

## RESOLUTION 2 - 2010

Subject: Support for the Adequate Number of School Nurses to Meet the Health Care Needs of Wisconsin's Students

Introduced by: Council on Health Care Quality and Population Health

Referred to: Health Insurance Coverage and Access

1 Whereas, School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students; and

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4 Whereas, School districts with adequate nursing coverage have fewer absences, lower drop-out rates, and higher test scores; and

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7 Whereas, School health offices are often used as primary care clinics, dealing with an expanding range of acute and chronic health care needs; and

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10 Whereas, In health care emergencies affecting schools such as a flu pandemic, school nurses are among the first health care professionals to respond and deal with the emergency; and

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13 Whereas, The National Association of School Nurses and the American Nurse Association recommend a ratio of school nurses to students of 1:750 (general student), 1:225 (special needs student), and 1:125 (students with complex health issues); and

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17 Whereas, The State of Wisconsin ranks 41st of the 50 states and District of Columbia with a school nurse-to-student ratio of 1:2359; and

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20 Whereas, The top 15 states in nurse-to-student ratio have 1:750 or greater; therefore be it

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22 RESOLVED, That the Wisconsin Medical Society supports legislation that requires every school district in the state to have a nurse-to-student ratio of 1:750 or greater.

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Fiscal note: Within current budget.

### Relevant Policies

#### Society:

#### SCH-005

**School-Based Clinics:** The Wisconsin Medical Society endorses the development of programs, including those located in schools, to provide comprehensive health care services where the health care needs of the population are not being met.

Efforts should be made to have the support of parents and communities, and school-based or school-linked clinics should be established with careful attention to proper staffing and physician supervision of services, appropriate hours of operation and effective follow-up care of patients.

“Comprehensive primary health care” refers to a package of services that is culturally and socially age-appropriate, family-centered, linked to community resources and that provides the full range of primary

health care services, especially those that address the major causes of adolescent morbidity and death. These services include the assessment of

- Nutritional status
- Fitness
- Oral health
- Sexuality
- Risk-taking behavior
- Perinatal status
- Alcohol, tobacco, and other substance use
- Other issues related to growth and development

Services with a preventative and education focus are basic to primary health care and are often provided by public health nurses, school nurses and nurse practitioners, as well as physicians. (BOD, 0709)

#### **AMA:**

##### **H-60.991 Providing Medical Services through School -Based Health Programs**

(1) The AMA supports further objective research into the potential benefits and problems associated with school-based health services by credible organizations in the public and private sectors. (2) Where school -based services exist, the AMA recommends that they meet the following minimum standards: (a) Health services in schools must be supervised by a physician, preferably one who is experienced in the care of children and adolescents. Additionally, a physician should be accessible to administer care on a regular basis. (b) On-site services should be provided by a professionally prepared school nurse or similarly qualified health professional. Expertise in child and adolescent development, psychosocial and behavioral problems, and emergency care is desirable. Responsibilities of this professional would include coordinating the health care of students with the student, the parents, the school and the student's personal physician and assisting with the development and presentation of health education programs in the classroom. (c) There should be a written policy to govern provision of health services in the school. Such a policy should be developed by a school health council consisting of school and community-based physicians, nurses, school faculty and administrators, parents, and (as appropriate) students, community leaders and others. Health services and curricula should be carefully designed to reflect community standards and values, while emphasizing positive health practices in the school environment. (d) Before patient services begin, policies on confidentiality should be established with the advice of expert legal advisors and the school health council. (e) Policies for ongoing monitoring, quality assurance and evaluation should be established with the advice of expert legal advisors and the school health council. (f) Health care services should be available during school hours. During other hours, an appropriate referral system should be instituted. (g) School -based health programs should draw on outside resources for care, such as private practitioners, public health and mental health clinics, and mental health and neighborhood health programs. (h) Services should be coordinated to ensure comprehensive care. Parents should be encouraged to be intimately involved in the health supervision and education of their children. (CSA Rep. D, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmed: Res. 412, A-05)

##### **H-280.951 Quality of Care in Nursing Homes Nursing Staffing Level**

Our AMA will support the policy that staffing levels in nursing homes should appropriately address: (1) the acuity of the patient population; (2) the functional level of the patient and the services provided; (3) the existence of shortages for certain types of staff in some geographic locations and temporary shortages due to events such as employee illness or termination; and (4) the quality, education, and training of staff. (Sub. Res. 109, A-06)