



## School Quality Standards

**-Adopted by the VT Legislature & VT Department of Education**

**January 1999**

### **2120.8.1.3 Support Services**

#### **2120.8.1.3.3 Health Services**

Health services, including health appraisal, counseling, communicable disease control, emergency and first aid care, shall be made available, in collaboration with parents and community health resources, to students in each school. These health services shall be delivered in accordance with the school district's written policies and procedures, and with requirements of state law relative to vision and hearing screening, immunization and child abuse reporting.

Each school shall engage the services of a person licensed as a school nurse and shall specify in writing his or her duties. There shall be no more than 500 students per school nurse. Schools with fewer than 500 students shall employ a nurse in at least an approximate proportion of the number of students to 500. The school shall strive to meet staffing ratios for Comprehensive School Health Services set forth in Vermont School Nurses' Association's "Guidelines for Establishing Safe School Nurse to Student Population Ratios." There shall be adequate equipment and space for delivery of confidential health services.

#### **Guidelines For Establishing Safe School Nurse to Student Population Ratios**

**These guidelines apply to student populations in one building. Students with special needs often require a great deal of the school nurse's time to assess, plan, implement and evaluate their care. Student population numbers listed below need to reflect this by accommodating for the intensity level of the special needs students in a given population. Students who fit into an "at risk" category need to be counted as 3 students. Students who are moderately physically or emotionally challenged should be counted as 10 students (KSNO, 1994). Students with severe/complicated medical, physical, or mental challenges should be counted as 20.**

**"At risk" students may be characterized by any one or more of the following indicators:**

- 1. A high rate of absenteeism from school - ten days or more;*
- 2. Failure to achieve grade level standards;*
- 3. Failure in two or more subjects or courses of study;*
- 4. Behind in credits to graduate;*
- 5. Retention at grade level one or more times;*

- 6. Below grade level for students of the same age;*
  - 7. Pregnancy or parenthood or both;*
  - 8. Repeated commission of disciplinary infraction;*
  - 9. Member of a house hold that is at or below the poverty level using criteria for free and reduced lunch program;*
  - 10. Limited English proficiency;*
  - 11. Identified victim of physical, sexual, or emotional abuse and/or neglect;*
  - 12. Health or substance abuse problems;*
  - 13. Attempted suicide;*
  - 14. Identified as medically fragile or has special health needs;*
  - 15. Identified with an I.E.P. for Special Education, as 504, as gifted or with speech problems.*
- (KNSO,1994)*

**Additional factors to consider when establishing safe school nurse to student population ratios are:**

- 1. The number of buildings the nurse covers - The travel time and the fact that the nurse is not always present to carry out such things as first aid and medication administration limits the coverage that she/he can provide. Ratios need to be lowered in these situations. For example, the minimum school health services ratio of 1/750 needs to be lowered to 1/500 students in a maximum of five buildings, each of which is accessible within 30minutes (Vermont Standard of Practices: School Health Services, 1995).*
- 2. The staffing patterns - the use of unlicensed and licensed personnel such as secretaries and licensed practical nurses to cover the health office in the nurse's absence or to augment health services. The delegation of nursing tasks to these persons requires training and monitoring by the school nurse. Adequate time must be available for these functions.*
- 3. The amount of time and responsibility the nurse takes for health education. Coordination, planning and lesson preparation can require large amounts of time away from other school nursing tasks. The more the nurse is involved with health education the lower the ratios must be to allow for proper follow through in the area of health services.*

Adopted 1/14/98 by: The School Nurse Advisory Board to the Vermont Department of Education and the Vermont State School Nurse's Association Adopted 12/16/98 by: Vermont's Legislative Committee on Administrative Rules as part of the School Quality Standards

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