



New Hampshire School Nurses' Association

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Who we are

School nursing is a specialized practice of nursing that advances the well-being, academic success, and lifelong achievement and health of students. Keeping children healthy, safe, in school, and ready to learn should be a top priority for both healthcare and educational systems.

With approximately 175 thousand students in public elementary and secondary schools in NH (2016-2017 statistic) our schools are excellent locations to promote health in children and the school nurse is uniquely positioned to meet student health needs.

School nurses are prepared for and practice at the same level as their colleagues, such as teachers who are certified, occupational therapists, physical therapists, and speech therapists.

The entry level school nurse:

Registered Nurse

Bachelors Degree or Higher

3 years Pediatric Experience

Current school nurses not meeting that requirement are enrolled in a Bachelors Program. After July 2022, all new hires will be required to meet those requirement.

375 School Nurses are currently members of NHSNA

We need support from the NH Department of Education (NHDOE) and support from the NH Division of Public Health Services (NHDPHS)

- We have received help from the NHDPHS, in the form of specific public health response to the pandemic and have weekly calls with the Division on Fridays. They have hired a temporary position to be the liaison with schools over Covid related questions.
- We do not have a School Nurse Coordinator within the NHDOE. The position was vacant for so long that the School Nurse Association had it mandated with legislation that authorized the position as of July 2019. The position was not filled.

The School Nurse Coordinator could have addressed the following gaps that school nurses and school districts face:

- Consultation on school plans meeting public health expectations
- Training on ways to implement strategies to reduce transmission spread
- Consultation on uniform guidelines for all schools, instead of leaving each district to write their own

GAPS IN TRAINING FOR SCHOOL NURSES

NHSNA is currently collaborating with the NH American Academy of Pediatrics and with the NH Partners in Pediatric Health Project. We are looking for funding of approximately \$150,00 to start a statewide initiative to:

- Unite school nurses, pediatricians and primary care physicians to strengthen the link between the medical home and school health.
- We are looking for funding to support a 10-month series of webinars to address the Covid and Health needs of the school population. The webinars would be interactive and would include:
 - Brief Didactic (30 minutes or less)
 - Case Presentation (“problem of practice”)
 - Questions/Clarifications about case
 - Ask for recommendations, strategies, considerations from group

Pandemic Needs of School Nurses

- Coordinated efforts across districts
- Professional Oversight in the form of a School Nurse Coordinator
- Extra Staff to implement Isolation Rooms
- Extra Staff for screening
- Widely available and quick turn around time for testing

Mitigation Strategies to Slow the Spread (all have associated costs)

- SCREENING OF STAFF AND STUDENTS
- PHYSICAL DISTANCING
- MASKS
- COHORTING OF STUDENTS
- CLEANING AND DISINFECTING
- VENTILATION
- HYGIENE PROTOCOL

SCREENING OF STAFF AND STUDENTS

Rationale:

- Identifies risk for a possible case and keeps them away from the school population
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Least Risk Version:

- Screening done in person at the school
 - ❖ Extra staff makes it cost prohibitive
 - ❖ Extra time to implement takes substantial time away from teaching
 - ❖ Raises Anxiety of Students

Lesser Risk Version:

- Screening done at home by the parent
 - ❖ Includes attestation to the school that it is done daily
 - ❖ Attestation requires extra staff to monitor and a cost to the district

More Risk Version:

- Request for screening to be done at home with no attestation

PHYSICAL DISTANCING

Rationale: COVID-19 is primarily spread from person-to-person:

1. Between people who are in close contact with one another (within about 6 feet). Closer contact and longer durations of contact increase the risk of getting COVID-19 from someone who is infected.
2. Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
3. These droplets can land in the eyes, noses, or mouths of people nearby (within 6 feet), or possibly be inhaled into the lungs.

School nurses are concerned that

- not all districts are mandating masks, or that they are allowing “mask breaks” with students as close as 3 feet.
- Not all school districts are providing masks for the students (budgetary constraints)
- Not all districts are adhering to the guidance on bussing due to budgetary constraints.
- Some schools cannot afford to buy a separate desk for each student and are still using tables.

ISOLATION ROOMS

Rationale: Reduces the risk of spread by quickly isolating those that present with symptoms.

In taking on the public health role of mitigation of transmission, school nurses are tasked with the handling of possible Covid cases that present at school.

Many do not have extra staff, extra space and additional training to do this correctly.

The ideal isolation room has its own staff and

- Needs to be a separate ROOM with its own entrance and exit, have access to a dedicated sink and bathroom.
- The “regular” health office would see all students needing daily medications and treatments, and first aid.