



School Nurses: It's Not Just Bandages Anymore!

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In collaboration with the Virginia Department of Education

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School nurses operate increasingly complex clinics to track and administer care to their school's students. For students experiencing homelessness, school nurses can play a vital role in addressing their health needs and improving their opportunities to succeed in school. From routine administration of medications and care for bumps and strains, to the unexpected emergency, school nurses are often the only health care providers who see these children regularly. Students experiencing homelessness may be at increased risk for illnesses, lack immunization records, and be long overdue for routine preventative physicals. As healthcare costs continue to rise, families are finding it more difficult to meet the health demands of their children. Thus, the school nurse might be the students' only resource for assessment and referrals to medical care.

Homelessness is a social dilemma that has academic repercussions. It can be caused by any of a number of factors, but the following are most often cited: lack of affordable housing, domestic violence, and job loss. Increased costs of food and healthcare aggravate the precarious situation that some families experience. An economic downturn can make that situation worse. The most vulnerable families are those with a single income. It is estimated that 40 percent of those who are homeless are families with at least one child.¹ In 2003, 83 percent of cities reported an increase in requests for housing assistance by low-income families and individuals.¹

The McKinney-Vento Homeless Assistance Act, Title X, Part C of the No Child Left Behind Act, requires that schools improve the access and success of students experiencing homelessness. Schools must immediately enroll students even if they are unable to produce the necessary documents required, such as birth certificates, immunization records, or proof of residency. By keeping students in regular attendance, schools can improve the students' chances of academic success. The way that school staff respond to the needs of students experiencing homelessness will have a profound effect on how these children approach school and how well they do.

Possible Signs of Homelessness

- History of attending many schools
- Erratic attendance and tardiness
- Consistent lack of preparation for class
- Sleeping in class
- Hostility and anger or extremes in behavior (e.g., shyness, withdrawal, nervousness, depression)
- Needy behavior (seeking attention) or withdrawn behavior
- Poor hygiene and grooming
- Inadequate or inappropriate clothing for the weather
- Hunger and hoarding food
- Resistance to parting with personal possessions (e.g., leaving a favorite toy unattended or putting a coat in a locker)
- Multiple families at the same address

While these signs could indicate many other problems, they provide a basis for further exploration and discussion.

Due to the school nurse's unique relationship to students, she or he could help to identify those experiencing homelessness and make an extra effort to communicate with them about their situations and their special needs. The nurse can help to coordinate services for these students, including finding a quiet place to do homework, acquiring school supplies, clothing and extra supplies needed for special events, like school activities and field trips.

Issues Common to Students who are Experiencing Homelessness

Children who are ill typically stay home; but for students in unstable living conditions, school is often a refuge and the only secure setting in their day. For students in homeless situations, the incidence of illness is

higher, often more serious and occurring more often than among their housed peers.² Students may have difficulty recovering from illnesses due to a lack of transportation to the doctor, privacy to recuperate, necessary resources to prepare a special diet, the ability to afford prescriptions, and consistent immunizations to prevent illnesses. Conditions such as allergies requiring regular injections are extremely challenging when parents do not have the money for routine care or the ability to make trips to a doctor on a weekly or monthly basis.

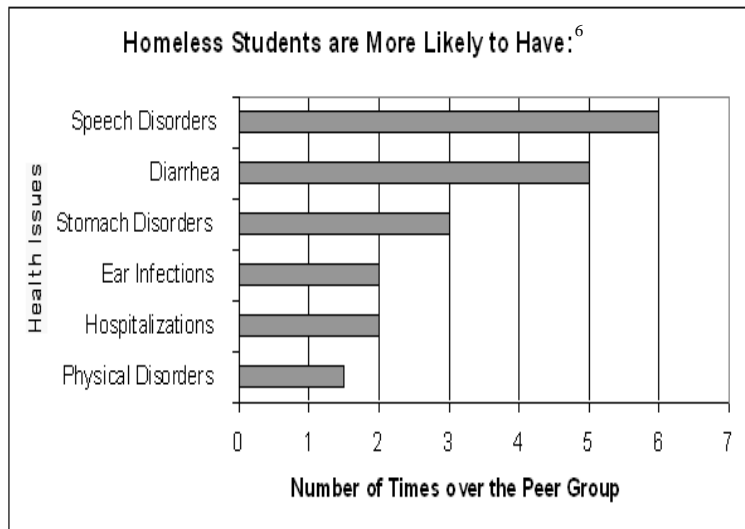
In addition to such physical issues, the stressors of leaving home and staying in strange environments can result in depression, decreased self-esteem, decreased efficacy, and increased anxiety.³ While school nurses cannot cure all these problems, knowing what illnesses and health related problems are common may help the school develop a repertoire of responses to students' health needs.

Health Needs

The Better Homes Fund reported that children in homeless situations suffer from fever, coughing fits, and asthma more often than their housed peers.² Asthma is a particular problem for people experiencing homelessness as stress and allergens (e.g., dust, mold, animal dander, and smoke) aggravate the condition.³ Asthma can cause fatigue and confusion due to poor oxygen processing, ultimately reducing the ability to perform in school.⁴ In a survey conducted in Richmond, Virginia, 30 percent of the children experiencing homelessness were reported to be asthmatic and many of them were not receiving medical attention for their illness.³

Living in crowded housing or shelters increases risks for infectious illnesses among children (e.g., chicken pox, stomach ailments, and ear infections). Persistent illness can lead to more serious problems, such as learning and developmental delays.⁵ Children's experience with dangerous or abusive living environments also might affect learning.² Being sensitive to such challenges and providing support to staff members working with these children can make a world of difference in their school achievement.

These children also face nutritional issues. They may be hungry due to limited access to adequate meals and snacks, and they often have unmet dietary needs. A study of the diets of preschoolers living in shelters found a



lack of grains, fruits, and vegetables and a high level of sugars and fats that was inappropriate for children's growth and developmental needs.⁷ Children's eating habits also will be affected by stress and changes in their lives.⁷ Nurses can help by making sure that students experiencing homelessness have access to free or reduced meals and healthy snacks.⁸

Older students experiencing homelessness, including runaways and unaccompanied youth, do not always seek the healthcare that they need. In some cases, they may not be aware of the social, community, or school resources that are available to them. They may have a distrust of adults stemming from past abuse or betrayal. Youth may have issues with confrontation, such as a fear of authority, causing them to be defensive or withdrawn in the presence of healthcare providers.

In one study, youth reported that "health was a prerequisite for work and instrumental for survival."⁹ They had problems recovering from common colds and strains because of their living conditions. Other common problems included blistered feet and fungus from poorly fitting footwear and much walking. In addition to infections, unaccompanied youth and runaways have illnesses resulting from risk behaviors, such as communal living, sexual activity, and drug use.¹⁰ These youth may view the school nurse as a familiar and accessible resource, even if they will not seek out other health professionals.

Facilitating Health Records and Referrals

When families move frequently, health records can be misplaced and routine check-ups may not be completed. While the McKinney-Vento Act requires that children be enrolled in school even if they lack an ad-

Table 1. How School Nurses Can Support Students who are Experiencing Homelessness

| Students experiencing homelessness may need: | You can help by: | Strategies you can use include:* |
|---|---|---|
| A quiet or safe place to go when they are sick | <ul style="list-style-type: none"> Letting students rest in the clinic instead of calling for the parent to pick them up | <ul style="list-style-type: none"> If the student does have to leave school and the parent cannot be reached, it may be necessary to contact the shelter where the family is staying. |
| Access to adequate healthcare | <ul style="list-style-type: none"> Making referrals and connections with the health care community Producing and distributing brochures and fact sheets that answer questions about health care issues and options | <ul style="list-style-type: none"> Keep a list of clinics and facilities that can help low income families satisfy their health care needs (e.g., screenings, medical check ups, dental and eye care, immunizations). Assist families in completing medical forms. Assist families in obtaining and retaining records (e.g., immunizations, medical history). Facilitate contact between the student's family and health professionals. Facilitate screenings and general diagnoses. |
| Insurance and funds for medical care | <ul style="list-style-type: none"> Compiling an up-to-date and reliable list of resources that can assist with health concerns (FAMIS, CHIP, and community sources of funding and information) | <ul style="list-style-type: none"> Review emergency contact cards for insurance information. Provide families with information about applying for insurance coverage if they identify themselves as uninsured. Make contacts with local organizations, such as the Lion's Club, for support for eye exams and glasses. |
| Access to nutritious meals | <ul style="list-style-type: none"> Assisting with free and reduced breakfast and lunch Providing healthy snacks to those who cannot afford them | <ul style="list-style-type: none"> Be aware that students experiencing homelessness qualify for the free and reduced meal program. Keep free and reduced meal forms and help families fill them out. Maintain a supply of snacks. |
| Suggestions on how to treat common ailments | <ul style="list-style-type: none"> Recommending low-cost remedies that could be used in place of medicine (e.g., gargling hot salt water to soothe a sore throat) | <ul style="list-style-type: none"> Keep index cards of suggestions for common ailments that can be given to the student. Include extra supplies, if applicable. Encourage the student to return to the clinic in a couple of days to check-in, as this may encourage follow-through of the remedy. |
| Assistance in understanding health and wellness | <ul style="list-style-type: none"> Providing parent workshops at a shelter or library on nutrition, hygiene, health needs, stress and relaxation, and exercise Producing and distributing brochures and fact sheets | <ul style="list-style-type: none"> Make connections with community resources (e.g., nonprofit organizations, clinics and facilities that provide care for low income families, hospitals that may provide materials, training, and technical assistance). Reach out to community health professionals. |
| Clean or new clothes, personal hygiene supplies, and medical supplies | <ul style="list-style-type: none"> Providing sources for clothing and supplies | <ul style="list-style-type: none"> Give students extra bandages when you treat a cut so they will be able to put on a clean one at home. Approach the PTA or other organizations for funding to acquire supplies for families and students (e.g., feminine products, travel size shampoo and soap, lice kits). Maintain a clothing and personal supply closet. Provide welcome packs that contain some basic school supplies. |
| Someone they can trust | <ul style="list-style-type: none"> Being sensitive to students' needs and varied living situations | <ul style="list-style-type: none"> Communicate with other school staff (e.g., Office secretaries, enrollment personnel, teachers, guidance department, school social workers) to be sure students' needs are being met. Provide a welcome and safe environment for students to talk. Call if the student is out of school for more than 3 days. |

* Some strategies have no cost associated with them, but for those that do, school nurses could pursue funding sources, such as the homeless education liaison, the PTA, civic groups, businesses, churches, and other agencies.

dress or educational records, these requirements remain barriers for families in accessing other needed services. Since school nurses keep updated health records, they could copy a set for the student's family to take with them when they transfer.

As health professionals, nurses can assist families in understanding, selecting, and obtaining care, since many nurses are aware of services available in the community. The National Association of School Nurses (NASN) suggests that school nurses coordinate, collaborate, and evaluate related services. (See pages 5-7 for NASN issue briefs.)

Coordinating Services

Education is the key to break the cycle of homelessness, but students must be enrolled and in attendance at school to realize this potential. The student population experiencing homelessness presents challenges for the school environment, both academic and physical.



These students are more likely to have learning disabilities, language and fine motor delays, and psychological issues.² For many students with uncertain living situations, school is the only constant environment, and there are ways for the education community to make the school experience both stabilizing and positive.

School nurses can help to foster a nurturing environment for all students and parents by working with social workers, teachers, and administrators to provide needed services and support. The school nurse can help identify homeless students and make the special effort to get to know them. See Table I for ideas on how to become more involved.

Schools increasingly are being asked to coordinate human services in addition to educating children. Studies show that when human services are organized through the school and coordinated in the community, they are more likely to be successful.¹¹ The school nurse is a great resource for families and for school personnel in identifying student needs and community resources.

“A school nurse may be the first and only consistent source of health services for millions of uninsured school-aged children.”¹²

References

Note: Each citation is noted once in the endnotes.

¹ United States Conference of Mayors (2003). *Hunger and Homelessness Survey*. [Online]. http://www.usmayors.org/uscm/news/press_releases/documents/hunger_121803.asp

² The Better Homes Fund. (1999). *Homeless Children: America's New Outcasts*. Newton, MA: author.

³ Huang, C., & Menke, E. M. (2001). School-aged homeless sheltered children's stressors and coping behaviors. *Journal of Pediatric Nursing, 16*(2), 102-109.

⁴ Bauer, E. J., Lurie, N., Yeh, C., & Grant, E. N. (1999). Screening for asthma in an inner city elementary school [Abstract]. *Journal of Child and Family Nursing, 2*(5), 340-341.

⁵ Sherman, P., M.D. (1998). Health care for homeless children: a clinician's perspective. *Healing Hands, 2*(6), 1-2.

⁶ Institute for Children and Poverty, Inc. (1999). *Homeless in America: A Children's Story*. New York: author.

⁷ Kelly, E. (2001). Assessment of dietary intake of preschool children living in a homeless shelter. *Applied Nursing Research, 14*(3), 146-154.

⁸ Section 107 of Public Law 108-265, the Child Nutrition and WIC Reauthorization Act of 2004, extends to homeless, migrant and runaway children and youth categorical eligibility in free and reduced breakfast and lunch programs.

⁹ Rew, L. (2002). Characteristics of health care needs of homeless adolescents. *Nursing Clinics of North America, 37*, 423-431.

¹⁰ Pachner, N., & Tarasuk, V. (2002). Homeless "squeegee kids": Food insecurity & daily survival. *Social Science & Medicine, 54*, 1039-1041.

¹¹ General Accounting Office. (1993). School-linked human services: A comprehensive strategy for aiding students at risk of school failure: report to the chairman, Committee on Labor & Human Resources, United States Senate (Report no. GAO/HRD-94-21). East Lansing, MI: National Center of Research on Teacher Learning. (ERIC Document Reproduction Service No. ED 372 8180).

¹² Ross, D. C., & Booth, M. (2001). Children's Health Coverage Outreach: A Special Role for School Nurses. [Online]. <http://www.cbpp.org/10-1/01/health5.pdf>

National Association of School Nurses Issue Briefs*

The School Nurse Role

Adopted 2002

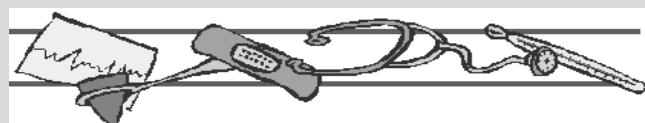
In 1999, the National Association of School Nurses Board of Directors defined school nursing as:

A specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self management, self advocacy, and learning.

Seven roles of the school nurse have evolved from this definition.

- **The school nurse provides direct health care to students and staff.**
- **The school nurse provides leadership for the provision of health services.**
- **The school nurse provides screening and referral for health conditions.**
- **The school nurse promotes a healthy school environment.**
- **The school nurse promotes health.**
- **The school nurse serves in a leadership role for health policies and programs.**
- **The school nurse serves as a liaison between school personnel, family, community, and health care providers.**

The school nurse participates as the health expert on Individualized Education Plan and 504 teams and on student and family assistance teams. As case manager, the nurse communicates with the family through telephone calls, assures them with written communication and home visits as needed, and serves as a representative of the school community. The school nurse also communicates with community health providers and community health care agencies while ensuring appropriate confidentiality, develops community partnerships, and serves on community coalitions to promote the health of the community.



The Role of the School Nurse in Accessing Health Care

Adopted 2002

Ensuring access to quality health care is an important component of school nursing practice. By providing and supervising direct health care services, in addition to facilitating admittance into community sources of health care, the school nurse plays a pivotal role in improving the health and educational success of the school-age child, and improving the health of school staff. School nurses have knowledge of existing health risks in the school community and familiarity with existing community resources to address identified health needs. Thus, school nurses can be liaisons between those in the school needing health care services and available health care resources and can facilitate how children, their families, and school staff access these services. By providing health services directly and by facilitating access to health care in the community, school nurses promote the emotional and physical well being of children and school staff.

The following are examples of direct services that can help reduce and/or eliminate barriers to accessing health care.

- Health education for students, families, and staff
- Health counseling, including referral and follow-up
- Age-appropriate health screenings, including referral and follow-up
- Anticipatory guidance
- Nursing services to help manage health conditions outlined in a student's individualized school healthcare plan
- Emergency services including triage, injury care, referral and follow-up
- Case management, particularly for those children with special health care needs
- Community assessment to identify resources that can be shared with students, families and school staff
- Outreach and enrollment of students in State Children's Health Insurance Program (SCHIP)
- Outreach and connecting students, families and staff with community health care providers

The registered professional school nurse can also improve access to health care for the school community indirectly. Knowledge about the health care system (e.g. legal mandates, funding sources, and programming), specific regional resources, and health policies can bridge the gap between the health care needs of students, their families, and school staff and accessibility to services.

*These statements are excerpted from National Association of Nurses Issue Briefs. For the full text of each statement or to see more issue briefs and resources, contact NASN at 877-627-6476 or visit their website www.nasn.org.

The Role of the School Nurse in Accessing Health Care, *continued*

The school nurse is acutely aware that access to comprehensive health care is needed to promote health and prevent disease. Therefore the school nurse must be concerned and take action when this care is lacking. The school nurse's strategic location in the school community can help students, their families, and school staff gain entry into the health care system. The school nurse can assist in the elimination of geographic, transportation, sociocultural and financial barriers to accessing health care by using his/her knowledge and expertise about health needs and the health care system. The school nurse role includes ensuring access to health care for the student she/he services by setting priorities, planning programs and assisting with the allocation of available health care resources.



Integrated Service Delivery

Adopted 1996 Revised 2001

While student health needs are increasing, in both number and diversity, basic health, welfare, and social services for students are complex, fragmented, and often unavailable. In addition, in schools, a greater range of health impairments is present and requires appropriate monitoring and care. As good health is important to a child's ability to learn and succeed in school and life, the need for quality, affordable health programs in or near schools is unavoidable.

The integrated service delivery model is designed to increase collaboration by developing a partnership in which a number of service agencies develop and work toward a common set of goals. The National Association of School Nurses supports a comprehensive, integrated service delivery approach that is community-wide and coordinates various services, including education, health, social service, and family support.

The integrated service delivery model rests on community collaboration in which relevant service agencies develop an effective, efficient partnership that minimizes duplication, fragmentation, and overlooking of needed services. Although various models of comprehensive, inte-

grated programs currently exist, the National Association of School Nurses believes:

- Services should be community-based and community delivered.
- Services should be family-centered, driven by the needs of children, youth, and families, and built on strengths.
- Services should be available and accessible to all in a variety of settings, using a combination of public, private, community, and personal resources.
- Services should be culturally sensitive.
- Services should focus on primary prevention and early intervention and strengthen the ability of children, youth, and families to help themselves.
- Services should be comprehensive, and a continuum of services should be available.
- Services should be flexible.
- Public, private, and community services should be coordinated, integrated, and collaboratively delivered.
- Services should be of high quality and developmentally appropriate.
- Services should be cost-effective.

Role of the School Nurse

- In the planning stages, the school nurse can act as an information resource, a grass-roots catalyst, and an advocate to bring interested and necessary groups together. This is crucial for a successful integrated services delivery system.
- As a primary and acute care provider, the school nurse has the expertise to deliver effective health service, including case management, family outreach, education, assessment, triage, counseling, referrals, monitoring, and follow-up.
- As coordinator, the school nurse serves as a "hub" in data collection and a primary consultant in interpreting results of evaluation and needs assessment.

Regardless of the model, the school nurse plays a pivotal, and demanding, role in the development and provision of comprehensive school health services.

References

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- Allensworth, D. *Research Base for Innovative Practices in School Health, Healthy Students 2000: Agenda for Improvement in America's Schools*.
- Allensworth, D., Lawson, E., Nicholson, L., and Wyche, J. (1997) *Schools and Health: Our Nation's Investment*. National Academy Press, Washington, DC.

National Association of School Nurses Issue Briefs

School Meal Programs

Adopted 2003

School nurses are in a unique position to advocate for school meals programs in their schools and for community programs. Within school districts meal programs can be enhanced by offering the range of options available through FNS [Food and Nutrition Service]. A school district offering only lunch and breakfast may additionally offer snacks during the school day and during before-and-after-school programs. School nurses can inform summer community programs about meals programs available to them to ensure their students are well nourished year round.

School nurses are key members of multidisciplinary teams serving students with 504 accommodation plans and individualized education plans. School nurses can advocate for the inclusion of school food service personnel on these teams for students with special dietary needs. School nurses work with parents to obtain the physician statement when food adaptations are needed. They serve as a liaison between the family, community health providers, and school personnel regarding adaptations needed by the student. School nurses provide any necessary training for school personnel, the student requiring the adaptation, and the student's peers.

Many school nurses have become actively involved in Team Nutrition Programs in their schools. Through Team Nutrition, school nurses may take an active role in several of the six communication channels utilized through the program, particularly classroom activities and community programs and events. School nurses bring their nutrition expertise to discussions about other foods served in the school setting. Some school personnel may be interested in the financial gains to the school district by serving non-nutritious foods such as soft drinks and candy. School nurses can advocate for the health benefits good nutrition brings, as well as the improved school attendance and academic gains. Finally, school nurses can track legislation at the national and state levels related to nutrition in schools and contact their legislators to offer their expertise.



Individuals with Disabilities Act

Adopted 1996 Revised 2001

The school nurse is a team member who participates in the identification and evaluation of students who may be eligible for services under [the Individuals with Disabilities Act] IDEA. Through shared responsibility with other team members, the professional school nurse assists in the planning and implementation of Individual Education Plans or Individual Family Service Plans as needed.

The professional school nurse, one of the related services providers under IDEA, ensures the delivery of necessary health services to eligible children with disabilities through participation on the multidisciplinary educational team. The school nurse, as a member of this multidisciplinary education team:

- assists in identifying children who may need special educational or health-related services.
- assesses the identified child's functional and physical health status, in collaboration with the child, parent(s)/guardian(s) and health care providers.
- develops individualized health and emergency care plans.
- assists the team in developing an Individual Educational Plan (IEP) that provides for the required health needs of the child, which enables the student to participate in his/her educational program.
- assists the parent(s) and child to identify and utilize community resources.
- assists the parent(s) and teachers to identify and remove health related barriers to learning.
- provides in-service training for teachers and staff regarding the individual health needs of the child.
- provides and/or supervises unlicensed assistive personnel to provide specialized health care services in the school setting.
- evaluates the effectiveness of the health related components of the IEP with the child, parent(s), and other team members, and makes revisions to the plan as needed.
- participates in the identification and evaluation of students who may be eligible for services under IDEA. Through shared responsibility with other team members, the professional school nurse assists in the planning and implementation of Individual Education Plans or Individual Family Service Plans as needed.
- develops student goals and objectives and nursing protocols to meet student specific health needs during a school day, monitors student progress, and initiates an IEP reassessment when indicated.
- serves as the team liaison to the medical community.

Suggested Resources

On Homelessness:

National Center for Homeless Education. (1999).

The education of homeless children and youth: A compendium of research and information. Greensboro, NC: SERVE. (Available at <http://www.serve.org/nche>.)

Project HOPE-Virginia. (2003). *Bibliography of resources.* Williamsburg, VA: Author. (Available online, see below.)

On Healthcare:

Family Access to Medical Insurance Security

<http://www.famis.org> 866-873-2647

This program provides health care access for children of working families not eligible for Medicaid. Assistance is available in English and Spanish

Medicaid 800-552-8627

Health care access available to families whose incomes are below poverty level. Apply through the local Department of Social Services.

Department of Medical Assistances Services

<http://www.dmas.virginia.gov> 804-786-4231

DMAS is the state agency with primary administrative responsibility for children's health insurance programs.

Department of Mental Health, Mental Retardation and Substance Abuse Services

<http://www.dmhmsas.state.va.us> 800-451-5544

Regional offices are called Community Services Boards and serve all communities in the commonwealth.

Virginia Association of Free Clinics

<http://www.vafreeclinics.org>

These programs may be available in your region:

Child Health Investment Partnership

CHIP families receive education and support services, community referral services, and follow up services.

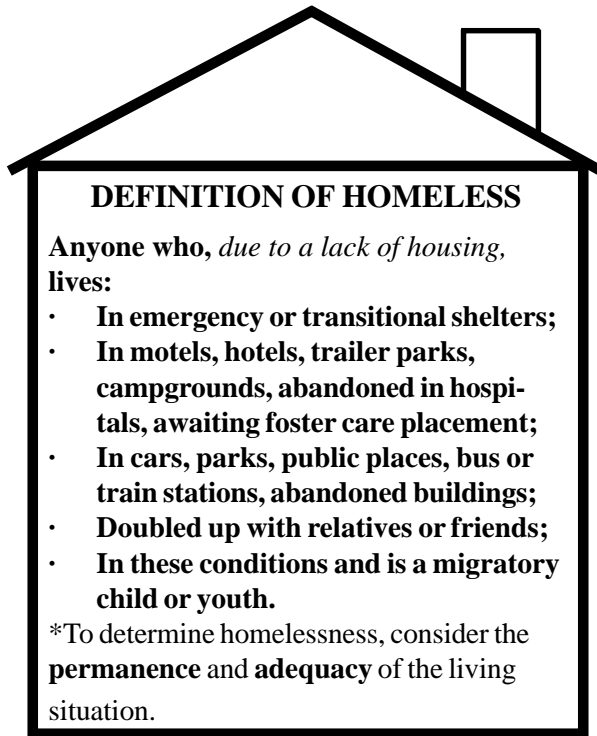
Healthy Families

<http://www.healthyfamiliesamerica.org>

This program is designed to help expectant and new parents get their children off to a healthy start. The goals are to promote positive parenting, enhance child health and development and prevent child abuse and neglect.

Further resources are available for families and schools by contacting the VA Department of Education.

<http://www.pen.k12.va.us/> 800-292-3820



Project HOPE-Virginia

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This and other information briefs are available on the Project HOPE-Virginia website:

<http://www.wm.edu/hope>

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