

Fact Sheet

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Children with Special Health Care Needs: Who Is Caring for Them at School?

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Second in a series on School Health and Children with Special Health Care Needs.

Health services have been provided in California schools for over a century. For most of that time, families relied on school nurses to monitor their children's health during school. Nurses collected health records, measured heights and weights, tested vision and hearing, and administered medications.

Increasingly, schools must provide for an array of children with varying special health care needs and complex chronic illnesses. While expectations for

Only 43 percent of school districts in California reported having a school nurse on staff.

school health services have expanded, the availability of school nurses has decreased. The routine availability of school nurses to help care for children and to be part of the

continuum of health care in communities is becoming a thing of the past.

Nowhere is this more apparent than in California¹:

- 57 percent of school districts, serving 1.2 million students, reported having no school nurse personnel on staff.
- In California, the statewide ratio of nurses to students is 1:2,635, but this varies widely among districts, reaching as high as 1:13,635. The National Association of School Nurses recommended ratio is 1 nurse to 750 students.
- Where school nurses are employed, on average they are asked to cover six schools.

- Only 26% of school nurses report being “very” to “extremely” confident of meeting the needs of all children in their assigned schools.

These figures mean that many children, including those with special health care needs, may be at risk for having unaddressed health needs during school hours. Those needs may interfere with their attending and benefiting from educational opportunities.

In the absence of nurses, a range of school personnel may be called on to provide health care services, such as administering medication, treating life-threatening allergic reactions, performing gastrostomy tube feeding, injecting insulin, suctioning tracheotomies, and providing urinary catheterization. Often these personnel are not certified, nor did they expect to perform health services. Those who currently provide these services may include:

- Unlicensed staff members, including secretaries, administrators, and teaching and health aides who usually have other responsibilities. Parents who may, but cannot be required to, provide health care for their child;
- Private health care agencies, county public health, and local hospital systems with whom school districts may contract to assist with health care required during school hours.

Other school personnel (including physicians, audiologists, dentists, dental hygienists, optometrists, psychologists, and social workers) who hold a California credential may provide health care services as determined by educational code.

California's Education Code requires that "diligent care" be given to the health and physical development of students, but it does not provide a definition. The code also requires that supervisors of health or physical development in California schools hold a services credential with a specialization in health (physician or nurse, for example) but does not require that their services be provided. The code does not require schools to report health emergencies or adverse events to the state, or even to collect general health data on students.

In the absence of more specific state regulations, decisions regarding school health services and personnel are left almost entirely to individual school districts. Districts make decisions about the availability of school health care services, and determine who is qualified to provide services.

Given the financial difficulties faced by many of California's school districts, the use of other professionals and unlicensed school personnel is common. Such substitutions may be the only viable alternative to forgoing health care service responsibilities altogether. However, it is likely that the health of students is jeopardized when standards are not applied to assure adequate staffing and training to handle health problems, especially those that are chronic or emergent. A root cause for many of the shortcomings in school-based health services is the lack of authoritative guidance from the state Department of Education and the failure of local

school districts to consult with health care providers to strengthen local policies and practices.

Policy Recommendations

- Ideally, every school would have licensed health care personnel, and would meet the standard of one school nurse to every 750 students.
- Evaluate compliance with workforce requirements of school nurses and trained unlicensed personnel to ensure the safe and effective delivery of health services all schools.
- Require that all personnel delivering health services in schools receive mandatory state-standardized training, including first aid, CPR and whatever specific medical procedures are needed by children in each school.
- Enforce the California educational code requirements for appropriate credentials for supervisors of health in all school districts.
- Require schools to track and report adverse health events and health emergencies at school to the California Department of Education.
- School Boards should annually review health care needs, services and staffing.
- School districts should establish active partnerships with community health providers to facilitate communication and access to services.

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¹ Findings reported in this brief are based on research conducted under a grant to the Division of Nursing at California State University, Sacramento: *Schools' Role in Systems of Care for Children with Special Health Care Needs*. Results have been submitted for publication. For more information, contact Dian Baker, PhD, MA, MS at dibaker@saclink.csus.edu