School Nursing in the United States

Quantitative Study

Prepared by Burkhardt Research Services
January 2007
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Executive Summary

This national study was completed in the fall of 2006 to identify the percentage of schools in the U.S. that have nursing services. Schools counted as having a nurse are those with registered nurses (RNs) assigned to visiting that school at least once per week. Special emphasis is placed on identifying the percentage of schools – nationally and by state - that have full-time RNs. It is the position of the National Association of School Nurses that “every school-aged child deserves a school nurse who is a graduate of a baccalaureate degree program from an accredited college or university and licensed by that state as a registered nurse.”

1,055 schools – proportionally representing elementary, middle, and high schools in each of the 50 states and D.C. - were interviewed for this study. The results of this study – the largest scientific study focusing upon school nursing services in our nation’s public schools – has identified that 41.3% of schools have a full-time RN. The average number of schools served by RNs is 2.168%. Many RNs serve multiple schools; the average number of total students per nurse (all schools combined) is 1,151.
Methodology

- 1,055 schools – proportionally representing elementary, middle, and high schools in each of the 50 states and D.C. - were interviewed for this study. The National Center for Education Statistics’ “Common Core Data (CCD)” database of schools was used to identify the number of K-12 schools in the U.S., demographic characteristics of schools, and to generate a national sample of schools to poll for this study. Based upon a sample of 92,816 schools in the 50 states and D.C. (this excludes schools on military bases and schools in U.S. territories), a sample of 1,055 randomly interviewed schools provides study results accurate with a confidence level of 95% (plus or minus 3 percentage points).

- **Special note on statistical accuracy.** The 1,055 schools interviewed in this study were distributed among the 50 states and D.C. based upon the number of percentage of the nation’s schools located within each state. The results of this study are statistically accurate on a national level. Given that states have varying populations and numbers of schools, however, the number of schools interviewed per state does not generally result in statistically reliable results on a state level. For example, we interviewed 106 schools in California, but proportional representation resulted in interviews of fewer than five schools each in Alaska, Delaware, D.C., Hawaii, Rhode Island, Vermont, and Wyoming. **Therefore,** state level results could be used as a useful guide in larger states, but cannot be considered in any way representative for smaller states (Hawaii is perhaps an exception, since insight into state level nurse staffing was provided by a state supervisor).

- This study was conducted using telephone interviewing. Individual school interviews were completed with the school staff most able to answer the questions relevant to their circumstances. In instances where a school has a nurse, the school interview was most often conducted with the nurse, the nurse’s supervisor, or the nurse’s assistant (in a limited number of instances, a secretary or principal was interviewed when the nurse could not be reached). In instances where there was no school nurse, the school secretary, principal, health aid, or other person who sees sick and injured children (attendance clerk, guidance counselor, etc.) were interviewed. In a small number of instances, district administrators completed interviews on behalf of individual schools.

- Poverty as a demographic consideration. One of the questions posed for this study was whether schools with high numbers of economically disadvantaged students experience levels of school nursing services that differ from schools without high numbers of economically disadvantaged students. Federal education guidelines functionally recognize “high poverty” schools as those in which 40% or more of students are eligible for free or reduced lunch. Such schools are eligible for “Title 1 School Wide” funding. Therefore, a representative percentage of “Title 1 School Wide” schools per state were included in this study (note: representative percentages of “Title 1 School Wide” were known for every state except Michigan. A representative percentage for Michigan was estimated based upon available information. Specifically, review of available data indicated that 30% of Michigan schools were individually identified as “Title 1 School Wide” with the remaining 70% “unidentified” regarding their “Title 1 School Wide” status.
30% percent of Michigan schools included in this study were selected as “Title 1 School Wide.” The remaining 70% of schools selected were from the “unidentified” group of schools. The 70% of “unidentified Title 1 status” schools selected were then checked individually for their Title 1 School Wide status).
School Nursing Services – A National Perspective

Quantifying the number of nurses in schools can be done by measuring either nurse-to-building ratios or nurse-to-student ratios. The National Association of School Nurses recommends a nurse-to-student ratio of 1:750.

1,055 schools – proportionally representing elementary, middle, and high schools in each of the 50 states and D.C. - were interviewed to identify nursing levels in schools. Based upon interviews with 1,055 of our nation’s schools, the charts on the following pages identify the level of nurse-per-building services with a look at various demographic considerations. In instances where we have identified “nurse-to-student” levels, we have done so by calculating the number of total students in all schools served by an individual nurse (for example, a school interviewed for this study may have a part-time nurse who works part-time at two other schools. We would count the number of students in all three schools as the number of students that this nurse serves).

The range of nursing services within schools varies from multiple full-time RNs with or without support (LPN, health aide, etc.) to schools with nursing services. The results of this study indicate that 41.3% of schools have a full-time RN. The average number of schools served by RNs is 2.168%. Many RNs serve multiple schools; the average number of total students per nurse (all schools combined) is 1,151.

Schools without licensed RN services may or may not have support from an LPN and/or health aides. The varying levels of nursing services in schools depend upon a number of factors: school size, the level of school (some districts place more emphasis on assigning nurses to elementary schools, while other districts place more emphasis on assigning nurses to high schools), the number of special-needs or medically fragile students within schools, whether or not the districts or states have a formal policy on school nursing levels, and regional variations.

NOTE: This study has been conducted to identify the number of schools with nurses serving the general student population. A limited number of schools have an RN and/or LPN in the building to serve a small number of medically fragile students or special education students (in several instances, there is a full-time RN for one or two medically fragile students), but there is no nurse present who serves the school’s general student population (in some of these cases, the district does not permit the nurse serving the special needs children to care for the school’s general student population. In these instances, the school has been counted as not having a nurse for the purpose of this study and a notation has been made on the file for these schools).
Schools With Nurses

NASN’s primary priority regarding school nursing levels is to have a full-time RN in every school.

At present, 41.3% of schools have a full-time RN. A total of 74.6% of schools have an RN visit their school at least once per week. The range of nursing services within schools varies from multiple full-time RNs with or without support (LPN, health aide, etc.) to schools with no nursing services. The average number of schools served by RNs is 2.168%. Many RNs serve multiple schools; the average number of total students per nurse (all schools combined) is 1,151.

Schools that currently have nursing services vary across a multitude of demographic characteristics. These characteristics include:
- Type of school (elementary school, middle school, high school)
- Size of school (250 or fewer students, 251 – 500 students, 501 – 750 students, 750+ students)
- Urban/rural status
- “Low income” schools

The breakdown of nursing levels within schools is as follows:

**Full Time RNs**

41.7% of all school buildings – on a national basis - have at least one full-time RN. 11.79% of schools have more than one full-time RN, while 1.9% of schools have both a full-time RN and an LPN. 1.1% of school nurses (i.e., RN or above) are nurse practitioners. Note: these are national statistics – the statistical breakdown for individual school types and school sizes will vary from the national average.

School Type:
- 37.07% of elementary schools have at least one full-time RN.
- 49.49% of middle schools have at least one full-time RN.
- 48.85% of high schools have at least one full-time RN.
School size:

- Schools with fewer than 250 students: 21.14% of schools have one full-time RN; 3.25% have more than one full-time RN.
- Schools with 251 – 500 students: 32.7% of schools have one full-time RN; 3% have more than one full-time RN.
- Schools with 501 – 750 students: 42.91% of schools have one full-time RN; 3.46% have more than one full-time RN.
- Schools with 751+ students: 47.46% of schools have one full-time RN; 17.03% have more than one full-time nurse.

### Nurse-to Building Ratios

75.5% of schools have an RN in the building at least once per week. 38.01% of schools have a full-time nurse, while another 6.82% have nursing hours greater than one FTE. These statistics break down as follows:

<table>
<thead>
<tr>
<th></th>
<th>Schools with 250 or fewer students</th>
<th>Schools with 251-500 students</th>
<th>Schools with 501-750 students</th>
<th>Schools with 751+ students</th>
</tr>
</thead>
<tbody>
<tr>
<td>No RN in the building</td>
<td>43.09%</td>
<td>30.25%</td>
<td>19.72%</td>
<td>17.03%</td>
</tr>
<tr>
<td>One part-time RN</td>
<td>32.52%</td>
<td>34.06%</td>
<td>33.91%</td>
<td>18.48%</td>
</tr>
<tr>
<td>One full-time RN</td>
<td>21.14%</td>
<td>32.70%</td>
<td>42.91%</td>
<td>47.46%</td>
</tr>
<tr>
<td>One or more .fte serving this school</td>
<td>3.25%</td>
<td>3.00%</td>
<td>3.46%</td>
<td>17.03%</td>
</tr>
</tbody>
</table>

**Elementary**

<table>
<thead>
<tr>
<th></th>
<th>Schools with 250 or fewer students</th>
<th>Schools with 251-500 students</th>
<th>Schools with 501-750 students</th>
<th>Schools with 751+ students</th>
</tr>
</thead>
<tbody>
<tr>
<td>No RN in the building</td>
<td>43.68%</td>
<td>29.86%</td>
<td>21.31%</td>
<td>18.67%</td>
</tr>
<tr>
<td>One part-time RN</td>
<td>28.74%</td>
<td>34.72%</td>
<td>35.23%</td>
<td>21.33%</td>
</tr>
<tr>
<td>One full-time RN</td>
<td>22.99%</td>
<td>32.29%</td>
<td>40.63%</td>
<td>46.67%</td>
</tr>
<tr>
<td>One or more .fte serving this school</td>
<td>4.60%</td>
<td>3.13%</td>
<td>3.13%</td>
<td>13.33%</td>
</tr>
</tbody>
</table>

**Middle**

<table>
<thead>
<tr>
<th></th>
<th>Schools with 250 or fewer students</th>
<th>Schools with 251-500 students</th>
<th>Schools with 501-750 students</th>
<th>Schools with 751+ students</th>
</tr>
</thead>
<tbody>
<tr>
<td>No RN in the building</td>
<td>35.71%</td>
<td>19.57%</td>
<td>15.15%</td>
<td>7.14%</td>
</tr>
<tr>
<td>One part-time RN</td>
<td>50.00%</td>
<td>34.78%</td>
<td>31.81%</td>
<td>23.94%</td>
</tr>
<tr>
<td>One full-time RN</td>
<td>14.29%</td>
<td>43.48%</td>
<td>51.51%</td>
<td>53.52%</td>
</tr>
<tr>
<td>One or more .fte serving this school</td>
<td>0%</td>
<td>2.17%</td>
<td>1.52%</td>
<td>11.27%</td>
</tr>
</tbody>
</table>

**High**

<table>
<thead>
<tr>
<th></th>
<th>Schools with 250 or fewer students</th>
<th>Schools with 251-500 students</th>
<th>Schools with 501-750 students</th>
<th>Schools with 751+ students</th>
</tr>
</thead>
<tbody>
<tr>
<td>No RN in the building</td>
<td>45%</td>
<td>47.06%</td>
<td>25.81%</td>
<td>19.85%</td>
</tr>
<tr>
<td>One part-time RN</td>
<td>36%</td>
<td>26.47%</td>
<td>25.81%</td>
<td>13.74%</td>
</tr>
<tr>
<td>One full-time RN</td>
<td>18%</td>
<td>20.59%</td>
<td>38.71%</td>
<td>44.27%</td>
</tr>
<tr>
<td>One or more .fte serving this school</td>
<td>0%</td>
<td>29.00%</td>
<td>3.81%</td>
<td>22.12%</td>
</tr>
</tbody>
</table>
City Size:
Percentage of low-income (Title 1 School Wide) schools with school nurse services:

<table>
<thead>
<tr>
<th></th>
<th>National Average</th>
<th>&quot;Low Income&quot; Schools</th>
<th>Non &quot;Low Income&quot; Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTE RNs</td>
<td>41.80%</td>
<td>41.90%</td>
<td>41.82%</td>
</tr>
<tr>
<td>Part-time RN</td>
<td>32.89%</td>
<td>32.42%</td>
<td>33.01%</td>
</tr>
<tr>
<td>No RN</td>
<td>25.30%</td>
<td>25.69%</td>
<td>25.17%</td>
</tr>
</tbody>
</table>

The percentage of low income schools with nursing services is virtually identical to the national average. A “story behind the story” emerged in the course of talking to individual schools. While the level of school nursing services is similar on a percentage basis, individual schools sometimes make a specific effort to provide in-school health care services in poorer regions (at the other end of the spectrum, therefore, there could be some schools with economically disadvantaged student populations that disproportionately go without nursing services). A nurse in one Southern state voluntarily referred to instances of local Title 1 schools being more likely to have nursing services because those schools choose to use a portion of their Title 1 funds to pay for school nursing services – a perceived indication of a need for nursing services. In a number of cities, schools counted as having a nurse are schools whose nurse(s) work in a fully-functioning, independent health clinic located within the campus – clinics that are sometimes designed to be primary care centers for student populations with no other access to primary health care. Individual school nurses operating in a more traditional “school nurse” capacity also occasionally reported acting as a de facto primary care provider for disadvantaged student populations who have little or no access to non-school health care services (low-income areas, communities with high immigrant populations, etc.). In one instance, a school nurse indicated that her “health support services” consists of two full-time district social workers who assist pregnant middle and high school students (her district sees a 10-15% pregnancy rate among their female students aged 12 – 18). In communities with large immigrant populations, some school nurses mentioned spending large amounts of time overcoming language barriers and educating parents on how to access community health care services.
Part-Time RNs

Many RNs serve multiple schools as full-time district employees rather than full-time employees of an individual school. The average number of schools served by RNs is 2.168. The average number of total students per nurse (all schools combined) is 1,151.

Study results indicate that RNs working part-time in specific school buildings have varying employment arrangements. They may:

- Work part-time at one school only, or
- Be employed full-time to cover multiple schools, each on a part-time basis.

Given the varying employment arrangements for part-time nurses and the varying situations within individual schools, part-time nurses may have a regular schedule of working set hours at a particular school(s) or they may float between schools with varying rotations in their schedules. While the schedules of individual part-time nurses vary widely, average hours worked for these two categories of part-time nurses are as follows:

- RNs whose schedule includes a regular, part-time schedule at a particular school work an average of 6.1 hours per day, 2.82 days per week.
- RNs whose schedule includes an irregular schedule at a particular school work an average 3.76 hours per day, 2.5 days per week.

For comparative purposes, the chart of nurse-to-building ratios presented earlier in this report is presented again on the following page.
75.5% of schools have an RN in the building at least once per week. 38.01% of schools have a full-time nurse, while another 6.82% have nursing hours greater than one FTE. These statistics break down as follows:

<table>
<thead>
<tr>
<th>Nurse-to Building Ratios</th>
<th>Schools with 250 or fewer students</th>
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<th>Nurse-to Building Ratios</th>
<th>Elementary</th>
<th>Middle</th>
<th>High</th>
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Schools Without School Nurses

58.7% of our nation’s schools do not have a full-time RN. 25.3% of our schools have neither a full-time nor a part-time RN. From a functional perspective, schools that have no regular nursing services fall into the following broad categories:

**Schools with an LPN and/or health aid on staff.** These schools have a range of part-time to full-time services of LPNs and/or health aids. 7.1% of schools have a full- or part-time LPN without an RN present. These LPNs often report to an RN at the district level. 3.1% of schools have full- or part-time health support staff such as health aides or health techs. Some health aids have access to a district RN, others do not.

**Schools where students go to non-health professionals – such as teachers, the school office, attendance office, or guidance counselors - when they are sick or injured.** 14.8% of our schools are in this category. These schools fall into several broad categories:

- **Schools with an assigned RN who visits the school less than once per week.** Schools in this category may see their nurse as often as once or twice per month or as infrequently as one-to-three times per year. These visits may happen on a “check-in” basis; for scheduled events such as screenings, immunizations, staff training, and/or health records paperwork; have contact when the school requests assistance for school-wide issues such as lice outbreaks; or the school may be limited to telephone-only contact when the school staff wish to seek a nurse consultation. The employment status of these RNs vary – they may be on the district payroll, contracted by the school district on a consultation basis, and/or employed by a local health department, hospital, or health clinic.

- **Schools that have varying formal to informal relationships with local health departments, clinics, and/or hospitals.** In these instances, the non-health staffs in schools indicate that they know they can seek some measure of support – such as reference-by-phone health services for either the school and/or individual students. In some cases, school staff may send students to community health service providers on an “as-needed” basis. The definition of “as-needed” varies - a school may request health training when a special-health-needs student enrolls at the school, the health department may send out a public health nurse when a lice outbreak occurs, schools may refer low income and/or un-insured students to identified community health service providers, and/or a limited number of schools mentioned a clinic or hospital “down the street” that is known to treat serious student health emergencies in instances of immediate need.

- **Schools without any identified formal or informal district or community health support services.**
Additional Health Support in Schools

**Aid Support for RNs**

35.6% of schools with full-time RNs have support staff – virtually identical to the 35.69% of schools with part-time RNs have support staff. Support staff range from LPNs at the top of the scale to certified nurses aids, trained and untrained health aids or health techs, and/or office support.

**Presence of Additional Health Professionals**

Schools with full-time RNs are more likely to report having additional health professionals present - such as social workers, audiologists, dieticians, physical therapists, part-time physicians or physician referrals, rotating dental clinics, and/or contracts with community agencies who provide referral-based health services for students. 5.3% of all schools with either a part-time or full-time nurse report having such services on some level (often some type of part-time basis); 90.48% of these are schools with full-time RNs.

**LPNs in Schools**

LPNs are employed in 11.9% of our nation’s schools.
- 83.4% of LPNs report to an RN, whether it is at the school or district level.
- 24.6% of LPNs work in a school that also has a part-time RN.
- 15.9% of LPNs work in a school that also has a full-time RN.
- 59.5% of LPNs work in a school that doesn’t have an RN.
- 74.7% of LPNs who work without an on-site RN are employed full-time at individual schools.

**Health Support in Schools Without RNs**

**Schools With No Nurse in the Building**

25.5% of schools don’t have an RN in the building at least once per week. Support staff statistics for these schools include:

<table>
<thead>
<tr>
<th></th>
<th>Schools with 250 or fewer students</th>
<th>Schools with 251-500 students</th>
<th>Schools with 501-750 students</th>
<th>Schools with 751+ students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time LPN</td>
<td>9.43%</td>
<td>16.21%</td>
<td>38.60%</td>
<td>25.53%</td>
</tr>
<tr>
<td>Part-time LPN</td>
<td>1.89%</td>
<td>13.51%</td>
<td>0.00%</td>
<td>4.26%</td>
</tr>
<tr>
<td>Health Aid</td>
<td>11.30%</td>
<td>9.01%</td>
<td>14.01%</td>
<td>21.28%</td>
</tr>
<tr>
<td>No LPN or Aid</td>
<td>77.38%</td>
<td>61.27%</td>
<td>47.39%</td>
<td>48.93%</td>
</tr>
</tbody>
</table>
Generally speaking, there are comparatively high percentages of schools in the northeast with RNs, lower comparative numbers of schools with RNs in the south, and more middle-of-the road school nursing levels in the west.

The following state profiles emerge from 1,055 school interviews conducted nationally (the number of schools interviewed per state was based upon the proportional number of the nation's schools located in each state):

- **Alaska.** Three of Alaska’s schools were interviewed. Alaska, like other states, has schools with nurses and schools without nurses. All three schools interviewed for this study have full-time RNs. One of those three schools – a residential school - also has a full-time LPN. Alaska’s three RNs interviewed for this study represent the spectrum of educational levels achieved by RNs – one RN with an academic certificate (grandfathered in prior to Alaska’s requirement that school nurses have a bachelor’s), one BSN with the national school nurse certification, and an RN with a master’s degree. One nurse identified that Alaska’s schools sometimes get volunteer nurses because volunteer hours can be applied toward license renewal credit hours in Alaska. Another “Alaska fact” identified is that schools in some of Alaska’s more remote northern villages are serviced by public health nurses.

- **Alabama.** Fifteen schools interviewed in Alabama – a broad mix of school types and school sizes in urban and rural communities – include schools with full-time RNs (13.3%), schools with part-time RNs (13.3%), schools served by both an RN and an LPN (26.7%), schools with LPNs (33.3%), and schools with no nurses or health aids at all (13.3%). A need for more school nurses was repeatedly mentioned by Alabama’s nurses.

- **Arkansas.** 76.92% of interviewed schools have RNs (including three that also have an LPN), while the remaining three schools have an LPN (23.1%). 38.46% of the schools interviewed have full-time RNs. Heavy workloads were repeatedly mentioned in Arkansas.

- **Arizona.** 54.6% of schools interviewed have full-time RNs. Another 27.5% of schools have a part-time RN, including a school with both an RN and an LPN. 9.1% of schools have an LPN, while the remaining 9.1% of schools have a health aid or health tech in the building. 52.9% of RNs interviewed have state and/or national school nurse certification – a comparatively high state percentage.

- **California.** 106 schools were interviewed for this populous state. 32.08% of California’s schools have full-time RNs, while another 41.5% have part-time RNs. The remaining 26.42% of schools surveyed have no licensed health care professional. 4% of schools have health aids working without a licensed health care provider present. 22.42% of schools, therefore, have situations in which students go to non-health staff for any health-related services. Nearly all school nurses in California report having a bachelor’s or higher and state or certification.
• **Colorado.** One of the nineteen Colorado schools interviewed – an urban middle school – reported having a full-time nurse (a ratio of 5.23%). 57.89% of Colorado schools report having a part-time RN. Many of the remaining schools have health aids in the building. A number of areas around the state report that their area schools are served by a collection of district/area health aids who report to an RN. One nurse in pointed to language and communication barriers with immigrant students and parents as a difficulty in her area.

• **Connecticut.** 100% of the 13 schools interviewed in Connecticut have RNs – 76.92% of them are full-time. Educational attainment among the RNs varies, ranging from two year certificates to university degrees. 38.4% of interviewed nurses have state school nurse certification. Connecticut nurses made comments directed toward a need for improved conditions for nurses. Comments from three nurses include: “We need to improve the parent’s perception of school nurses - most think that the nurses are under worked, when in reality nurses are quite overworked,” “School nurses are not regarded as professionals by the State of CT. We need to unionize to achieve status and commensurate wages,” and “Pay inequality - nurses are not paid at the same level as teachers.”

• **D.C.** The District of Columbia is a low population area. Proportional inclusion in this study resulted in two schools being interviewed. One had a nurse, the other didn’t. An office person at the school without a nurse reported that “There’s a shortage of school nurses in this area. This school is on a waiting list to get a school nurse. Teachers are required to have first aid training, but the secretary doesn't have first aid training. This charter school requires parents to do 20 hours of volunteer hours per school year; the parents who are nurses provide 20 hours of volunteer nursing services (checking for lice, etc.).”

• **Delaware.** Delaware, like D.C., had two schools interviewed for this study. Both schools had full-time RNs with National School Nurse Certification. One of the two nurses interviewed indicated that Delaware requires school nurses to be an RN with a bachelor’s degree.

• **Florida.** Thirty-four Florida schools participated in this study. 17.6% of schools report having a full-time RN. Another 14.7% of schools report having a par-time RN; one of those also has an LPN. Nurse practitioners are heavily represented among school nurses in Florida. 35.29% of Florida schools have LPNs working as the health care provider in schools. 8.8% of schools have health aides covering the health rooms in schools, while 23.5% of Florida’s schools don’t have specific licensed or unlicensed staff assigned to staffing a health room. A district administrator in Florida returned our call after we had completed the requisite number of surveys for schools of his type in the state. Although we weren’t able to “keep” the interview for statistical reasons, one of his observations is worth noting; namely, it was his perception that his district was “one of the few districts in the area that had a nurse in every school. A number of schools in Florida have a nurse in the building only for diabetic students; these nurses often have restrictions regarding whether they are allowed to serve health care needs – or even emergencies - among the general student population.
• **Georgia.** Interviews with 24 schools in Georgia point toward 66.67% of schools having a nurse – 41.67% of nurses being full-time at individual schools. One of the schools with a full-time RN also has an LPN in the building. 25% of Georgia’s schools have an LPN in the building (no RN). Based upon the number of schools interviewed, 4.17% of schools are served by a health aid and the remaining 4.17% of schools have no health specific aids or nurses in the building. Two schools have mentioned recent moves away from using volunteer nurses in their schools. The method of school nurse funding varies from county to county in Georgia. In some counties, special ed nurses are employed by the Dept. of Education, while school nurses for general ed students are provided through contracting services. Several years ago, the state earmarked some of their tobacco settlement money to help pay for school nursing services. It appears common for school nurses in Georgia to be shared among schools (we found that we would call a school and be told that “the nurse isn’t in today. She is at X school today.”).

• **Hawaii.** Hawaii has a state-wide system of placing health aids in each school with area RN supervisors through the health department. Depending upon the needs of the school, the RNs typically stop in at each school at least once per week. No school in the state has an RN assigned full time to the school. LPNs are hired to assist special health needs students. There are currently 24 schools in the state with LPNs on staff to assist special health needs students.

• **Idaho.** 50% of the schools interviewed in Idaho have a part-time RN, while 12.5% have a full-time RN. All school nurses interviewed in Idaho have a minimum of a bachelor’s degree and school nurse certification from either the state or nationally.

• **Illinois.** 24% of reporting schools in Illinois have a full-time of RN. Another 56% have a part-time nurse. 20% of schools with an RN also report having an LPN in the building. 85% of nurses surveyed have state school nurse certification.

• **Indiana.** Half of the schools interviewed in Indiana have at least one full-time RN, with 27.27% of remaining schools indicating that they have a part-time nurse. One district indicated that they’ve chosen to have a full-time BSN in every building and a require master’s degree within five years of being hired – with para-assistants in each high school (the paras must have two years of college credit). Another district in Indiana reported having an RN in every school because of an increase in chronically ill children.

• **Iowa.** 33% of the 18 schools interviewed in Iowa have a full-time RN. 55.6% of Iowa schools in this sample have part-time RNs. While a limited number of Iowa schools were included in the study, this suggests a high number of schools having RNs on at least a part-time basis. One nurse mentioned that Iowa law requires LPNs to work only in the presence of an RN. A district supervisor in another district mentioned that LPNs working as para-professionals under an RN aren't legally allowed to dispense medications when the RN isn't present, while un-licensed paraprofessionals are legally allowed to dispense medication under the same circumstances. Non-licensed paraprofessionals, therefore, are hired in lieu of LPNs (the district supervisor would prefer to hire an LPN over a non-licensed paraprofessional).
Kansas. Full-time RNs were identified in 58.8% of the Kansas schools interviewed – with 11.76% of schools reporting no nurse in the building and/or a nurse only on a consultative basis. The secretary at a school with only a consultative nurse reports spending half of her time attending to student health concerns; she thinks there needs to be a full-time nurse in the building.

Kentucky. Full-time RNs and part-time RNs each represented 37.5% of the Kentucky schools included in this survey. One nurse indicated that her county has a nurse in every school. 41.7% of nurses reported having aid or clerical support in their building. The principal in a school without nursing services wants a school nurse.

Louisiana. Schools in Louisiana are still working to recover from Hurricane Katrina. Schools with full-time nurses and part-time nurses respectively represent 18.75% and 62.5% of schools in Louisiana. Fully 25% of these nurses are nurse practitioners. 84.6% Louisiana’s nurses have state school nurse certification.

Massachusetts. All schools interviewed have a full-time nurse. 45.45% have 1.5 or more full-time nurses; 13.6% of schools have three or more nurses per building.

Maine. 62.5% of interviewed schools have full-time RNs. Another 25% have part-time RNs. The remaining school interviewed (12.5% of schools) has a full-time LPN in the building.

Maryland. 68.75% of schools in this state report having a full-time RN, with another 25% indicating that they have a part-time RN. The one remaining school interviewed (6.25% of schools) has a part-time LPN in the building.

Michigan. 6.98% of the 43 Michigan schools interviewed have full-time RNs (2 of 43 schools interviewed). One of the two schools with a full-time RN indicated that they didn’t have a full-time RN until physically challenged/special education students were mainstreamed into the school. In that school, a contract RN has been brought principally to attend to the physically challenged/students, while the other students are principally attended to by the office staff (the other students can be (and are) sent to the RN on an as-needed basis. Another 13.95% of schools in the state have part-time RNs.

Minnesota. 24% of schools interviewed have full-time RNs. 60% have part-time RNs. The remaining schools have LPNs in the building. A majority of the RNs have their BSN and many also have state or national school nurse certification.

Mississippi. 60% of the 10 Minnesota schools interviewed have one or more full-time RNs. The remaining 40% of schools don’t have an RN in the building.

Missouri. 57.69% of schools interviewed have full-time RNs; another 11.54% have part-time RNs. One nurse indicated that their district has a nurse in every building.

Montana. 40% of the schools interviewed in Montana have a part-time RN (no full-time nurses identified among the schools interviewed). 10% of the interviewed schools also have an aid, while 10% of the remaining schools have an LPN present.
• **Nebraska.** 53.3% of the schools interviewed in Nebraska have full-time RNs. Another 6.67% of schools have a part-time RN. All RNs have at least a bachelor’s degree.

• **New Hampshire.** 100% of the six of the schools interviewed in New Hampshire have full-time RNs. All but one of the RNs has a minimum of a bachelor’s degree. LPNs are hired only to provide one-on-one care under the supervision of an RN. One district has an RN in every school.

• **New Jersey.** 100% of the New Jersey schools interviewed have at least one full-time RN with a minimum of a bachelor’s degree. Several of the nurses interviewed mentioned that all schools in their district have a nurse; two mentioned that multiple nurses are placed in larger schools and/or in middle & high schools. 96.4% of the nurses interviewed have state school nurse certification, while several have both state and national school nurse certification. While a number of states will hire health care staff to provide one-on-one care for high needs students, a nurse in NJ commented that any students in her district that would require one-on-one medical attention would likely be sent out of district.

• **New Mexico.** All nine schools interviewed in New Mexico had RNs – 77.8% of completed school interviews indicated that there was a full-time RN in the building (one of these schools had two full-time RNs in the building). 44.4% of schools also reported having health aids in the building – including half of the schools with only a part-time nurse.

• **Nevada.** All Nevada schools contacted have nurses – full-time nurses in 16.67% of schools and part-time RNs in the remaining 83.3% of schools. 83.3% of nurses have a bachelor’s degree or above. 83.3% of nurses also have school nurse certification from the state, nationally, or both. One RN noted that LPNs can be hired as aids to assist special needs students.

• **New York.** 44 of 50 schools interviewed in New York have at least one full-time RN – 88% of schools. Another 6% of schools have part-time RNs. The only nurse interviewed who school nurse certification (state) has mentioned that their district requires school nurse certification. A number of nurses noted that it is accepted practice and/or state law to hire RNs for regular school nurse positions; that LPNs can only be hired as staff working under an RN, as substitutes, or in the case of nursing shortages (an LPN hired during a shortage would be given a lesser title such as health assistant). Many school nurses in New York mentioned that it is difficult to find substitute nurses (poor pay and a nursing shortage were quoted as reasons). As per the input of a couple of NYC school nurses, NYC school nurses were historically hired by the Department of Mental Health. In later years, the Department of Education began hiring nurses to work in high-needs schools such as special education schools (New York State Education Department, Office of the State Board for Nursing). There is now a movement to bring everyone under one umbrella, but this effort is still in transition. One nurse observed that Department of Education nurses may often still have a higher level of special needs students, while the Dept. of Education nurses may still often have a higher level of "regular" students. One nurse indicated that her employer is the “New York City Department of Health and Mental Hygiene.” Some NYC schools have in-school clinics operated independently by the Children’s Aid Society. In those cases, there may or may
not also be a school nurse on the school staff who would be on the payroll of the Department of Education or the Department of Mental Health.

- **North Carolina.** 30.77% of interviewed schools have a full-time RN, while 61.54% have a part-time RN. Approximately 2/3 of school nurses in North Carolina have their national school nurse certification.

- **North Dakota.** Half of the six schools in North Dakota have regular nursing services – each on a part-time basis. Two-thirds of the schools without a nurse view their situation as adequate; the other school gets a once-per-month visit from a public health nurse.

- **Ohio.** 13.66% of schools interviewed have at least one full-time RN; another 63.66% have a part-time RN. 94.29% of RNs have a minimum of a bachelor’s degree.

- **Oklahoma.** 19.05% of Oklahoma schools have at least one full-time RN, while 42.86% of schools have a part-time RN. One RN mentioned that her district has one RN per building; another nurse mentioned that many districts in Oklahoma have only one nurse. A school in Oklahoma, like a number of schools in Florida, has an RN in the building to care for one student while the other students go to the secretary for health concerns.

- **Oregon.** 14.9% of Oregon schools reported having a full-time RN, while 28.57% have part-time RNs. Many of the schools without nurses mentioned that they have low levels of contact with a nurse who is “spread thin” between many schools.

- **Pennsylvania.** 39.47% of schools report having at least one full-time RN. 55.26% of schools report having a part-time RN. The remaining schools have LPNs in the building. Complexity of student health needs was often mentioned by Pennsylvania nurses.

- **Rhode Island.** 50% of reporting schools reported having a full-time nurse (two schools), while the other half have a part-time nurse. All nurses have a master’s degree or are working toward a master’s. Rhode Island requires school nurses to be certified school nurse teachers.

- **South Carolina.** 92.3% of South Carolina schools have a full-time RN; the remaining 7.7% of schools have a part-time nurse.

- **South Dakota.** 22.22% of South Dakota’s schools have full-time RNs. An equal number of schools have part-time nurses. One nurse commented that some nurses in her district are responsible for over 2,000 students each.

- **Tennessee.** 21.05% of schools (4 of 19) have a full-time RN, while another 36.84% have part-time nurses. 45.45% of schools that have an RN in the building also have an LPN in the building. One school mentioned that students in their district self-administer their own medications.
• **Texas.** 63.52% of Texas schools have full-time RNs. Another 12.94% have part-time RNs, slightly down from the 16.47% of schools that have LPNs only in the school. Some school districts in Texas hire only RNs to serve the general student population, but may also hire an additional LVN to provide one-on-one care for special needs students. One school mentioned that annual competency exams are done for school nurses in their city.

• **Utah.** 30% of schools in Utah have part-time RNs – no participating school reported having a full-time RN. None of the schools contacted for this study have health assistants.

• **Virginia.** 59.09% of Virginia schools report having at least one full-time RN. 22.77% report having a part-time RN in the building. The remaining schools have LPNs. One nurse reported that all schools in their district have a BSN. Another nurse reported that 25% of her students are asthmatic and another 8% of students have food allergies – in addition to two medically fragile teachers.

• **Washington.** 12.5% of Washington’s schools have at least one full-time RN. 66.67% of schools have part-time RNs. A majority of school nurses have a bachelor’s degree combined with school nurse certification – a factor that several state nurses said is a requirement for Washington’s school nurses. Multiple RNs also mentioned that LPNs can only be hired in Washington’s schools to provide one-on-one student care.

• **Wisconsin.** 38.46% of Wisconsin’s schools report having at least one full-time RN. 26.92% report having a part-time RN. 88.23% of RNs have a bachelor’s degree or higher.

• **West Virginia.** Schools with a full-time RN, a part-time RN, and no RN each represent 33% of schools in this state. LPNs are only hired in West Virginia schools for one-on-one student care or as health aids.

• **Wyoming.** The four schools interviewed in Wyoming all have school nurses – two have full-time RNs and two have part-time RNs. 75% of these nurses have a bachelor’s or higher and half have school nurse certification.
School Nursing Services – Trends and Issues

In addition to statistical analysis of the survey results, we collected comments from many school nurses - as well as from a few principals, administrators, health aids, and secretaries. While the comments varied, a few general themes include:

1) There aren't enough nurses in schools. This theme was raised by nurses and non-nurses alike. Principals, administrators, and secretaries often joined existing nurses in expressing a need for more school nurses.

2) Increasing number of exceptional care needs children are entering school. This creates stress on existing resources.

3) Nurses get varying level of professional respect and appropriate pay (compensation) in schools. While nurses in some areas belong to the teachers unions, nurses in some districts are delegated to the secretarial/janitorial unions. Inadequate pay and nursing shortages are both quoted as issues making it difficult to find nurses and/or substitute nurses. Nurses interviewed for this study repeatedly mentioned that hospital nurses are paid more than school nurses – making it difficult for schools to attract nurses.

4) Many employers provide and/or pay for a portion of continuing education of school nurses, but it's more often "partially" provided rather than fully provided by employers.

5) School nurses are often employed by school districts, but there are also many school districts that contract with health departments, hospitals, and/or community agencies to provide nurses in local schools.

6) Schools that don't have nurses sometimes mention having access to local community health service providers as reference sources (health departments, the hospital down the street, etc.).

7) We asked schools if nurses from the community volunteer at their schools. Few schools replied affirmatively that community nurses volunteer in their schools. Schools that do use volunteer nurses often use them only to assist with health screenings. Occasionally, a school indicates that parents happen to be RNs and make themselves available to assist at the school. Some nurses employed by schools took exception to this question, stating a view that volunteer nurses would undermine the professionalism and licensing standards of paid nurses. Other responses from schools range from "We'd love to have volunteer RNs!" to "We can't even find paid substitutes due to local nursing shortages and/or poor pay."

8) There are a limited number of schools that have a nurse in the building only to serve specific students with special health needs (often, diabetic students). In these schools, the general student body does not receive nursing services. The approach to handling health or medical needs of the general student population in these schools may vary as much as in other schools without a school nurse (sick or injured students may go to the front office, go to a health aid, call parents, etc.). Secretaries and special needs nurses in these schools report varying policies – and varying levels of district clarity - on whether the special needs nurse is allowed to treat health or medical emergencies experienced by the general student
body. In some cases, special needs nurses are formally permitted by the district to respond to health emergencies occurring among the general student population. In other cases, nurses and secretaries reported two other types of situations:

(A) “not being provided with requested clarity on this issue” and/or

(B) “not being allowed to respond health or medical emergencies occurring in the general student population.” Stories emerged of special-needs nurses being told that the formal policy is for her/him to stand aside while the school secretary calls 911 to handle a health or medical emergency occurring in the general student population.
Notes

This study generated a number of items that may be of internal interest to NASN. These items are included separately here. These “internal interest” items will not be included in the public version of the final report.

- States where we identified having LPNs working without RNs in the building include Alabama, Arkansas, Arizona, Florida, Georgia, Indiana, Maine, Missouri, Montana, Nebraska, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, and Wisconsin.

- School nurse certification:
  a) A school nurse in Georgia commented that RNs without a bachelor’s ought to be eligible to obtain the school nurse certification.
  b) A BSN RN in Texas wants it noted that school nurse certification provides her with no additional value – she doesn’t see it as a recognized credential. This is in line with periodic comments from nurses throughout the country – individual nurses are more inclined to perceive value in school nurse certification when such certification is recognized and/or required by their school district and/or state department of education.
  c) There are school nurses who are unfamiliar with state and/or national school nurse certification. We found ourselves repeatedly identifying that school nurse certification is something other than a state nursing license.

- School nurses within a state have varying levels of awareness of district and state policies. When asking nurses if the state has a mandated nurse-to-student ratio, for example, there tends to be a mix of responses from nurses within a single state.

- Not all school nurses are aware of NASN. One of the incidental benefits of this study was an opportunity to mention NASN to school nurses.

- RNs appear to be generally more attentive to district and state issues and policies than LPNs.

- We encountered two instances in which a non-licensed, non-formally trained person insist – throughout the duration of the interview – that they are the *school nurse*. At least one of them had a formal job title of “nurse” (the one in Oklahoma). We completed the interview with these persons, but counted the school as “not having a nurse.”

- Florida is the state in which we encountered the highest number of schools that have a nurse in the building only to serve specific students with special health needs (often, diabetic students).

- State-by-state licensure requirements are detailed at: http://www.nasbe.org/HealthySchools/States/State_Policy.asp
Addendums: Separate Attachments

The results of 1,055 school interviews completed for this study exist collectively in a Microsoft Access database. The data in that database can be tabulated in a myriad of possible combinations for analysis. While the survey data can be analyzed in any number of possible ways, direct access to the survey data, technical knowledge of the Access database, and familiarity with the survey terminology may be beyond the every day scope of most users of this report. Therefore, the survey data has been tabulated (converted) into a collection of charts and graphs for easier reference. Those charts are available as a separate addendum document.

The subjects covered in the charts generally cover the following subjects and cross-combinations of subjects:

- The number of full and part-time RNs per school
- The number of full and part-time RNs by school type (elementary, middle, high)
- The number of full and part-time RNs by school size (250 or fewer students, 251-500 students, 501-750 students, 751+ students)
- Comparative numbers of RNs by state
- Comparative numbers of RNs per city size (urban, rural, etc.)
- Data on LPNs and health aids in schools

Notes on specialized codes and terms used in addendums:

- Information on the size of city in which schools are located was obtained from the National Center of Education Statistics (NCES). NCES categorizes urban and rural locations into eight "locale codes." These same "locale codes" were used in this school nurse study. These "locale codes" translate as follows:
  
  Locale 1 – Large City: population greater than or equal to 250,000.
  
  Locale 2 – Mid-size City: population less than 250,000.
  
  Locale 3 – Urban Fringe of a Large City.
  
  Locale 4 – Urban Fringe of a Mid-size City.
  
  Locale 5 – Large Town: population greater than or equal to 25,000 and located outside a Metropolitan area.
  
  Locale 6 – Small Town: An incorporated place with population less than 25,000 and greater than or equal to 2,500.
Locale 7 – Rural, not within a Metropolitan CBSA.

Locale 8 – Rural, inside CBSA: Any incorporated place, Census designated place or non-place territory within a Metropolitan CBSA and defined as rural.

- School Type: School level 1 is an elementary school, school level 2 is a middle school, school level 3 is a high school.
- “Range” refers to the number of students per building.
- “Title 1 School Wide” refers to schools in which at least 40% of students are eligible for free or reduced lunch. These schools are considered to be “low income” schools.