). *School Nursing: Scope and Standards of Practice, 2<sup>nd</sup> Edition*. Silver Spring, MD: American Nurses Association.

*Mosby’s Medical Dictionary, 9th edition*. (2009). Elsevier. Retrieved on October 25, 2016 from <http://medical-dictionary.thefreedictionary.com/standards+of+nursing+practice>.

NASN. (2015). *About NASN*. Retrieved on October 25, 2016 from <http://www.nasn.org/AboutNASN>.  
Proctor, S. (2013). Standards of Practice. In J. Selekmán, *School Nursing: A Comprehensive Text (2<sup>nd</sup> ed.)*, pp. 48-78. Philadelphia: F. A. Davis.

Proctor, S. (2013). Standards of Practice. In J. Selekmán, *School Nursing: A Comprehensive Text (2<sup>nd</sup> ed.)*, pp. 48-78. Philadelphia: F. A. Davis.

# Standards of Professional School Nursing Practice

National Association of School Nurses adopted June, 2011<sup>1</sup>

- Standard 1.*     **ASSESSMENT**  
The School Nurse collects comprehensive data pertinent to the healthcare consumer’s health and/or the situation.
- Standard 2.*     **DIAGNOSIS**  
The School Nurse analyzes the assessment data to determine the diagnoses or issues.
- Standard 3.*     **OUTCOME IDENTIFICATION**  
The School Nurse identifies expected outcomes for a plan individualized to the healthcare consumer or situation.
- Standard 4.*     **PLANNING**  
The School Nurse develops a plan that describes strategies and alternatives to attain expected outcomes.
- Standard 5.*     **IMPLEMENTATION**  
The School Nurse implements the identified plan.
- 5A.    **COORDINATION OF CARE**  
The school nurse coordinates care delivery.
- 5B.    **HEALTH TEACHING AND HEALTH PROMOTION**  
The school nurse provides health education and employs strategies to promote a healthy and safe environment.
- 5C.    **CONSULTATION**  
The school nurse provides consultation to influence the identified plan, enhance the ability of others, and effect change.
- 5D.    **PRESCRIPTIVE AUTHORITY**  
The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.
- Standard 6.*     **EVALUATION**  
The school nurse evaluates progress toward attainment of outcomes.
- Standard 7.*     **ETHICS**  
The school nurse practices ethically.
- Standard 8.*     **EDUCATION**  
The school nurse attains knowledge and competency that reflects current nursing practice.
- Standard 9.*     **EVIDENCE-BASED PRACTICE AND RESEARCH**  
The school nurse integrates evidence and research findings into practice.
- Standard 10.*    **QUALITY OF PRACTICE**  
The school nurse contributes to the quality of practice.
- Standard 11.*    **COMMUNICATION**  
The school nurse communicates effectively in a variety of formats in all areas of practice.
- Standard 12.*    **LEADERSHIP**  
The school nurse demonstrates leadership in the professional practice setting and the profession.
- Standard 13.*    **COLLABORATION**  
The school nurse collaborates with the healthcare consumer, family, and others in the conduct of nursing practice.
- Standard 14.*    **PROFESSIONAL PRACTICE EVALUATION**  
The school nurse evaluates one’s own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.
- Standard 15.*    **RESOURCE UTILIZATION**  
The school nurse utilizes appropriate resources to plan and provide nursing services that are safe, effective, and financially responsible.
- Standard 16.*    **ENVIRONMENTAL HEALTH**  
The school nurse practices in an environmentally safe and healthy manner.
- Standard 17.*    **PROGRAM MANAGEMENT**  
The school nurse manages school health services.

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<sup>1</sup> Refer to School Nursing: Scope & Standards of Practice, 2<sup>nd</sup> Edition, for entire text. Permission granted for replication.

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## Position Statements

### Overview

Position Statements are “the official, published editorial taken by a professional organization regarding best practices, standard care, or inconclusive evidence-based research” (Medical Dictionary, 2009). Position Statements are not opinions, but based on current knowledge and understanding of a topic. Because of this, Position Statements are updated frequently to reflect the most current research and knowledge of an issue. They often end with a call for implementation of a change in practice.

The Position Statements most directly linked to school nursing practice are those from credible school health organizations. The following list is an overview of some of the groups that support and collaborate with school nurses to support quality healthcare for students. The list is not inclusive of all such organizations.

[National Association of School Nurses](#)

[American Academy of Pediatrics](#)

[American Nurses Association](#)

[American Public Health Association](#)

[American School Health Association](#)

The school nurse should be familiar with other Position Statements relative to the students, school community, or specific health conditions for which he/she is responsible. Advocacy organizations often provide guidelines and extensive resources that can be helpful in establishing quality programs in the school, e.g. the [American Lung Association’s Asthma Policy for Schools](#).

Some organizations, such as the American Academy of Pediatrics and the American Public Health Association, refer to these as a “Policy Statement”. It is important to note that an organizational “policy” is primarily directed at members of that organization, but can extend to a larger community. They create standards within the field and as such create public expectations. However, they are not the same as policies created by federal and state agencies. Policies from governmental agencies are created to enact and oversee laws. Thus, they are requirements for entities under their jurisdiction. In other words, they are not suggestions but requirements.

### School Nurse Role

- Maintain a working knowledge of Position Statements relative to one’s practice

### References

*Medical Dictionary*. (2009). Farlex and Partners. Retrieved on October 25, 2016 from <http://medical-dictionary.thefreedictionary.com/position+statements>.



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## ***Statutes, Regulations, & Policies***

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A statute is “an enactment made by a legislature and expressed in a formal document” (Dictionary.com, 2016). Statutes can be created by federal or state governments. They are the laws which govern all activities as provided under the U.S. Constitution. Regulations are rules promulgated by governmental agencies charged with enacting or overseeing statutes. Government regulations have the effect of law and are referenced with the associating law, referred to as Code. Statutes and regulations are the legal underpinnings of all activities and not exclusive to health or education. Policies are also established by governmental authorities to further clarify or implement laws and regulations. Organizations, such as a school or healthcare system, may create policies to govern activities within the individual organization.

The school nurse’s authority to provide health services in the school setting is based on statutes and regulations – from obtaining a registered nursing license (through the Board of Nursing) to school nurse certification (through the Delaware Department of Education) to conducting daily activities of nursing care and health promotion.

### **Role of School Nurse**

- Understand and adhere to laws and regulations relative to school health
- Understand and follow policies relative to school health

### **References & Resources**

Caldart-Olson, L. & Thronson, G. (2013). Legislation Affecting Federal Laws Protecting Children and Youth with Disabilities in Schools. In J. Selekman, *School Nursing: A Comprehensive Text* (2<sup>nd</sup> ed.), pp. 402-437. Philadelphia: F. A. Davis.

Dictionary.com. (2016). Retrieved on October 25, 2016 from <http://www.dictionary.com/browse/statute>.

Scott, L. R. & Bubert, J. S. (2013). Legal Issues Related to School Nursing Practice: The Foundation. In J. Selekman, *School Nursing: A Comprehensive Text* (2<sup>nd</sup> ed.), pp. 196-224. Philadelphia: F. A. Davis.

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## *Federal & Delaware Laws*

### **Overview**

Federal statutes are created by Congress through legislation. Once the legislation is passed by both the House of Representatives and the Senate, it is sent to the President of the United States for approval. Once enacted, states must comply with the established requirements. In the same way, Delaware laws are created and approved by our legislative bodies and approved by the Governor. Cities and other local authorities can create laws for those within their jurisdictions.

Most laws remain unaltered for years; however, statutory or regulatory change can occur at any time if approved through the appropriate governmental authorities. For this reason, it is recommended that school nurses remain current in their understanding of [federal](#) and [Delaware](#) laws.

Below are links to Delaware laws, which are referred to as Delaware Code. Some chapters and sections are highlighted for easier reference. Following these links are two documents. The first presents guidelines regarding changes in the law relative to Treatment or Examination of Minors. The second presents an overview of Confidentiality of School Health Information.

[Delaware Code](#) (Delaware legislation signed into law)

[Title 1 – General Provisions](#)

[Title 2 – Transportation](#)

[Title 3 – Agriculture](#)

[Title 4 – Alcoholic Liquors](#)

[Title 5 – Banking](#)

[Title 6 – Commerce and Trade](#)

[Title 7 – Conservation](#)

[Title 8 – Corporations](#)

[Title 9 – Counties](#)

[Title 10 – Courts and Judicial Procedures](#)

[Title 11 – Crimes and Criminal Procedure](#)

[Title 12 – Decedents’ Estates and fiduciary Relations](#)

[Title 13 – Domestic Relations](#)

[Chapter 7, Parents and Children](#)

701 Rights and responsibilities of parents; guardian appointment  
707 Consent to health care of minors

- 708 Affidavit of Establishment of Power to Consent to Medical Treatment of Minors
- 709 Consent of a minor to donate blood voluntarily without the necessity of obtaining parental permission or authorization
- 710 Minors' consent to diagnostic and lawful therapeutic procedures relating to care and treatment for pregnancy or contagious diseases

[Chapter 7A, Child Protection from Domestic Violence and Sex Offenders Act](#)

[Title 14 – Education](#)

[Chapter 1. Department of Education](#)

Subchapter II, Powers and Duties

- 121 General Powers of the Department of Education.
- 122 Rules and regulations.
- 131 Public school enrollees' immunization program; exemptions.

[Chapter 2. The Public School System](#)

Subchapter I. System of Free Public Schools

- 202 Free schools; ages; attendance within school district; nonresidents of Delaware.

[Chapter 5. Charter Schools](#)

[Chapter 12. Educator Licensure, Certification, Evaluation, Professional Development, and Preparation](#)

Subchapter I. Professional Standards Board

Subchapter III. Educator Certification

Subchapter VII. Educator Evaluations

[Chapter 13. Salaries and Working Conditions of School Employees](#)

- 1310 Salary schedules for school nurses.

[Chapter 41. General Regulatory Provisions](#)

- 4111 Disclosure of pupils' school records.
- 4112C Good faith immunity.
- 4112D School bullying prevention.
- 4112E School Teen Dating Violence and Sexual Assault Act.
- 4112F Limitations on use of seclusion and restraint.
- 4116 Drug/alcohol education programs.
- 4117 Substance abuse.
- 4123 Child abuse detection; reporting training.
- 4123A School bullying prevention and criminal youth gang detection training.

4124 Suicide prevention.

[Title 15 – Elections](#)

[Title 16 – Health and Safety](#)

[Chapter 5. Contagious Diseases Generally](#)

Subchapter I. General Guidelines

501 Report of contagious diseases – To Department

Subchapter II. Tuberculosis Control

[Chapter 9. Abuse of Children](#)

Subchapter I. Reports and Investigations of Abuse and Neglect; Child Protection Accountability Commission

907 Temporary emergency protective custody.

907A Safe Arms for Babies.

908 Immunity from liability and special reimbursement to hospitals for expenses related to certain babies.

909 Privileged communication not recognized.

913 Child under treatment by spiritual means not neglected.

[Chapter 26. Childhood Lead Poisoning Prevention Act](#)

2602 Physicians and health care facilities to screen children.

2603 Screening prior to child care or school enrollment.

[Chapter 30C. Automatic External Defibrillators \(AEDS\)](#)

[Chapter 30E. School Access to Emergency Medication Act](#)

[Chapter 30G. Naloxone](#)

[Chapter 68. Exemptions from Civil Liability](#)

Subchapter I. Immunity from Rendering Emergency Care

6801 Persons rendering emergency care exempt from liability; Advance Life Support Standards Committee.

6802 Exempting nurses from civil liability in rendering emergency care.

[Title 17 – Highways](#)

[Title 18 – Insurance Code](#)

[Title 19 – Labor](#)

[Title 20 – Military and Civil Defense](#)

[Title 21 – Motor Vehicles](#)

[Title 22 – Municipalities](#)

[Title 23 – Navigation and Waters](#)

[Title 24 – Professions and Occupations](#)

[Chapter 19. Nursing](#)

- 1901 Declaration of legislative intent.
- 1902 Definitions.
- 1903 – 1908 Delaware Board of Nursing
- 1909 License requirement.
- 1910 Qualifications for registered nurse.
- 1911 Licensure by examination for registered nurse.
- 1912 Reciprocity for registered nurse.
- 1913 Registered nurses licensed under previous law.
- 1914 – 1918 Qualifications for licensed practical nurse.
- 1919 Nursing educational programs.
- 1920 License requirements; use of abbreviations.
- 1921 Applicability of chapter.
- 1922 – 1925 Disciplinary actions
- 1926 Status of Board members.
- 1927 Prescription requirements.
- 1928 Criminal background checks of registered nurses.
- 1929 Criminal background checks of licensed practical nurses.
- 1930 Duty to report conduct that constitutes grounds for discipline or inability to practice.
- 1931 Treatment or examination of minors.
- 1932 Limited lay administration of medications.

[Chapter 19A. Interstate Nurse Licensure Compact](#)

[Title 25 – Property](#)

[Title 26 – Public Utilities](#)

[Title 27 – Religion](#)

[Title 28 – Sports and Amusements](#)

[Title 29 – State Government](#)

[Title 30 – State Taxes](#)

[Title 31 – Welfare](#)

## Treatment of Examination of Minors ([24 DelCode §1931](http://delcode.delaware.gov/title24/c019/index.shtml#1931))

The following is an email sent on September 3, 2013 to Delaware school nurses from Dr. Linda C. Wolfe, School Health Services, Delaware Department of Education.

*Subject: School Nurse Memo #2 re Changes in Nursing Statute*

*Dear School Nurse colleagues,*

*During the week of August 25, 2013 emails were sent to Delaware licensed nurses from the Delaware Board of Nursing relative to changes in the law that address the examinations of children. The intent of this law is clear – to protect children from abuse in every setting. The new law can be accessed at: <http://delcode.delaware.gov/title24/c019/index.shtml#1931>*

*Exactly how this will impact day-to-day activities in the school nurse office is in some ways unclear and we are seeking clarification/interpretation of the law. Until guidelines are distributed, school nurses are directed to:*

1. **POSTURE/GAIT SCREENING:** *Please review and follow the procedure identified in the School Nursing: Technical Assistance Manual, Section B. Refer to page 76 of Section B, which includes the following under Preparation:*
  - Notify parents, students and faculty of upcoming screening. Include information on rationale for screening and procedure.
  - Males and females should be screened separately. Boys should be dressed in shorts and sleeveless top; girls should wear bathing suit or shorts and sleeveless blouse, tank top, or one that opens in the back. This allows for adequate examination of head, arms, back, legs and feet.
  - Arrange for a private area for screening of each child.
2. **SCHOOL NURSE ROUTINE ASSESSMENTS WITH NO ONE ELSE PRESENT:** *If another adult (school employee over the age of 18 and of the same sex of the child being examined, if practicable ) is not present when the nurse examines a child, the nurse should only examine (including visualization and palpation) areas of the body which are visible with the child wearing the clothes that he/she wore to school, or, except for breasts, genitalia or rectum, are made visible by moving, without removing, any article of clothing.*
3. **PHYSICAL EXAMINATION/ASSESSMENT OF BREASTS, GENITALIA, OR RECTUM OR REQUIRING THE REMOVAL OF ANY ARTICLE OF CLOTHING:** *If an adult (school employee over the age of 18 and of the same sex of the child being examined, if practicable) is present, proceed with examination and assessment of the child for all areas of the body that are covered by the child's clothing, including, if necessary, breasts, genitalia, or rectum. If the child requests that only the nurse perform the examination, this request requires prior parent permission. If the child requests the other adult leave after the examination/assessment, so a nurse-only consultation can occur, this does not require parental permission. Any clothing removed should be put back on before the other adult leaves.*
4. **PHYSICAL EXAMINATION/ASSESSMENT OF BREASTS, GENTAILA, RECTUM OR REQUIRING THE REMOVAL OF ANY ARTICLE OF CLOTHING IN AN EMERGENCY:** *No other adult presence is required.*
5. **MEDICATIONS & TREATMENTS:** *Medications and treatments, which do not include disrobing or partial disrobing and do not include breasts, genitalia, or rectum, are unaffected by the new law. Activities, such as rectal medications, urinary catheterizations, or stoma care, will require*

*a second person to be present unless the parent consents to these activities occurring without a chaperone.*

6. DOCUMENTATION: *Document in the child's file all persons who are present and served as a chaperone.*
7. PARENTAL NOTIFICATION: *Provide written notification to parents of the new law, informing them that when their child is examined or treated by the school nurse in any way that requires disrobing, partial disrobing, or an examination of the breasts, genitalia, or rectum, another adult of the same sex as their child, when practicable, will be present in the room, unless the nurse is providing emergency care. Inform parents that they may consent to these examinations or treatments occurring without the presence of a chaperone. The law does not describe the process for parental notification and permission; however, it is recommended that this occur prior to the time the service is rendered. The school is advised to request, at the beginning of the school year, written consent from parents for examinations and treatments which require disrobing or partial disrobing without the presence of another adult. This could be a check-off. A notification poster would also be a way to remind parents of the school policy. When obtaining parent permission for the administration of medications or treatments requiring the disrobing or partial disrobing of the child, the permission should include whether another adult is required to be present during procedure*

*The new law can be accessed at: <http://delcode.delaware.gov/title24/c019/index.shtml#1931> and is printed below. Additional guidelines may be forthcoming.*

§ 1931. Treatment or examination of minors.

(a) A parent, guardian or other caretaker, or an adult staff member, shall be present when a person licensed under this chapter provides outpatient treatment to a minor patient who is disrobed or partially disrobed or during an outpatient physical examination involving the breasts, genitalia or rectum, regardless of sex of the licensed person and patient, except when rendering care during an emergency. When using an adult staff member to observe the treatment or examination, the adult staff member shall be of the same gender as the patient when practicable. The minor patient may decline the presence of a third person only with consent of a parent, guardian or other caretaker. The minor patient may request private consultation with the licensee without the presence of a third person after the physical examination.

(b) When a minor patient is to be disrobed, partially disrobed or will undergo a physical examination involving the breasts, genitalia or rectum, a person licensed under this chapter shall provide notice to the person providing consent to treatment of the rights under this section. The notice shall be provided in written form or be conspicuously posted in a manner in which minor patients and their parent, guardian or other caretaker are made aware of the notice. In circumstances in which the posting or the provision of the written notice would not convey the right to have a chaperone present, the person licensed shall use another means to ensure that the person understands the right under this section.

(c) For the purposes of this section, "minor" is defined as a person 15 years of age or younger, and "adult staff member" is defined as a person 18 years of age or older who is acting under the direction of the licensed person or the employer of the licensed person or who is otherwise licensed under this chapter.

(d) The person licensed under this chapter that provides outpatient treatment to a minor pursuant to this section shall, contemporaneously with such treatment, note in the child's medical record the name of each person present when such treatment is being provided.

## Confidentiality of School Health Information

Local, state and federal laws govern the confidentiality of student health information. The school nurse must carefully assess every request for student information before sharing it. An overview of laws on disclosure and reporting obligations follow. If the school nurse has questions that are not easily addressed with this guidance, he/she should seek an opinion from the school district/charter attorney.

### Vaccine-preventable Diseases

There will be times when the school nurse is required to share student health information, e.g. if the nurse suspects a vaccine-preventable disease in a student. In this example, the school nurse must contact the Division of Public Health's Epidemiology Department and share the name of the student, immunization status, and date of birth.

### FERPA and Disclosing Student Information<sup>1</sup>

Schools must comply with the Family Educational Rights and Privacy Act (FERPA) when disclosing information from a student's records. In fact, the HIPAA (Health Insurance Portability & Accountability Act) privacy rule does not apply to education records, including individually identifiable student health information, covered by FERPA.

Although FERPA generally prohibits schools from disclosing personally identifiable information from a student's education records unless the parent (or the student at age 18) gives written consent, **there are exceptions** (see exceptions in the next paragraph below, and the paragraphs below on court orders and directory information). FERPA regulations define a parent to include a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian.

FERPA has a number of important **exceptions to the "no disclosure without consent"** rule. For example, schools are permitted to release a child's education records to a Division of Family Services (DFS) caseworker or other representative of the Department of Services for Children, Youth and Families (DSCYF) when that person is "legally responsible...for the care and protection of the student" and has the right to access a student's case plan. This includes children placed in foster care with DFS.

### Court Orders

Schools should also release education records to any party listed on a court order or subpoena, including the DFS caseworker, the child's attorney (the child advocate or guardian *ad litem*) or the court appointed special advocate (CASA). Schools do not need to give notice to the parents prior to releasing the records when the parents are parties to the court case in which the order is entered (they are already on notice that the school records will be shared).

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<sup>1</sup> Excerpts taken from the [American Bar Association's Center on Children and the Law, Education Law Center](#) (Center). For more reading on confidentiality and information sharing, please refer to the Center's [Data & Information Sharing](#) and [Publications](#).



If someone requests a child's school records because of a court order, you are permitted to ask for a copy of the court order as well as photo identification of the person requesting the records.

#### Release of Directory Information without Parental Consent

Directory information can be released without parental consent after the school notifies all parents generally of its intent to release the information, and provides parents and/or the eligible students the right to refuse to allow the school to designate any or all of the information about the student as directory information. Directory information can include: student's name, address, telephone listing, email, date and place of birth, grade level, dates of attendance, degrees and awards received, and the most recent school attended by the student. It can also include a student ID number only if it cannot be used to access educational records kept in conjunction with a password.

With respect to former students, schools need not comply with the notice provisions above, but must honor any opt out of the student when the student was in attendance. For more information, please see 20 USC sec. 1232(g) and 34 C.F.R. Part 99, sec. 99.37.

#### Sharing Information for Statistical Purposes

Schools can release personally identifiable student information to an "authorized representative" for an "audit or evaluation of Federally-supported education programs" and to organizations (including federal, state, and local agencies and independent organizations) conducting studies to develop, validate, or administer predictive tests; administer student aid programs; or improve instruction. For more details, see <http://www.fostercareandeducation.org>.

The school nurse should become familiar with confidentiality regulations as outlined in the IDEA, Section 504 of the ADA and state law. The NASN provides several pertinent documents, including:

#### [Section 504 and Individuals with Disabilities Education Improvement Act – The Role of the School Nurse](#)

The Use of Volunteers in School Health Services<sup>1</sup>

#### [HIPAA and FERPA](#)

#### What Can the School Ask of DSCYF when the school is the reporter of suspected child abuse/neglect<sup>2</sup>?

When the school is the reporter of suspected child abuse/neglect, the DFS investigation caseworker should follow up and inform the school reporter:

1. DFS is investigating, and whether the child is safe or placed out of the home;
2. Who is allowed to have contact with the child;
3. Instructions if there is something the school needs to do, such as referring the child to a school counselor;
4. Who should be called if something else happens to the child; and
5. Should the child's home placement change, whether the child is placed out of the home.

*The school nurse is bound by the Code of Ethics of the National Association of School Nurses to respect confidentiality. Licensure as a registered nurse carries similar obligations and accountability.*

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<sup>1</sup> Position Statement is no longer available

<sup>2</sup> Refer to [Memo of Understanding \(MOU\) between DDOE, Local Education Agencies, DSCYF, & DYRS](#)

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## Delaware Regulations

### Overview

Each governmental agency is charged with promulgating regulations to clarify and enact laws for which they have oversight. This section provides links to selected regulations relative to school health and nursing.

### School Nurse Role

- Maintain current knowledge of regulations
- Share information on regulatory mandates with school administrators
- Work with school administrators and families to comply with Delaware requirements
- Provide public comment, as appropriate, to proposed regulations
- Obtain and maintain current Delaware educator licensure and school nursing certification (information follows in this section)

### Regulations

Regulations are promulgated per Delaware Code. Current, selected regulations related to school nursing are hyperlinked below. Please refer to agency links for a complete list of their regulations.

- [Delaware Department of Education Administration Code](#) (Regulations): Title 14 Education

#### [100 Accountability](#)

#### [200 Administration and Operations](#)

- 251 Family Rights and Privacy Act (FERPA)
- 252 Required Education Records and Transfer and Maintenance of Educational Records
- 255 Definitions of Public School, Private School and Nonpublic School
- 275 Charter Schools

#### [400 Construction](#)

#### [500 Curriculum and Instruction](#)

- 500 K to 12 School Counseling Programs

#### [600 School Climate and Discipline](#)

- 609 District and School Based Intervention Services
- 610 Limitations on Use of Seclusion and Restraint
- 612 Possession, Use or Distribution of Drugs and Alcohol
- 615 School Attendance
- 621 District and School Emergency Preparedness Policy
- 624 School District/Charter School Policy Prohibiting Cyberbullying

## 700 Finance and Personnel

## 800 Health and Safety

- 804 Immunizations
- 805 The School Health Tuberculosis (TB) Control Program
- 811 School Health Record Keeping Requirements
- 815 Health Examinations and Screening
- 817 Medications and Treatments
- 851 K to 12 Comprehensive Health Education Program
- 852 Child Nutrition
- 877 Tobacco Policy
- 881 Releasing Students to Persons Other Than Their Parent, Guardian or Relative Caregiver
- 885 Safe Management and Disposal of Chemicals in the Delaware Public School System

## 900 Special Populations

- 901 Education of Homeless Children and Youth
- 925 Children with Disabilities, Subpart D, Evaluations, Eligibility, Determination, Individualized Education Programs
- 930 Supportive Instruction (Homebound)
- 932 Military-Connected Youth

## 1000 Student Activities

## 1100 Transportation

## 1500 Professional Standards Board

- 1582 School Nurse

- [Delaware Division of Public Health](#) (Regulations): Title 16 Health & Safety
- [Delaware Board of Nursing](#) (Regulations): Title 24 Professions & Occupations

### Overview

Delaware policies related to school health are primarily ones established by the Delaware Department of Education or the local school district. Some policies are officially adopted, for example a Wellness Policy or a Nit Policy by a local school board. Other policies are in essence the operating procedures of an organization.

One policy of particular interest to school nurses is related to obtaining and maintaining licensure and certification to practice as a school nurse in a Delaware public school. While these activities are based on law and regulation, there are policies for example on how to submit your credentials and what scores are acceptable. Information on the Department requirements (statute, regulations, and policy) is provided on the following page. It covers school nursing licensure, certification, mentoring, and evaluation.

While not a policy, Delaware's outline of School Nurse Responsibilities is included in this section. It was developed in 2011 based on the 2011 NASN Role of the School Nurse Position Statement and a list of duties from the original School Nursing: Technical Assistance Manual. In 2016, NASN released a new Position Statement on [The Role of the 21<sup>st</sup> Century School Nurse](#). It outlines the role based on the components of the Framework. However, the responsibilities within the Delaware document are still relevant to our practice within the state. The document follows the information on certification and licensure.

### School Nurse Role

- Maintain current knowledge of regulations and policies governing licensure and certification
- Share information on mandates with school administrators

## Delaware Educator Licensure School Nurse Certification, Mentoring, & Evaluation

All public school educators, including school nurses, are required to hold an educator license<sup>1</sup>. The requirements are determined through statute, [14 DelCode §121\(b\)](#), and the following regulations:

- 1510 [Issuance of an Initial License](#)
- 1511 [Issuance and Renewal of Continuing License](#)
- 1513 [Denial of Licenses](#)
- 1514 [Revocation, Limitation, or Suspension of a License](#)
- 1582 [School Nurse](#)

School nurses should work with their Human Resources Department for assistance in applying for an educator license.

### Demonstrating Proficiency in Reading, Math, & Writing

Like other educators, school nurses are required to demonstrate proficiency in reading, math, and writing. The Delaware State Board of Education (Board) has approved the Praxis Core Academic Skills for Educators tests (referred to as “Core” or “Praxis”) for initial licensure, including school nurses, and the [qualifying scores](#). Additionally, the Board has approved SAT Reasoning Test™ (SAT®), ACT®, and GRE® tests as exemptions to the *Praxis* Core tests in reading, writing and mathematics. SAT scores earned after April 1, 1995, and presented for exemption must meet the score indicated due to a recentering of the SAT test. The school nurse must provide official documentation of any scores.

Reading	Writing	Mathematics
<b>Praxis I</b>		
175 (1/1/2002-8/31/2014)	173 (1/1/2002-8/31/2014)	174 (1/1/2002-8/31/2014)
322 (10/23/1993-12/31/2001)	319 (10/23/1993-12/31/2001)	319 (10/23/1993-12/31/2001)
175 (7/1/1983-10/22/1993)	172 (7/1/1983-19/22/1993)	175 (7/1/1983-19/22/1993)
<b>SAT</b>		
Verbal 480 (before 4/1/1995) 560 (as of 4/1/1995)		Mathematics 520 (before 4/1/1995) 540 (as of 4/1/1995)
<b>GRE® General Test (prior to 8/1/2011)</b>		
Verbal 490		Quantitative 540
<b>GRE® General Test (on or after 8/1/2011)</b>		
Verbal 152		Quantitative 145
<b>Core Battery communication Skills Test</b>		
670		
<b>ACT</b>		
English 24		Mathematics 24

<sup>1</sup> A percentage of charter school educators must hold license and certification. This often includes the school nurse. To determine the requirement for a specific charter school, refer to the school’s charter. Private school nurses may be required by their Boards of Education to obtain certification.

## Delaware School Nurse Certification

At time of hire, the school nurse must have a current Registered Nurse license to practice in Delaware, CPR/AED certification, and a minimum of three years of supervised, clinical nursing experience. Additionally the school nurse must complete, within two years of hire, 90 hours of “training approved by the Department [of Education] consisting of standards of practice, care coordination, leadership, quality improvement, and community/public health based off of the Framework for 21<sup>st</sup> Century School Nursing Practice” ([Regulation 1582](#)).

The School Nurse Certification Program is the training being developed and implemented by the Delaware Department of Education (DDOE) during the school year 2016-2017. The coursework will be available primarily online through the Department’s PDMS system. Upon completion of the entire program, the school nurse will meet the training requirement and be awarded 90 nursing contact hours. This new training builds on the initial 2003 cluster of study managed by the DDOE in collaboration with the University of Delaware. The goal of the School Nurse Certification Program is to provide new school nurses with a sustainable, responsive, evidence-based educational program that shapes quality school nursing in Delaware. It provides advanced knowledge and the skills needed to practice safely and effectively in the school setting. Further, it aims to facilitate successful transition from general nursing practice to school nursing by addressing essential nursing and educational components that are essential for school nurses, but are not included in a traditional nursing degree program.

The new school nurse has up to two years to complete the training; however, it is designed to allow completion within less than a year. The School Nurse Certification Program is based on the NASN Framework, as articulated within the regulation.

Information on the School Nurse Certification Program will be posted on the Delaware School Nurse Certification webpage as it becomes available. The school nurse is encouraged to work with his/her assigned mentor, Lead School Nurse, and Human Resources Department. If additional information is needed, contact Jane C. Boyd, RN at 302-857-3356.

## Mentoring

School nurses hired by public school districts or charters schools are assigned a school nurse mentor. Information is available from the school nurse’s Human Resources Department or the DOE website, [Mentoring and Induction](#). The mentoring program operates under Regulation 1503, [Educator Mentoring](#).

## Evaluation

General information on [educator evaluation](#) is provided on the DDOE website. School nurses are considered [specialists](#) with an evaluation system that parallels the teacher evaluation, but is specific to school nursing. Delaware Performance Appraisal System (DPAS) is used for all Delaware educators, including specialists.

## License Renewal

Educator license renewal is required every five years after receipt of a continuing license. At the time of renewal, the school nurse must enter information into DEEDS regarding current credentials and documents of 90 clock hours of approved professional development. The clock hours may be nursing

contact hours or other continuing education approved by their Human Resources Department. In addition to the educator license, the school nurse must maintain a Registered Nursing license to practice in Delaware. This license is through the Delaware Board of Nursing or the state of residence, if a resident of a compact state. The Delaware Board requires 30 nursing contact hours for re-licensure. These credits must be awarded by an approved nursing provider.

*Review by: Maria R. Degnats, MED, DDOE, Educator Licensure & Certification, 10/2016*

## School Nurse Responsibilities

The school nurse should have the physical, mental, social, emotional and ethical capabilities, as well as professional nursing and other educational preparation, to adequately perform the role of the school nurse:

- 1. The school nurse facilitates normal development and positive student response to interventions.**
  - a. *Provides health counseling to students, parents/guardians and school personnel, keeping in mind the limitations as well as abilities*
  - b. *Appraises and identifies health needs through student screenings such as vision, hearing, tuberculosis, posture/gait, and health examinations*
- 2. The school nurse provides leadership in promoting health and safety, including a healthy environment.**
  - a. *Serves as a resource person to the school and community on health education including, but not limited to, physical, emotional, personal and social, and consumer health and safety*
  - b. *Presents health education, both informally and formally, as requested or needed*
  - c. *Recommends changes in the school environment to reduce health and safety hazards*
  - d. *Works with administrators, educators, and other school personnel to modify the school environment and curriculum for children with health concerns*
  - e. *Evaluates nursing aspects of the school health program*
- 3. The school nurse provides quality health care and intervenes with actual and potential health problems.**
  - a. *Encourages the correction of remedial conditions by working with parents/guardians, teachers and community agencies*
  - b. *Maintains quality and up-to-date electronic health records*
  - c. *Assumes responsibility for care of the sick and injuries within school policy*
  - d. *Reviews and evaluates own job performance and professional development*
- 4. The school nurse uses clinical judgment in providing case management services.**
  - a. *Coordinates care between the healthcare community and the school*
  - b. *Oversees care within the school through Individualized Healthcare Plans and Emergency Plans*
- 5. The school nurse actively collaborates with others to build student and family capacity for adaptation, self-management, self-advocacy and learning.**
  - a. *Serves as liaison between the healthcare community and the schools*

***The nurse is a member of the school's professional staff  
and contributes to the total educational program.***

\* The five major roles are identified within the Position Statement of the National Association of School Nurses, *Role of the School Nurse (2011)* is no longer retrievable.



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## *Revisions*

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