



Public Schools of North Carolina
State Board of Education
Department of Public Instruction

Report to the Joint Legislative Education Oversight Committee

School Nurse Services

SL2003-284, Section 7.32

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Report Summary

Special Provision Budget Bill For School Nurse Services

February 15, 2004

The State Board of Education shall:

Review the standards for the number of school nurses recommended in the Basic Education Plan and if the standards are being met by LEAs

The Basic Education Plan went into effect in 1985 and was a funding formula for allotting state funds to provide school nurses positions. This was a funding ratio of 1 nurse for every 3,000 students with at least one nurse per every county. To date, 111 additional nurse positions are needed to meet this BEP ratio. There are four LEAs which do not have a school nurse. Detailed funding information may be found on page 13 of this report.

Compare current state standards with standards recommended by other national health organizations

North Carolina recognizes the best practice ratio of providing one nurse for every 750 students in the general population, one nurse for every 225 mainstreamed students and one nurse for every 125 severely /profoundly mentally handicapped students. Specific information on ratio standards may be found on page 3 of this report.

Determine if current standards are adequate to meet the changing needs and demands for the health services of the current projected school population

School nurses are being faced with more complex and diverse student medical demands each day. The NC Annual Survey for Public Schools reported that 10% of current students have chronic illnesses or special health care needs. Over 12,000 students require one or more invasive procedures performed during the school day such as urinary catheterizations, tracheostomy care, and blood glucose monitoring and nebulizer treatments. Six percent (6%) of students receive medications while at school. In-depth analysis of the changing roles of the school nurse is discussed on pages 4, 10 and 11 of this report.

Consider changing the legal requirements for the provision of health related services to public school students

Current guidelines require a Registered Nurse (RN) to be employed by the LEA. This is a best practice recommended by various health associations and 77% of school nurses in North Carolina have a baccalaureate or higher degree. 39% of North Carolina's school nurses are nationally board certified which requires licensure as a registered nurse and a baccalaureate degree. Detailed discussion of school nurse qualifications is found on page 6.

Shall make recommendations for the ratio of school nurses to student population that it considers necessary and recommendations for the revision of school nurse services by 2/15/04 to the Education Oversight Committee

The North Carolina State Board of Education recommends:

- 1) Expansion of school nurse services in order to reach a 1:750 best practice ratio by the year 2014.
- 2) Provide a process for lead health officials of NCDPI and NCDHHS to collaborate and coordinated the successful planning and implementation of the recommendations for increased nurse to student ratio.
- 3) Sustain current DPI standards and definitions of school nursing.
- 4) Encourage on-going dialogue with the Joint Legislative Education Oversight Committee to identify resources of revenue for expanded school nurse services funding.

School Health Needs

The Special Provision: School Nurse Services Executive Summary

Written by Martha Guttu, Regional School Nurse Consultant, Washington Regional Office

BACKGROUND

Over the past ten years there has been a dramatic change in the health needs of students. North Carolina has tried to improve support resources to students including a number of attempts to improve the school nurse to student ratio. The NC General Assembly has now requested a formal study regarding school health needs. A special provision was added to the budget that requires the State Board of Education (to) review the standards for the number of school nurses recommended in the Basic Education program and to determine whether these standards are being met by the local school administrative units. The State Board shall compare the current standards with standards recommended by national health organizations to determine whether the current standards are adequate to meet the changing needs and demands for health services of the current and projected school populations. The Board shall consider the need to change legal requirements for the provision of health-related services to public school students in its review. The State Board of Education shall make recommendations on the ratio of school nurses to student populations that it considers necessary, as well as recommendations for the provision of school nurse services, to the Joint Legislative Education Oversight Committee by February 15, 2004 (reference 16, p. 51).

The Basic Education Plan (BEP), enacted by the North Carolina legislature in 1985, spelled out the education that was to be available to every student in the state. The program included support services such as guidance; health and psychological services; promotion standards; special programs such as in-school suspension and compensatory education; programs for exceptional children; equipment and material needs; staff ratios; staff development; and facilities standards. The plan set a state-funding ratio for student support service positions that included nurses. According to the BEP formula, there was to be one state-funded school nurse per 3,000 average daily membership (ADM) with at least one nurse per county (reference 15).

RATIO STANDARD

National standards for nursing coverage in schools recommended by the National Association of School Nurses (reference 13) are endorsed by a number of national organizations. The first standards of school nurse to student ratio adopted in 1985 recommend a minimum of one full-time nurse per 750 students, 1:225 mainstreamed students, or 1:125 severely/profound handicapped students (reference 4). In its Healthy People 2010 objectives, the US Department of Health and Human Services recommends at least 1 nurse per 750 students, with a variation depending on the community and the student population (reference 21). North Carolina Healthy Carolinians has also targeted the number of school nurses to meet the 1:750 ratio standard (reference 7). While the current North Carolina statewide ratio of school nurses to students

averages 1:1918, ratios range from 1:473 in one county, to 1:7082 in another based on full-time equivalencies. Four local education agencies (LEAs) do not have school nursing services resulting in 18,245 (1.4%) of North Carolina's public school students without access to a school nurse (reference 14).

FUNDING

Funding for school nurse positions comes from a variety of sources including local tax revenues, state and federal funding through LEAs and local health departments, federal block grant monies and categorical funds, and public and private foundations. During the 2002-03 school year, state money for school nurse salaries totaled \$14,925,268.04. This figure includes salary for certified school nurses, non-certified school nurses, contracted services for school nurses, estimated benefits, and bonus pay. The number of full-time equivalencies (FTEs) represented by state funding equals 320.92. The school nurse to student ratio represented by state funding is 1:3987. This figure is based on the final average daily membership (ADM) during the 2002-03 school year (1,279,468 students) divided by the FTEs.

CHANGING ROLE OF THE SCHOOL NURSE

There have been major changes in recent years that have dramatically affected the delivery of school health services. These include: (1) an increase in the number and severity of illnesses in students who attend school, (2) the marked increase of social morbidities such as substance abuse, homicide, suicide, child abuse and neglect, and violence, (3) psychosocial and developmental problems, such as Attention Deficit/Hyperactivity Disorder (ADHD), depression, eating disorders, (4) the impact of immigration, homelessness, and diverse cultural and linguistic groups, (5) changes in the family structure (divorce, remarriage, working parents) and, (6) threats of bioterrorism.

Legislative mandates, such as PL-457 (Amendments to the Equal Education of the Handicapped Act) passed in 1986 by the US Congress and additional amendments, passed in 1991, through the "Individuals with Disabilities Education Act" (IDEA) (PL 102-119) reaffirmed all of the special education entitlement of the "Equal Education of the Handicapped Act" (PL 94-142). These laws address free and appropriate public education in the least restrictive environment for students "who qualify as disabled under the law" (reference 19, p. 63). As a result of the implementation of these laws, along with advances in medical technology, the number of children with complex health needs enrolling in public schools is increasing.

In 1991, a survey was conducted in North Carolina by the North Carolina Board of Nursing through consultation with the State Office of Public Health Nursing to establish a data base on the numbers and types of health-related procedures being performed in the schools and the involvement of registered nurses with such services (reference 9). As a result of the survey, the North Carolina State Board of Education adopted a policy titled "Special Health Care Services" that requires each local school district to make a registered nurse available for assessment, care planning, and on going evaluation of students with special health care needs (reference 17).

According to the American Diabetes Association (reference 3), one of the most common childhood chronic diseases is diabetes. Recognizing the need to address appropriate care while at school, the North Carolina General Assembly passed the "Care for School Children With Diabetes" (Senate Bill 911-G.S. 115C-47) law in January 2003. This new legislation required all school staff to become familiar with the symptoms, treatment, and needs of students with diabetes.

In the North Carolina Annual Survey for Public Schools (reference 14), nurses reported 10% of students present with chronic illnesses or special health care needs. Over 12,000 students needed one or more invasive procedures performed during the school day such as urinary catheterizations, tracheostomy care, blood glucose monitoring, and nebulizer treatments. Six percent (6%) of students receive medication while at school.

In addition to the rising numbers of children with complex health problems in school today, the prevalence of high-risk behaviors in North Carolina public schools continues to be elevated (reference 18). The new "social morbidities" include substance abuse, homicide, suicide, child abuse and neglect, and developmental problems. The extent of these problems is so great in some student populations that if not addressed the primary mission of the school – education – cannot proceed (reference 10). The increase of these "social morbidities" places additional responsibilities such as early identification and referral on school health programs. Cultural barriers and/or language differences impact our schools in unique ways. Some "newcomer" groups may rely on the school as a source of information about community resources. Often they rely on school health services to provide information and assistance.

The restructuring of the health care system has reduced hospitalizations and/or length of stay. School nurses are often responsible for supervising the care of children whose illnesses (e.g. acute asthma and diabetes) were formerly managed in a hospital setting. The U.S. Census Bureau (reference 20) reports that more and more Americans are without health insurance. Working parents often see the school nurse as the front-line source of care. Many parents send their "sick" children to the school nurse to determine if a visit to the primary care provider is warranted. The 2001 attack on the homeland of the United States of America demonstrated the need for a reevaluation of public health and safety (reference 6). In addition to the preceding issues, schools must now develop plans for evacuation and or "lock-down." Where small-pox was once thought to be eradicated, plans are now in place for massive vaccinations.

ROLE OF THE SCHOOL NURSE IN THE COORDINATED SCHOOL HEALTH PROGRAM

Good health is necessary for academic success. The purpose of a coordinated school health program is an emphasis on all levels of prevention: primary, secondary, and tertiary. Primary prevention focuses on health promotion and specific protection such as communicable disease and infection control. Secondary prevention focuses on early diagnosis and/or prompt treatment to limit disability. Screening programs, health assessments, referral and follow-up medical care all are examples of secondary prevention. Tertiary prevention includes the students who have, or are at risk, for a chronic physical development, behavioral, or emotional condition that requires health-related services. Often the school nurse is so involved in coordinating the care of students with special health needs that time is not available for more primary and secondary prevention programs.

The school nurse works with school staff by promoting wellness and by providing individual assessments. Available community resources are integrated with school health services and parents are consistently notified and updated on their child's health.

SCHOOL NURSE QUALIFICATIONS

School nursing roles vary from the comprehensive direct service provider to manager of school health programs to consultant to the LEA. Consequently, to meet the health needs of students and be an effective member of school and community teams, school nursing practice demands a broad knowledge base (reference 8). The American Academy of Pediatrics (reference 2) supports,

...the goal of professional preparation for all school nurses. The National Association of School Nurses has determined that the minimum qualifications for the professional school nurse should include licensure as a registered nurse and a baccalaureate degree from an accredited college or university. In addition, there should be a process by which certification or licensure for the school nurse is established...(reference 2, p. 2).

The school nurse is the medical professional within the school system that has the responsibility for managing the health program for students, family, and staff. As stated in the Scope and Standards of Professional School Nursing Practice, "School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students" (reference 12, p. 1).

In North Carolina, school nurses are registered nurses (R.N.s). Seventy-seven percent (77%) of school nurses in North Carolina have a baccalaureate or higher degree. Qualifications for national certification as a school nurse include licensure as a registered nurse and a baccalaureate degree. Thirty-nine percent (39%) of North Carolina's school nurses are nationally certified.

Since 1983 there have been national standards for school nurse practice. These standards are authoritative statements that delineate the professional responsibilities of all school nurses engaged in clinical practice (reference 11). To ensure professional, competent practice, The Southern Regional Education Board has developed competency skill sets for school nurses necessary to respond effectively to the needs of students (reference 1). The NC Department of Health and Human Services provides an orientation workshop titled School Nurses: Roles and Responsibilities to help new nurses define their appropriate roles and responsibilities in the development and implementation of school health programs.

CONCLUSION

"If we are truly serious about educating all children, we need to take a critical look at the reasons why some students are not learning well and then address those problems" (reference 5, p. 5). Students are coming to school unprepared to learn. School health plays an important role in student academic success. Students with special health and psychosocial needs are present on school campus whether a school nurse is there or not. The availability of a school nurse enhances a safe school environment and the student's well being.

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Summary of Laws Related to the School Health Program

A. G.S. 130-90 and G.S. 130A-152

A certificate of immunization must be presented for each child within thirty calendar days of the first official day of school. This requires record appraisal and follow-up on every child.

B. G.S. 130-A-440 (last amended 5/95)

Every kindergarten student's health status must be assessed and a health examination report must be on file within thirty days after enrolling in public school or be excluded from school.

C. G.S. 143-B-142

Mandatory reporting and exclusion from school of children with communicable diseases.

D. G.S. 110-116

Child abuse reporting law.

E. OSHA - Occupational Exposure to Blood Borne Pathogens

Enforcement of Exposure Control Plan for school employees who can be reasonably

expected to be occupationally exposed to blood.

F. CLIA - Clinical Laboratory Improvement Amendments (1988)

G. G.S. 115-C-307

School staff may administer medication prescribed by a doctor upon the written request of the parent.

H. G.S. 115-C-307

The schools serve as loco parentis (in place of parents) for school children and are required to render appropriate first aid and medical assistance when needed.

I. G.S. 115-363 (effective 1978) 504 and 501

Special education for children with special needs. School health services, as a form of related services, must be provided to handicapped students in public school settings.

J. G.S. 115-C-12(9)c:115c-81

Required Support Program states that each LEA must make available a registered nurse for assessment, care planning, and on-going evaluation of students with special health care service needs in the school setting. (Effective 7/1/95)

(LEA's shall implement this Rule in compliance with the provisions of G.S. 115C-307c which states that non-medical personnel cannot be required to do medical procedures in the school setting).

K. G.S. 115C-81 (el) School Health Education Program to be Developed and Administered.

The State Board of Education shall develop objectives for instruction in the prevention of sexually transmitted diseases, including Acquired Immune Deficiency Syndrome (AIDS) virus infection, that includes emphasis on the importance of parental involvement, abstinence from sex until marriage and avoiding intravenous drug use.

L. G.S. 115C-47 Care for School Children with Diabetes. State Board of Education adopted and disseminated guidelines for developing and implementing diabetes care plans which are required to be implemented by local boards of education.



Analysis of 2002-2003 School Nurses to Students

	Description	Positions
Summary	Estimated # of Nurses Currently Serving Schools	667
	# of Nurses on Payroll (all sources, including contracts)	483
	# of Non-payroll Nurses from Survey	184

	Description	Positions	Amount
Current Formula	School Nurses are currently allotted in the Instructional Support category. This category includes the position allotments for the following personnel: Guidance Counselors Psychologists Social Workers Media Coordinators School Nurses Each LEA receives a total allotment of one instructional support position to every 200.10 students. Funds can be utilized to hire the number of personnel necessary to meet specific needs.	6,634	\$331,554,052

BEP Ratio (1:3,000) Compared to Nurses from State Sources	Description	FTEs	Amount
	Estimated # of Nurses @ 1:3,000 per Basic Education Plan (BEP)	434	
	# of Nurses currently paid with State funds	<u>323</u>	
	Additional Nurses required for BEP Ratio	<u>111</u>	
	Estimated additional funding required for BEP		\$5,547,558

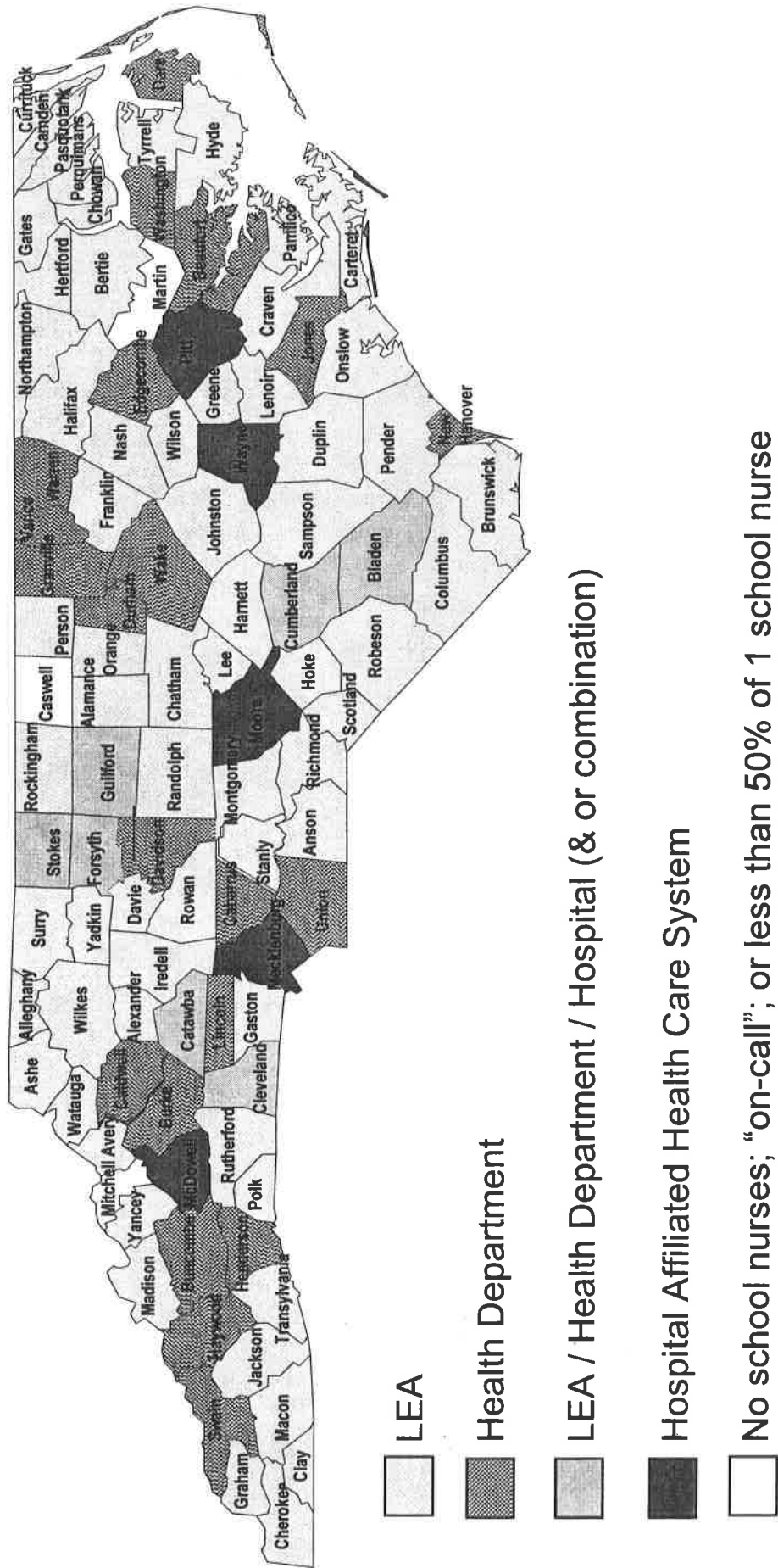
NASN Ratio (1:750) Compared to Nurses from All Sources	Description	FTEs	Amount
	Estimated # of Nurses @ 1:750 per National Association of School Nurses (NASN)	1,719	
	Current # of Nurses from All Sources	<u>667</u>	
	Estimated additional Nurses required for National Association of School Nurses Ratio	<u>1,052</u>	
	Estimated additional funding required for National Association of School Nurses Ratio		\$52,576,856

Notes:

1. Statewide average salary used in the analysis \$49,978.
2. FTEs were estimated using FY 2002-03 expenditures and the FY 2002-03 School Nurse Survey compiled by the regional School Nurse Consultants, N.C Division of Public Health.

Administrative Responsibility for School Nursing Services

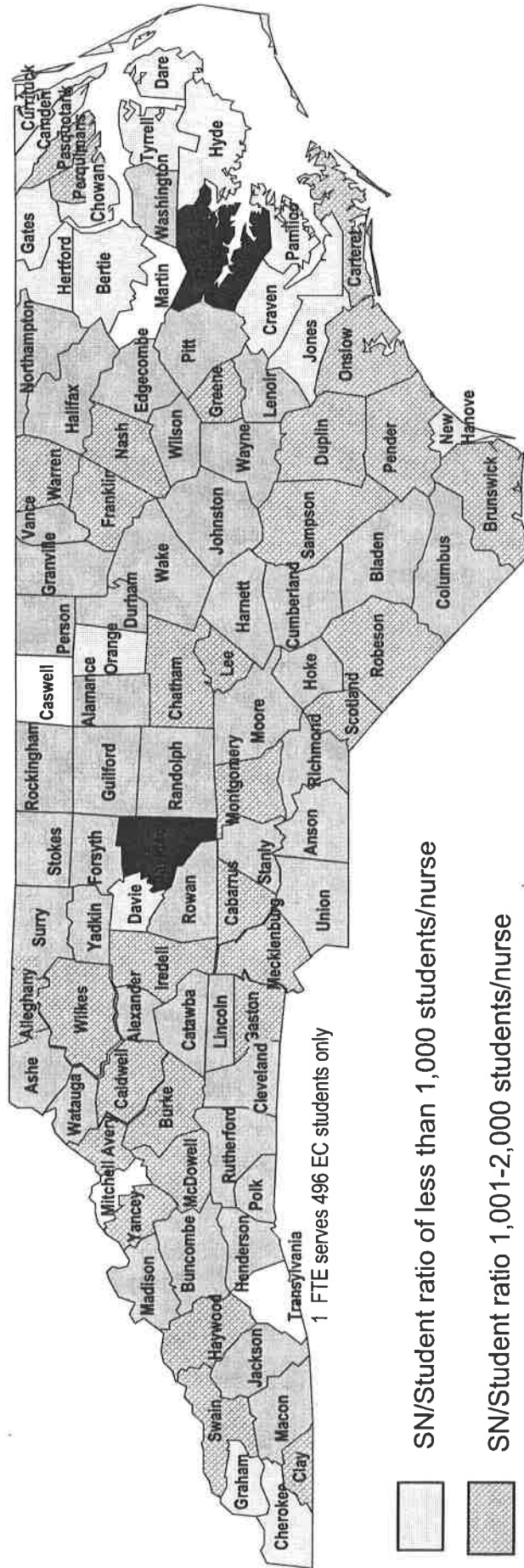
School Year 2002 - 03



Note: Most counties do not have sufficient numbers of school nurses. More information on each county is available.
 Updated: 8-03 Source: NC Annual Survey of School Health Services

School Nurse/Student Ratio SY 2002-03

(Ratio is based upon full-time equivalencies)



Note: The National Association of School Nurses recommends a SN/student ratio of 1:750

Source: NC Annual Survey of School Health Services
August 2003

NORTH CAROLINA
School Nurse to Student Ratio
 by Local Education Agency (LEA)
School Year 2002-2003

County public school districts are listed alphabetically: City school districts are listed alphabetically under the counties in which they are located. (This report does not include private, charter, federal or state residential schools.)

COUNTY/LEA (SY 2002-03)	RN (FTE only)	# STUD.	RATIO	COMMENTS
Alamance-Burlington	9.38	21,039	1:2243	
Alexander (Improved from 01-02)	2	5,392	1:2696	
Alleghany	0.53	1,441	0.53:1441	
Anson	2	4,344	1:2172	
Ashe	1	3,115	1:3115	
Avery	2	2,300	1:1150	
Beaufort	1	7,082	1:7082	
Bertie+	5	3,433	1:687	
Bladen	2	5,530	1:2765	
Brunswick	8	10,282	1:1285	
Buncombe: Buncombe County Schools Asheville City Schools	6.5 1.5	24,143 3,804	1:3493	Both LEAs are served equally by same school nurse team.
Burke	9	14,338	1:1593	
Cabarrus: Cabarrus County Schools Kannapolis City Schools +	19.5 5.8	20,666 4,298	1:1060 1:741	
Caldwell (Improved from 01-02)	5.53	12,521	1:1593	
Camden +	3	1,419	1:473	
Carteret	6	7,889	1:1315	
Caswell	-----	3,369	-----	No School Nurse
Catawba: Catawba County Schools Hickory City Schools Newton Conover Schools	5.2 1.8 2	16,243 4,329 2,763	1:3124 1:2405 1:2763	1 RN serves 102 EC students 1 FTE serves all others
Chatham	4	7,114	1:1779	
Cherokee (Improved from 01-02)	3.64	3,567	1:980	
Edenton-Chowan Schools	2.53	2,440	1:964	
Clay	1	1,228	1:1228	
Cleveland: (Improved from 01-02) Cleveland County Schools Shelby City Schools Kings Mountain Schools	4.69 3 2	9,490 3,128 4,535	1:2024 1:1043 1:2268	All secondary schools have SBHCs (SBHCs = School-Based Health Centers)
Columbus: Columbus County Schools Whiteville City Schools	3 1	6,892 2,666	1:2297 1:2666	
Craven	15.84	14,073	1:888	

COUNTY/LEA (SY 2002-03)	RN (FTE only)	# STUD	RATIO	COMMENTS
Cumberland	23.78	50,827	1:2137	8.78 FTEs serve EC only
Currituck +	6.07	3,420	1:563	
Dare +	8	4,667	1:583	
Davidson: Davidson County Schools Lexington City Schools Thomasville City Schools	2.96	18,720	1:6324	
	0.31	3,188	0.31:3188	
	1	2,480	1:2480	
Davie +	8.20	5,865	1:715	
Duplin (Improved from 01-02)	5	8,592	1:1718	
Durham	13.65	29,821	1:2185	
Edgecombe	3	7,434	1:2478	
Winston-Salem-Forsyth	10.83	45,749	1:4224	
Franklin	5	7,767	1:1553	
Gaston	17	30,080	1:1769	
Gates (Improved from 01-02)	2	1,981	1:991	
Graham	1.53	1,151	1:752	
Granville	2	8,341	1:4171	
Greene	1.85	3,093	1:1672	
Gulford	31.33	63,383	1:2023	
Halifax: (Improved from 01-02) Halifax County Schools Roanoke Rapids City Schools Weldon City Schools	1.86	5,470	1:2941	
	1	2,939	1:2939	
	-----	1,092	-----	No School Nurse
Harnett	6	16,248	1:2708	
Haywood	5.67	7,673	1:1353	
Henderson	4	11,591	1:2898	
Hertford (Improved from 01-02)	4	3,667	1:917	
Hoke	2	6,177	1:3089	
Hyde +	1	658	1:658	
Iredell Iredell-Statesville Schools Mooresville City Schools	11.78	18,210	1:1689	1 RN serves EC only 10.78 FTE serves all others
	2	4,185	1:2093	
Jackson	1	3,579	1:3579	
Johnston	7	23,332	1:3333	
Jones+ (Improved from 01-02)	2	1,401	1:701	
Lee	5.47	8,756	1:1601	
Lenoir	3	9,975	1:3325	
Lincoln (Improved from 01-02)	4	10,944	1:2736	
Macon (Improved from 01-02)	1.8	3,971	1:2206	

COUNTY/LEA (SY 2002-03)	RN (FTE only)	# STUD.	RATIO	COMMENTS
Madison	1	2,435	1:2435	
Martin	-----	4,506	-----	No School Nurse
McDowell	4.07	6,388	1:1570	
Charlotte-Mecklenburg	55.58	107,173	1:1928	
Mitchell	-----	2,317	-----	No School Nurse
Montgomery	3	4,365	1:1455	
Moore	5	11,347	1:2269	
Nash-Rocky Mount	10.07	17,725	1:1760	
New Hanover + (Improved from 01-02)	29.64	21,518	1:726	
Northampton	1	3,319	1:3319	
Onslow	12	20,987	1:1749	
Orange: Orange County Schools + Chapel Hill-Carrboro	9.8	6,279	1:640	
	11.81	10,346	1:876	
Pamlico (Improved from 01-02)	2	1,680	1:840	
Elizabeth City-Pasquotank	3	5,777	1:1926	
Pender	4	6,732	1:1683	
Perquimans	1	1,675	1:1675	
Person	2	5,671	1:2836	
Pitt	10	20,218	1:2022	
Polk	1	2,344	1:2344	
Randolph: Randolph County Schools Asheboro City Schools	7	17,588	1:2513	
	2	4,297	1:2149	
Richmond	4	8,166	1:2042	
Robeson	18	23,277	1:1293	
Rockingham (Improved from 01-02)	5	14,315	1:2863	
Rowan-Salisbury Schools	8.48	20,232	1:2386	
Rutherford	3	9,824	1:3275	
Sampson: Sampson County Schools Clinton City Schools	4	7,791	1:1948	
	1	2,689	1:2689	
Scotland	4	6,680	1:1670	
Stanly	3	9,790	1:3263	
Stokes	3	7,264	1:2421	
Surry: Surry County Schools Elkin City Schools Mt. Airy City Schools	4	8,221	1:2055	
	0.53	1,129	0.53:1129	
	1	1,884	1:1884	

COUNTY/LEA (SY 2002-03)	RN (FTE only)	# STUD.	RATIO	COMMENTS
Swain	1	1,725	1:1725	
Transylvania	1	3,715		One FTE serves 496 EC students only. No School Nurse for 3232 regular education students
Tyrrell +	1	681	1:681	
Union (Improved from 01-02)	8.5	25,180	1:2962	
Vance	2	7,994	1:3997	
Wake	47.53	104,010	1:2188	
Warren (Improved from 01-02)	2	3,100	1:1550	
Washington	1	2,192	1:2192	
Watauga	1	4,592	1:4592	
Wayne (Improved from 01-02)	7.53	18,861	1:2710	1RN serves 84 EC students 6.93 FTEs serve all others
Wilkes	6.53	9,921	1:1519	
Wilson	3	11,947	1:3982	
Yadkin	2.64	5,821	1:2205	
Yancey	2	2,480	1:1240	

SCHOOL NURSE

LEA

FTE

Students

EC Student

= Registered Nurses (R.N.s) are recognized as school nurses

= Local Education Agency (school district). There are 117 LEAs in N.C

= Full Time Equivalency

= Final Average Daily Membership as reported by

Public Schools of North Carolina • Department of Public Instruction

= Exceptional Children: those who receive special education under Federal Law I.D.E.A.

Nationally recommended School Nurse to Student ratio is 1 nurse for every 750 students: (1:750)

This national recommendation is endorsed by the American Academy of Pediatrics, National Association of School Nurses, Inc., American Nurses Association, Centers for Disease Control and Prevention, American School Health Association, and many more professional associations in the U.S.

+Meets recommended ratio of 1:750

School Year 2002-03 North Carolina had **737 school nurses (667.24 FTEs)**.

Eleven positions were vacant during the 2002-03 school year for a total of 748 school nurse positions in NC Public Schools.

2002-03 North Carolina ratio of school nurses to students **1: 1918**

DATA SOURCE:

2002-03 School Nurse Survey compiled by regional School Nurse Consultants
N. C. Division of Public Health • Department of Health and Human Services
and
Public Schools of North Carolina • Department of Public Instruction

Special Provision Budget Bill For School Nurse Services

Paula Hudson Collins,
Senior Advisor for
Healthy Schools



Special Provision for School Nurse Services

The State Board of Education shall:

- Review the standards for the number of school nurses recommended in the Basic Education Plan and if the standards are being met by LEAs
- Compare current state standards with standards recommended by other national health organizations
- Determine if current standards are adequate to meet the changing needs and demands for the health services of the current projected school populations

Special Provision for School Nurse Services

The State Board of Education shall:

- Consider changing the legal requirements for the provision of health related services to public school students in its review
- Shall make recommendations for the ratio of school nurses to student population that it considers necessary and recommendations for the provision of school nurse services by 2/15/04



Background

- The Basic Education Plan (1985) set a state-funding ratio for student support service positions that included nurses. One state funded school nurse per 3,000 average daily membership (ADM) with at least one nurse per county was recommended.



National Recommendation



- National Association of School Nurses
School Nurse to Student Ratio = **1:750**
 - 1:225 mainstreamed students
 - 1:125 severely/profound handicapped students
- Healthy People 2010 and NC Healthy Carolinians recommend at least 1 nurse per 750 students with variation depending on the community and student population.

Current North Carolina Statewide Ratio

- School nurses to students averages 1:1918
- Ratios range from 1:473 to 1:7082 (based on full time equivalences)
- Four LEAs do not have school nursing services resulting in 18,245 (1.4%) of North Carolina's public school students without access to a school nurse





Funding

- From a variety of sources:
 - Local tax revenues
 - State and federal funding through LEAs and local health departments
 - Federal block grant monies and categorical funds
 - Public and private foundations

Funding

- During the 2002-2003 school year, state money for school nurse salaries totaled \$14,925,268
- The number of full-time equivalences represented by state funding equaled 320.92
- The school nurse ratio represented by state funding was 1:3987 (figure obtained by dividing final ADM by FTEs)

The Changing Role of the School Nurse

There has been a dramatic change in the health of students over the past ten years. Student populations show:

- An increase in the number and severity of illnesses in students who attend school
- Marked increase of social morbidities (substance abuse, homicide, suicide, child abuse and neglect, and violence)
- Psychosocial and developmental problems such as Attention Deficit/Hyperactivity Disorder (ADHD), depression, eating disorders
- Impacts of immigration, homelessness, and diverse cultural and linguistic groups

Changing Role

- Changes in family structure (divorce, remarriage, working parents)
- Threats of bioterrorism

Legislation Relating to School Health Programs

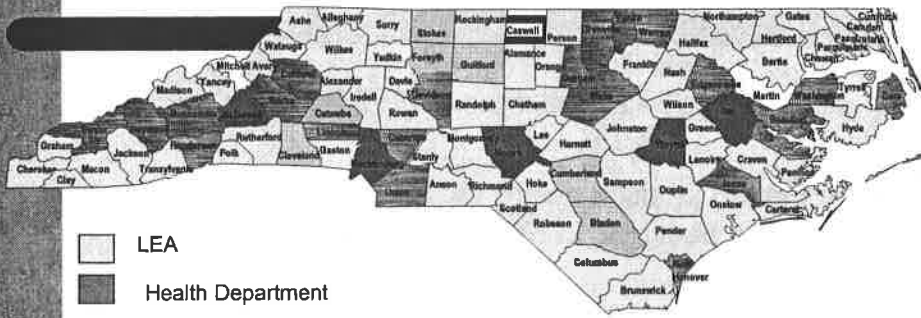


- Legislation related to school health programs continues to increase, which impacts the responsibilities for monitoring and implementing policies at the school level for every child.

DPI Office of Budget Management Report 2002-2003 School Nurse to Students

- Estimated that an additional 1,052 nurses will be required to meet the nationally recommended 1:750 ratio
- Estimated cost is \$52,576,856

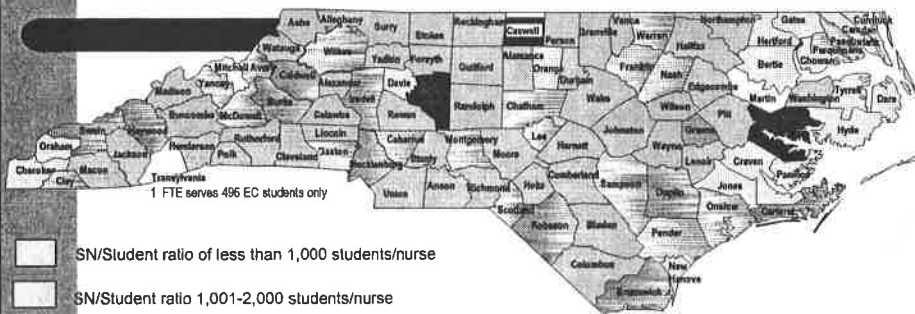
Administrative Responsibility for School Nursing Services School Year 2002 - 03



- LEA
- Health Department
- LEA / Health Department / Hospital (& or combination)
- Hospital Affiliated Health Care System
- No school nurses; "on-call"; or less than 50% of 1 school nurse

Note: Most counties do not have sufficient numbers of school nurses. More information on each county is available.
Updated: 8-03 Source: NC Annual Survey of School Health Services

School Nurse/Student Ratio SY 2002-03 (Ratio is based upon full-time equivalencies)



- SN/Student ratio of less than 1,000 students/nurse
- SN/Student ratio 1,001-2,000 students/nurse
- SN/Student ratio 2,001-3,000 students/nurse
- SN/Student ratio 3,001-4,999 students/nurse
- SN/Student ratio of 5,000 or more students/nurse
- No school nurses; "on-call"; or less than 50% of 1 school nurse

Note: The National Association of School Nurses recommends a SN/student ratio of 1:750

Source: NC Annual Survey of School Health Services
August 2003

2002-2003 NC School Nurse Survey, DHHS



- NC had 737 school nurses (667.24 FTEs)
- Eleven positions were vacant for a total of 748 school nurse positions in NC public schools
- 10 LEAs met the recommended ratio of 1:750

Standards



- | | | |
|---------------------------|---|---------|
| • BEP Funding Formula | - | 1:3,000 |
| • National Recommendation | - | 1:750 |
| • Mainstreamed | - | 1:225 |
| • Severely/Profound | - | 1:125 |
| • Current NC Average | - | 1:1918 |