

The Complementary Roles of the School Nurse and School Based Health Centers



Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the unique combination of school nursing services and school-based health centers (SBHCs) facilitate positive health outcomes for students. The registered professional school nurse (hereinafter referred to as school nurse) is responsible for management of the daily health needs of the student population. SBHCs, operating as medical clinics, complement the work of school nurses by providing a readily accessible referral site for students who are without a medical home. School nurses work collaboratively with SBHCs to provide an array of health services to keep students healthy, in school, and ready to learn. School nurses and SBHCs both function as health safety nets for children in need (Robert Wood Johnson Foundation [RWJF], 2010; Bavin, 2012) and should collaborate to provide comprehensive health care to students.

BACKGROUND

School nursing began in the early 1900s with Lena Rogers addressing attendance issues created when students were excluded unnecessarily from school (Keeton, Soleimanpour, & Brindis, 2012). SBHCs were established during the 1970s to provide medical services to those students who could not afford or access primary health care. There is a distinct difference in the services provided by school nurses and the SBHC. The School Based Health Alliance (SBHA) and NASN agree that SBHCs do not duplicate or replace school nursing services (RWJF, 2010). School nurses are part of the hidden healthcare system (RWJF, 2010). School nurses have been shown to save medical care costs as well as parent and teacher productivity (Wang et. al., 2014). School nurses are responsible for the day-to-day health of students and the larger school community through (Cornell & Selekman, 2013; RWJF, 2010):

- management of chronic disease and life-threatening health conditions,
- individual and population-based disease surveillance,
- health promotion,
- assistance in securing insurance and healthcare providers,
- preparation for and response to medical emergencies,
- care for students dependent on medical technology,
- mental health services,
- screenings and referrals,
- immunization compliance,
- medication management,
- healthcare planning and education,
- follow-up care, and
- care coordination.

SBHCs provide a variety of healthcare services to meet the unique needs of the community in which they reside; thereby overcoming barriers of a diverse range of clients (Keeton, Soleimanpour, & Brindis, 2012). These services may include primary care, comprehensive health assessments, treatment of acute illness and prescriptions for medications (Barnett & Allison, 2012). SBHCs improve access to care by removing barriers that may include (Guo, Wade, Pan, & Keller, 2010):

- financial (lack of insurance or low income),
- providers who will accept the student's insurance,

- lack of transportation to appointments,
- scheduling conflicts, and
- parent/guardians work schedules.

Both school nurses and SBHCs have shown a direct impact on educational outcomes such as attendance. School nurses send home 13% fewer students than unlicensed school personnel (Pennington & Delaney, 2008). Bonaiuto (2007) demonstrated that students who have access to school nurse case management had improved attendance rates. Students enrolled in SBHC services had a significant decrease in the number of early dismissals from school when compared to students who did not have access to SBHCs (Van Cura, 2010).

RATIONALE

School nurses provide the critical link between the education system, students, families, the school community, the community at-large, and the medical community. School nurses are leaders in the school community, providing oversight for the health and safety of the students through school health policies and programs. SBHCs provide the school nurse with a referral site for needed medical intervention. Within that framework, the school nurse functions as part of the healthcare team by advocating for development of SBHCs and facilitating student access to the full array of services provided by the SBHC. In addition, school nurses refer and coordinate care for students enrolled in SBHCs. School nurses should have input into the development of SBHCs in their school systems and should sit on advisory boards for SBHCs (Cornell & Selekman, 2013).

The school nurse and the SBHC staff should work collaboratively to develop a shared case management structure, to coordinate nursing and treatment care plans for students who require follow-up, and to collect data to study outcomes and cost effectiveness of care. The collaboration between the school nurse and the SBHC staff includes the development of policies and systems that ensure the quality and confidentiality of care received by students and the implementation of wellness and disease prevention programs to improve health outcomes for all members of the school community (Cornell & Selekman, 2013).

CONCLUSION

School nurses are leaders in the school community, providing oversight for the health and safety of the students through school health policies and programs. SBHCs provide primary medical care that may include dental and mental health services. Together, school nurses and SBHCs work to provide for medical needs and promote health in school so that students are ready to learn. School nurses are the critical link between the education system, students, families, community, and medical care. School nurses and SBHC staff should work as partners to develop policies, collect data and evaluate processes to improve health outcomes for the students and communities they serve.

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