**Considerations for School Nurses Employed Part-Time**

School nurses may be employed on a part-time basis if arrangements are made for coverage when absent. In Local Education Agencies that coverage usually falls to the other school nurses employed in the district. In charter and independent school settings the school nurse is often the only nurse employed. On July 1, 1993, the North Carolina State Board of Education (SBOE) established mandatory policy [16 NCAC 06D.0402](http://ncrules.state.nc.us/ncac/title%2016%20-%20education/chapter%2006%20-%20elementary%20and%20secondary%20education/subchapter%20d/subchapter%20d%20rules.pdf) which includes the requirement that each Local Education Agency (LEA) make available a registered nurse for planning and care of students with special health care service needs in the school setting. This requirement precedes the 1996 legislation that created the charter school option in North Carolina. While the SBOE policy references LEAs, charter school law [**§ 115C-218.75. General operating requirements**](https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-218.75.pdf)regarding Health and Safety Standards, directs that “A charter school shall meet the same health and safety requirements required of a local school administrative unit.” Therefore, charter schools should be accountable to the standard set by16 NCAC06D.0402 in providing access to the services of a school nurse. Practice and regulatory requirements for nurses in all settings are also established by the North Carolina Board of Nursing (NCBON).

A school nurse is a Registered Nurse (RN) due to scope of required activities in the school setting and is regulated as such by the NCBON. The practice of a registered nurse encompasses the full scope of nursing practice and is independent in nature. School nurses provide direct care, planning for care, and instruction and oversight for others that provide care in a regulated process called delegation. The NCBON directs that when nurses plan and direct others in healthcare related activities, they must be readily accessible for questions, support, and to provide oversight to assure that safe and accurate care is delivered. School nurses provide training, validation of competency and supervision for delegated school staff, particularly related to procedures for students with special health care needs (i.e., catheterization, diabetic care, etc.). Therefore, the RN School Nurse must be available during all school session hours when students are present, or care covered by another RN School Nurse in their absence. The required accessibility and ongoing oversight present challenges for the part-time school nurse without peers and for the employer.

The American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN) support having a full-time nurse in every school in recognition of the significant role that school nurses have in addressing health related barriers to academic success, school attendance and safe delivery of care. The Individuals with Disabilities Education Act (IDEA) and Section 504 laws also direct the need for ready access to school nursing services in planning for students with disabilities as a related service provider. Determination of the need for nursing services is to be made by a nursing professional. Many students who have an Individual Education Program (IEP) or a Section 504 Accommodation Plan in place have special health care needs that must be supported for access to education. The school nurse should be a member of the IEP and/or 504 team and complete an assessment or evaluation for services and Plan of Care/Individual Healthcare Plan in support of these students, as well as contribute to the healthcare portion of education plans. Accessibility for student support planning may present a challenge for the part time nurse.

Therefore, employing a registered nurse less than full-time in the school setting, in the absence of other RN School Nurses to provide coverage, is highly discouraged. The following considerations should be addressed in making those decisions:

1. **NC Board of nursing required ready accessibility for questions and issues that arise during the performance of delegated procedures.** This may be managed virtually with an availability to go on-site if the situation warrants. The part-time school nurse should always ensure ready accessibility when school is in session. [NCBON Position Statement-Delegation and Assignment of Nursing Activities for RN and LPN Practice](https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/delegation-and-assignment-of-nursing-activities-20210922.pdf). Delegated activities include:

* Medication administration - provide training and support to identified staff on student specific medications (i.e., insulin administration). [NCBON Position Statement-Delegation of Medication Administration to UAP for RN and LPN Practice](https://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/delegation-of-meds-admin-to-uap-20210922.pdf)
* Unlicensed individuals must be trained and supervised by the school nurse to perform delegated nursing tasks. The school nurse has the responsibility to decide which nursing tasks may be safely delegated within the school setting. [NCBON Decision Tree for Delegation to UAP](https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf)

1. **Liability Protection**. School administrators should speak with their liability insurance provider to determine parameters of coverage for services and support provided when the nurse is not scheduled to be physically present on school grounds during student attendance.
2. **Emergency Response Planning - (First Aid and CPR response in the absence of the school nurse).** The part-time nurse may identify staff persons to serve as first responders in the event of an emergency in the absence of the RN School Nurse. The individuals should be trained in first aid and CPR certified. When emergency situations arise, the first responders are notified. The RN School Nurse should be informed of emergency situations that developed when not present and provide appropriate follow up.
3. **Policies/procedures for management of medical situations that can occur in school in the absence of a full-time nurse.** Directions should be provided for the following:

* How to document care provided in emergency situations that occur when the RN School Nurse is absent.
* Actions to take if the RN School Nurse is unavailable or does not respond when contacted.
* Assuring scheduling of IEP/504 and other health related meetings consistent with the work schedule of the RN School Nurse.

References

Allison, M. A. & Attisha, Elliott. (2019). The link between school attendance and good health. *Pediatrics, 143(2)* 1-13. <https://doi.org/10.1542/peds.2018-3648>

North Carolina Board of Nursing. (2017, September). *Delegation and Assignment of Nursing Activities: Position Statement for RN and LPN Practice.* <https://www.ncbon.com/vdownloads/position-statements-decision-trees/delegation-and-assignment-of-nursing-activities.pdf>

North Carolina Board of Nursing. (2017, September).  *Delegation of Medication Administration to UAP: Position Statement for RN and LPN Practice.* <https://www.ncbon.com/vdownloads/position-statements-decision-trees/delegation-of-medication-administration-to-uap.pdf>

North Carolina Board of Nursing. (2018, September). *Decision tree for delegation to UAP*. <https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf>