

Arkansas State Board of Nursing
School Nurse Roles & Responsibilities
Practice Guidelines

**Developed in collaboration with the
Arkansas School Nurses Association**

May 2000
Revised September 2007

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The School Nurse strengthens and facilitates the educational process by promoting and protecting the health of students and staff. School Nurses modify or remove health related barriers to learning, assess the health care needs, and link the health service program with education and support services (ASBN 1999).

The Arkansas State Board of Nursing and Arkansas School Nurses Association collaborated to provide guidelines for nursing practice in the school setting. These guidelines will assist school nurses, educators, and administrators in determining the care and staff qualifications that are required for the health and welfare of their student population. While the school nurse and school environment are specifically named in the guidelines, the same principles are to be applied to any setting where nurses are acting in loco parentis:

In loco parentis / in lówkow pəréntəs/. In the place of a parent; instead of a parent; charged, factitiously, with a parent's rights, duties,

“Loco parentis” exists when person undertakes care and control of another in absence of such supervision by latter's natural parents and in absence of formal legal approval, and is temporary in character and is not to be likened to an adoption which is permanent (Black, 1990).

While the nurse is acting in place of the parent the nurse must obey all laws as defined in the *Arkansas Nurse Practice Act (NPA) and Arkansas State Board of Nursing*. In addition to the NPA, the nurse needs to be aware and follow any law that applies to his/her area of practice, such as but not limited to those that are under the jurisdiction of the Arkansas Department of Health and Arkansas Department of Education.

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Changes in American society, nursing practice and the nature of youth health services have resulted in an increased demand for expert clinical health services in youth oriented settings, such as schools, camps, day care centers and juvenile detention centers. Advances in health care and technology have increased the survival rate and life expectancy of low birth weight infants, children with chronic illnesses, congenital anomalies and those who have survived traumatic injuries. Some of these children have special healthcare needs, such as technology assistance, medication and treatment administration, and supplemental nutrition that must be addressed while the child is away from home. An even greater number of children have long-term chronic medical conditions such as diabetes, asthma, anemia, hemophilia, epilepsy, and leukemia. Some of these conditions require daily management in a setting outside of the home, while other conditions may require only intermittent management or acute care procedures on an emergency basis. These changes have also heightened the need for population based health promotion, prevention, and early intervention services in youth oriented settings. Safe and accountable nursing practice requires adherence to the nursing process (assessment, diagnosis, outcome identification, planning, implementation, and evaluation) and systematic, continuous documentation of the individual care provided to clients.

Two statutes from the Education Chapter of the Arkansas Code specifically address the issue of providing for a child’s healthcare needs and who is to perform the tasks required.

A.C.A. §6-18-1005 (a)(6)(A) “Students with special health care needs, including the chronically ill, medically fragile, and technology-dependent and students with other health impairments shall have individualized health care plans.”

A.C.A. §6-18-1005 (a)(6)(B)(i) “Invasive medical procedures required by students and provided at the school shall be performed by trained, licensed personnel who are licensed to perform the task subject to **§17-87-102 (6)(D)** or other professional licensure statutes.”

The Nurse Practice Act that regulates the practice of nursing is referenced in the above statute.

A.C.A. §17-87-102 (6) “Practice of professional [registered] nursing” means the performance for compensation of any acts involving:

- (A) The observation, care, and counsel of the ill, injured, or infirm;
- (B) The maintenance of health or prevention of illness of others;
- (C) The supervision and teaching of other personnel;
- (D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board; or**
- (E) The administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical, and social sciences.

The ASBN interprets these statutes to require the school to provide for the development of an individualized healthcare plan (IHP) by personnel who are qualified through education and licensure to perform the task. Furthermore, the school is required to provide for the tasks identified in the IHP to be performed by personnel under the direction of a registered nurse (RN) in accordance with the Nurse Practice Act, ASBN Rules and Position Statements. The RN may delegate or assign specific tasks to be performed by a licensed practical nurse (LPN), licensed psychiatric technician nurse (LPTN), or unlicensed assistive personnel (UAP.) Scopes of practice of the RN, LPN, LPTN, and UAP are defined on pages 6-7.

In order to provide the necessary services, schools must clarify the roles, responsibilities and liabilities of the health care team; including various professionals and unlicensed assistive personnel as they work together to meet the health care needs of children. A health care team may include many different professionals, each licensed within the State of Arkansas. Licensure acts delineate the services that each professional may perform.

School Nurse Role Description:

School nursing practice is one of the most rapidly expanding subspecialties of nursing. Increased attention has focused on the schools as a site where prevention, early intervention, and primary care can occur. The school nursing role has changed to incorporate an increased responsibility for managing the health service program and has expanded clinical skills to serve students with a wide range of health risks, illnesses, and disabilities. The role, duty, responsibility, and employment of the School Nurse must comply with the *Arkansas Nurse Practice Act* and *Arkansas State Board of Nursing Rules*. The School Nurse is responsible for the development, implementation, evaluation and revision of the individualized health care plan for each student with special health care needs under his/her supervision. The School Nurse is responsible for practicing within their scope of practice.

The profession of nursing is a dynamic discipline. Practice potentials change and develop in response to health care needs of society, technical advancements, and the expansion of scientific knowledge. All licensed nurses share a common base of responsibility and accountability defined as the practice of nursing. However, competency based practice scopes of individual nurses may vary according to the type of basic licensure preparation, practice experiences, and professional development activities. The parameters of the practice are defined by basic licensure preparation and advanced education. Within the scope of practice, all nurses should remain current and increase their expertise and skill in a variety of ways, e.g., practice experience, in-service education, and continuing education. Practice responsibility, and relative levels of independence are also expanded in this way. The licensed nurse is responsible and accountable, both professionally and legally, for determining his/her personal scope of nursing practice. Since the roles and responsibilities of nurses, and consequently the scope of nursing practice, is ever changing and increasing in complexity, it is important that the nurse makes decisions regarding his/her own scope of practice (ASBN 1998.)

Scope of Practice:

The following are excerpts from *the Arkansas Nurse Practice Act and Arkansas State Board of Nursing Rules* that define nursing and the scope of practice based on educational preparation and experience.

The Practice of Professional (Registered) Nursing:

*The delivery of health care services which require **assessment, diagnosis, planning, intervention, and evaluation** fall within the professional nurse scope of practice. (ASBN,1995.)*

ACA § 17-87-102 (6) The performance for compensation of any acts involving:

- (A) The observation, care and counsel of the ill, injured or infirm;
- (B) The maintenance of health or prevention of illness of others;
- (C) The supervision and teaching of other personnel;
- (D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board;
- (E) Administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law where such acts require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences.

The Practice of Advanced Practice Nursing:

The advanced practice nurse shall practice in accordance with the scope of practice defined by the appropriate national certifying body and the standards set forth in the ASBN Rules. The advanced practice nurse may provide health care for which the APN is educationally prepared and for which competence has been attained and maintained. (ASBN,1995.)

ACA § 17-87-102 (4) The delivery of health care services for compensation by professional nurses who have gained additional knowledge and skills through successful completion of an organized program of nursing education that certifies nurses for advanced practice roles as advanced nurse practitioners, certified nurse anesthetists, certified nurse midwives, and clinical nurse specialists.

The Practice of Registered Nurse Practitioner Nursing:

ACA § 17-87-102 (8) (A) The delivery of health care services for compensation in collaboration with and under the direction of a licensed physician or under the direction of protocols developed with a licensed physician.

The Practice of Practical Nursing:

The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention, and evaluation**, fall within the LPN/LPTN scope of practice (ASBN,1995.)

ACA § 17-87-102 (5) The performance for compensation of acts involving:

- the care of the ill, injured, or infirm;
- the delegation of certain nursing practices to other personnel under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, which acts do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

The Practice of Psychiatric Technician Nursing:

*The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including **observation, intervention, and evaluation**, fall within the LPN/LPTN scope of practice (ASBN,1995.)*

ACA § 17-87-102 (7) The performance for compensation of acts involving:

- the care of the physically and mentally ill, retarded, injured, or infirm;
- the delegation of certain nursing practices to other personnel
- the carrying out of medical orders under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician or a licensed dentist, where such activities do not require the substantial specialized skill, judgment, and knowledge required in professional nursing.

Unlicensed Assistive Personnel

Definitions of the RN, LPN, and LPTN allow each to delegate certain nursing practices to other personnel such as unlicensed assistive personnel.

Registered Nurses

ACA § 17-87-102 (6)

(C) The supervision and teaching of other personnel;

(D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board;

Licensed Practical Nurses

ACA § 17-87-102 (5):

- the delegation of certain nursing practices to other personnel

Licensed Psychiatric Technician Nurses

ACA § 17-87-102 (7)

- the delegation of certain nursing practices to other personnel

The scope of practice of the Unlicensed Assistive Personnel (UAP) is further defined in the Arkansas State Board of Nursing Rules, Chapter 5 on Delegation. (ASBN, 2007.)

Note: Regardless of the school districts titling of the position or other job duties, when individuals are providing services listed in the Nursing Task List (pages 19-21) or other similar services, the delegation and supervision rules apply. Individuals who violate the Nurse Practice Act by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.

School Nurse Role Description

The school nurse is required to fulfill many functions within the school setting. The following role descriptions are adapted from School Nursing: A Comprehensive Text (Wolfe, 2006).

1. **Clinician:** 1) The Registered Nurse is a skilled clinician providing daily nursing care and case management during school hours. Assessing, making effective nursing diagnoses, choosing appropriate interventions, and identifying outcomes are essential skills all school nurses must possess. School nurses develop individual health plans, administer medications and treatments and monitor for compliance or attainment of expected outcomes. 2) Under the direction of an RN, APN, licensed physician or licensed dentist the Licensed Practical Nurse implements the individual health plan, administers medications and treatments and monitors the student or staff for compliance or meeting expected outcomes.
2. **Advocate:** Providing a physically and emotionally safe environment is the primary goal in meeting the needs of the students and staff. This is accomplished through advocacy and negotiating skills. The nurse may also advocate for system changes to meet the health needs of the students and staff.
3. **Collaborator:** School nurses help families navigate complex medical systems and identify resources for healthcare services, financial resources, shelter, food and health promotion.
4. **Health Educator:** The school nurse collaborates with administrators and teachers in providing health education opportunities and experiences for school age children, families, school personnel and the community that will lead to health behavior change.
5. **Liaison:** As the health liaison to the community, the school nurse is a translator of educational and medical goals and a coordinator between the school and medical communities. It is necessary for the school nurse to possess the ability to communicate effectively with practitioners from education and healthcare while taking every opportunity to promote and clarify the role of the school nurse as an influential and effective partner.

Standards of School Nursing Practice **And Professional Performance**

The Standards of School Nursing Practice and their accompanying measurement criteria describe and measure a competent level of school nursing practice and professional performance. Built on American Nurses Association's *Nursing: Scope and Standards of Practice* (ANA, 2004) for registered nurses, these standards are authoritative statements of the accountability, direction, and evaluation of individuals in this special nursing practice. Composed of two sets – the Standards of Practice and the Standards of Professional Performance – these standards define how outcomes for school nurse activities can be measured.

The Standards of Practice reflect the six steps of the nursing process (assessment, diagnosis, outcomes identification, implementation, planning and evaluation), which is the foundation for the critical thinking of all registered nurses. The Standards of Professional Performance describe the behaviors expected of the nurse in the role of a school nurse. (ANA, 2005)

Standards of Practice

Standard 1. Assessment

The school nurse collects comprehensive data pertinent to the client's health or the situation.

Standard 2. Diagnosis

The school nurse analyzes the assessment data to determine the diagnosis or issues.

Standard 3. Outcomes Identification

The school nurse identifies expected outcomes for a plan individualized to the client or the situation.

Standard 4. Planning

The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Standard 5. Implementation

The school nurse implements the identified plan.

Standard 5A: Coordination of Care

The school nurse coordinates care delivery.

Standard 5B: Health Teaching and Health Promotion

The school nurse provides health education and employs strategies to promote health and a safe environment.

Standard 5C: Consultation

The school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

Standard 5D: Prescriptive Authority and Treatment

The advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

Standard 6. Evaluation

The school nurse evaluates progress towards achievement of outcomes.

Standards of Professional Performance**Standard 7. Quality of Practice**

The school nurse systematically enhances the quality and effectiveness of nursing practice.

Standard 8. Education

The school nurse attains knowledge and competency that reflects current school nursing practice.

Standard 9. Professional Practice Evaluation

The school nurse evaluates one's own nursing practice in relation to professional standards and guidelines, relevant statutes, rules and regulations.

Standard 10. Collegiality

The school nurse interacts with, and contributes to the professional development, of peers and school personnel as colleagues.

Standard 11. Collaboration

The school nurse collaborates with the client, the family, school staff, and others in the conduct of school nursing practice.

Standard 12. Ethics

The school nurse integrates ethical provisions in all areas of practice.

Standard 13. Research

The school nurse integrates research findings into practice.

Standard 14. Resource Utilization

The school nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of school nursing services.

Standard 15. Leadership

The school nurse provides leadership in the professional practice setting and the profession.

Standard 16. Program Management

The school nurse manages school health services.

School Nurses Qualifications

The *Arkansas Nurse Practice Act (NPA)* and ASBN Scopes of Practice Position Statement authorize the professional nurse (RN) to provide nursing care. Licensed practical nurses (LPN) and licensed psychiatric technician nurses (LPTN) provide nursing care under the direction of an RN, APN, licensed physician or dentist.

The Education Chapter of the Arkansas Code addresses the issue of providing for a child's healthcare needs and who is to perform the tasks required.

A.C.A. §6-18-1005 (a)(6)(A) "Students with special health care needs, including the chronically ill, medically fragile, and technology-dependent and students with other health impairments shall have individualized health care plans."

A.C.A. §6-18-1005 (a)(6)(B)(i) "Invasive medical procedures required by students and provided at the school shall be performed by trained, licensed personnel who are licensed to perform the task subject to **§17-87-102 (6)(D)** or other professional licensure statutes."

The Arkansas Department of Education Resource Guide: Developing School Policies on Children with Special Health Care Needs (2007) requires the school district to:

"ensure that appropriate training is provided for all school district personnel. The school district must address the issue of using only qualified, trained personnel to provide health care procedures and services. Policies should indicate that personnel performing health care services must be appropriately trained, credentialed and/or licensed prior to administering health care services. The school district should address continuing education for licensure of the nurse as part of its Comprehensive System of Personnel Development (CSPD) plan. This continuing education will ensure the nurse's competency in providing quality care for the students of the school district.

It is recommended that the school nurse hold the following minimum qualifications:

- A. **Nurse Supervisor** - Coordinates and supervises nursing activities of one or more licensed nurses in one or more school districts.
 - 1. Hold an active Professional Nursing License (RN)
 - 2. 5 years licensed nursing experience (2 of which must have been as an RN)
 - 3. 3 years experience as a school nurse
 - 4. 1 year experience as a supervisor (preferred)
 - 5. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
 - 6. Current certification in Scoliosis, Hearing, Vision and Growth (height and weight) screening

- B. **Registered Nurse/Registered Nurse Practitioner**
 - 1. Hold an active Professional Nursing License (RN)
 - 2. 2 years licensed nursing experience (3 years preferred)

3. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
4. Current certification in Scoliosis, Hearing, Vision and Growth (height and weight) screening

C. Licensed Practical Nurse/Licensed Psychiatric Technician Nurse

1. Hold an active LPN/LPTN Nursing License
2. 2 years licensed nursing experience (3 years preferred)
3. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
4. Current certification in Scoliosis, Hearing, Vision and Growth (height and weight) screening

D. Advanced Practice Nurse

1. Hold an active Advanced Practice Nurse License
2. Certification in a field that includes pediatrics
3. 2 years APN experience
4. Current certification in Cardiopulmonary Resuscitation for healthcare providers with AED and First Aid
5. Current certification in Scoliosis, Hearing, Vision and Growth (height and weight) screening

Unlicensed Assistive Personnel (UAP) Qualifications

Unlicensed Assistive Personnel are those individuals who provide any of the nursing tasks listed in the Nursing Task List on pages 19-21 or any similar nursing care task.

It is recommended that the Unlicensed Assistive Personnel who provide nursing care to students hold the following minimum qualifications prior to providing care:

1. Have a high school diploma or the equivalent;
2. Have successfully completed a literacy and reading comprehension screening process;
3. Have current certification in Cardiopulmonary Resuscitation and First Aid as provided by the American Red Cross or American Heart Association.
4. Have successfully completed training and competency validation in performing nursing tasks that are to be delegated by a nurse.

Note: Regardless of the school districts titling of the position or other job duties, when individuals are providing services listed in the Nursing Task List (pages 19-21) or other similar services, the delegation and supervision rules apply. Individuals who violate the Nurse Practice Act by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.

Supervision

Only the school nurse can determine medically necessary nursing care that can be safely delegated to unlicensed assistive personnel and under what circumstances.

Sometimes confusion exists when an unlicensed assistive person is asked to do a procedure that a parent has been doing at home. For example, some parents have been taught to give intravenous medication. The assumption is made that because a parent has been administering the medication intravenously, any school employee can do it. Family members can legally provide nursing care without a nursing license as an allowable exception to the Nurse Practice Act. However, when these services are transferred to the public, the *Nurse Practice Act* applies.

While administrators, teachers, and parents may be helpful resources and allies, they may not have the knowledge base to make adequate judgments about delegation of medical or nursing care; nor can they be held legally accountable to the same extent that a nurse will be liable for nursing care delivered. The school nurse may be accountable to the administrator for personnel issues but the nurse is responsible for directing nursing care.

Supervision Defined

Merriam-Webster On-Line Dictionary defines supervision as “a critical watching and directing (as of activities or a course of action.)” The American Nurses Association defines supervision as “the active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity.” Supervision does not require the supervisor to physically be present 100% of the time, however, the supervisor must be able to critically watch and direct the Licensed Practical Nurse’s (LPN’s) and/or Unlicensed Assistive Person’s (UAP’s) activities or course of action. The amount of supervision required is directly related to the individual LPN’s or UAP’s experience, skills and abilities and the healthcare needs of the students being served.

School Nurses:

School nurses though supervised administratively by a superintendent or principal, are responsible for health services and nursing care administered through the health services program. Schools may utilize a team consisting of RN(s), LPN(s), LPTN(s) and/or Unlicensed Assistive Personnel (UAPs) to provide health services. In accordance with the NPA and ASBN Scope of Practice Position Statement, RNs assess, diagnose, plan, implement and evaluate nursing care. The LPN/LPTN under the direction of an RN, APN, licensed physician or dentist observes, implements, and evaluates nursing care. Healthcare unlicensed assistive personnel (UAPs) perform delegated nursing care in accordance with the ASBN Rules.

Registered Nurse

The Nurse Practice Act defines Professional or Registered Nursing as follows:

ACA § 17-87-102 (6) The performance for compensation of any acts involving:

- (A) The observation, care and counsel of the ill, injured or infirm;
- (B) The maintenance of health or prevention of illness of others;
- (C) The supervision and teaching of other personnel;
- (D) The delegation of certain nursing practices to other personnel as set forth in regulations established by the board;
- (E) Administration of medications and treatments as prescribed by practitioners authorized to prescribe and treat in accordance with state law where such acts require substantial

specialized judgment and skill based on knowledge and application of the principles of biological, physical and social sciences.

While the Registered Nurse has autonomy in providing nursing care she/he must have a prescription from a practitioner authorized to prescribe and treat in order to administer medications and/or treatments that require substantial specialized judgment and skill based on knowledge and application of the principles of biological, physical and social science.

Licensed Practice Nurses/Licensed Psychiatric Technician Nurses

The *Nurse Practice Act* requires the Licensed Practical Nurse (LPN) and Licensed Psychiatric Technician Nurse (LPTN) to work under the direction of a Registered Nurse (RN,) Advanced Practice Nurse (APN,) physician or dentist:

A.C.A. 17-87-102 (5) Practice of practical nursing means the performance for compensation of acts involving the care of the ill, injured, or infirm or the delegation of certain nursing practices to other personnel as set forth in regulations established by the board under the direction of a registered professional nurse, an advanced practice nurse, a licensed physician, or a licensed dentist, which acts do not require the substantial specialized skill, judgment and knowledge required in professional nursing.

The Arkansas State Board of Nursing *Position Statement 98-6 Scope of Practice Decision Making Model* defines the LPN/LPTN scope of practice as:

“The delivery of healthcare services which are performed under the direction of the professional nurse, licensed physician or licensed dentist, including observation, interventions, and evaluation, fall within the LPN/LPTN scope of practice”

The Arkansas State Board of Nursing *Position Statement 98-6 Scope of Practice Decision Making Model* defines the LPN/LPTN scope of practice as:

“The delivery of healthcare services which require assessment, diagnosis, planning, intervention, and evaluation fall within the professional nurse scope of practice.”

Based on these references, under the direction of an RN, APN, physician, or dentist the LPN may provide healthcare services that do **not** require assessment, diagnosis or planning.

Statutes in the Education Chapter of the Arkansas Code require the school to provide individual healthcare plans (IHP) for students with healthcare needs. The statute also requires those who are providing the care in the IHP to be trained and licensed in accordance with the appropriate professional licensing statutes and rules. The IHP inherently requires assessment, diagnosis and planning. The RN and APN have these skills within their professional scope of practice.

A chart within these guidelines identifies nursing procedures that students could require while attending school. Included in the chart is identification of those who are qualified to perform the task with supervision and inservice education. Nursing procedures that specifically require the LPN to be supervised include:

- Naso-gastric (N/G) Feeding and Monitoring
- Gastrostomy Feeding and Monitoring
- Jejunostomy Tube Feeding

- Total Parenteral Feeding (intravenous) and Monitoring
- Clean Intermittent and Sterile Catheterization
- Ventricular Peritoneal Shunt Monitoring
- Mechanical Ventilator Monitoring
- Mechanical Ventilator Ambubag
- Intermittent and Continuous Oxygen
- Central Line Catheter management
- Peritoneal Dialysis
- Medication Administration by all routes
- Ostomy Care and Irrigation
- Pharyngeal and Tracheostomy Suctioning
- Screening, growth, vital signs, vision, hearing, scoliosis
- Blood and Urine Glucose testing
- Seizure Procedures
- Pressure Ulcer Care
- Sterile and Non-sterile Dressings

This document also identifies nursing procedures that the LPN is **not** qualified to perform. The following are included:

- Nutritional Assessment
- Gastrostomy Tube Reinsertion
- Adjustment of Ventilator
- Developing Protocols such as
 - Healthcare Procedures,
 - Emergency Protocols, and
 - Individualized Healthcare Plans.

Unlicensed Assistive Personnel:

School unlicensed assistive personnel/education assistants may be assigned to a particular school building and are accountable to the principal for personnel and school building functions; however, they must have licensed nursing supervision when they are delegated nursing tasks. Special education assistants are accountable to the special education director for personnel and activities related to the student's special education plan. Given the complexity of answering to two supervising authorities, the role of the school health unlicensed assistive personnel/special education assistant warrants continuous support.

Private Duty Care:

As the school and school nurse are responsible for ensuring safe nursing care is provided when the student is under their care, the school is encouraged to develop policies requiring private duty nurses and private duty unlicensed assistive persons to report to the school nurse. The plan of care/action is to be reviewed. The private duty nurse or UAP is responsible for following the school's policies and procedures regarding health care. The private duty health care provider is accountable to deliver care within their scope of practice parameters and the *Nurse Practice Act*.

Complaints to the Arkansas State Board of Nursing

If the Board of Nursing receives a complaint regarding a nurse's practice in a school, the Board's Staff will conduct an investigation. The nurse may be asked to provide evidence that the nursing procedures they perform are within their personal scope of practice. If it is determined that the nurse has violated the Nurse Practice Act disciplinary action may be taken.

When a complaint is filed regarding an LPN/LPTN, the Board may ask the LPN to show evidence that they work under the direction of an RN, APN, or physician. Evidence may include but would not be limited to:

- job description,
- documentation of competency validation,
- policies and procedures
- attendance records of continuing education provided by the supervising/directing RN, APN, physician, or dentist or
- a statement from the RN, APN, physician, or dentist who evaluates the nursing care provided by the LPN regarding compliance with policies and procedures set up by the RN, APN, or physician.

Disciplinary Action

Any nurse who violates the *Nurse Practice Act* is subject to disciplinary action by the Arkansas State Board of Nursing. Disciplinary action against the license could include any of the following:

- Letter of Reprimand
- Board Reprimand
- Probation
- Suspension
- Revocation

Disciplinary Action of Unlicensed Assistive Personnel

Individuals who violate the Nurse Practice Act by practicing nursing without a license are subject to civil and/or administrative prosecution as allowed in A.C.A. §17-87-104.

17-87-104. Penalty

(a)(1) It shall be a misdemeanor for any person to:

(C) Practice professional nursing, advanced practice nursing, registered nurse practitioner nursing, practical nursing, or psychiatric technician nursing as defined by this chapter unless licensed by the Arkansas State Board of Nursing to do so;

(2) Such misdemeanor shall be punishable by a fine of not less than twenty-five dollars (\$25.00) nor more than five hundred dollars (\$500). Each subsequent offense shall be punishable by fine or by imprisonment of not more than thirty (30) days, or by both fine and imprisonment.

(b)(1) After providing notice and a hearing, the board may levy civil penalties in an amount not to exceed one thousand dollars (\$1000) for each violation against those individuals or entities found to be in violation of this chapter or regulations promulgated thereunder.

(2) Each day of violation shall be a separate offense.

Principles of Delegation

The decision to delegate nursing care rests with the judgment of RN, LPN, LPTN, or APN. Only a licensed nurse may determine that a UAP or other school staff can safely deliver the care.

Factors to consider when delegating nursing care include:

1. The **complexity** of the child's condition and the nursing care that is required: A routine dressing change is less likely to result in complications than the administration of IV medications, even if both are done poorly. Consider the question: What are the risks to the student if this procedure is done improperly?
2. The **dynamics** of the child's status or frequency with which nursing care requirements change: A newly inserted tracheostomy presents significantly different problems than one that has been in place for ten years. A student with Type I diabetes who has many insulin reactions and a noon glucometer check with directions for varying the insulin dosage is different than a student who is stable with a noon glucometer check to validate stable blood sugar levels.
3. The **knowledge and skills** that are required to complete the task: Feeding through a nasal gastric feeding tube requires knowledge and skills that are not required in a gastrostomy tube feeding.
4. The **technology** that is employed in providing the nursing care; Assess whether the unlicensed assistive personnel has had appropriate training to perform the task or operate equipment required in performing the task that is being delegated. Using a glucometer to monitor a stable clients blood sugar requires less knowledge and skill than adjusting the settings a ventilator.
5. The amount of **supervision** that is required by the unlicensed assistive personnel to whom the task is being delegated: Has the unlicensed assistive personnel demonstrated the ability to competently perform the task and is that competency documented in their personnel file? Since the competency was documented, has the individual performed the task frequently enough to maintain competency?
6. The **availability** of the licensed nurse for supervision: Is a written plan of care and up-to-date policy and procedure manual readily accessible to the unlicensed assistive personnel? Does the unlicensed assistive personnel know the signs and symptoms that require them to call for assistance and/or to report to the licensed nurse? Is the licensed nurse who delegated the task readily available in person or telephonic communications?
7. Relevant **safety and infection control** issues: Has the unlicensed assistive personnel had the training and competency validation to safely perform the task and utilize infection control principles.

8. **Healthcare Policies and Procedures:** School nurses are responsible for ensuring current policies and procedures are available to guide the nursing care that is delivered. While District School Boards may review and approve internal policies and procedures, the school nurse is accountable for maintaining current nursing practice standards.

In accordance with the *Arkansas State Board of Nursing Rules and Regulations* Chapter Five on Delegation policies and procedures are to:

Recognize nursing tasks that can be delegated without prior assessment including:

- a. Activities of Daily Living
- b. Noninvasive and non-sterile treatments
- c. Data collection
- d. Ambulating, positioning, turning
- e. Personal hygiene
- f. Oral feeding
- g. Socialization activities

Recognize nursing tasks that SHALL NOT be delegated:

- a. Physical, psychological, and social assessment which requires nursing judgment, intervention, referral or follow-up
- b. Formulation of the plan of nursing care and evaluation of the client's response to care rendered
- c. Specific tasks which require nursing judgment or intervention
- d. The responsibility and accountability for student health teaching and health counseling which promotes student education and involves the student's significant others in accomplishing health goals.
- e. Administration of intravenous medications or fluids.
- f. Receiving or transmitting verbal or telephone orders

Recognize specific nursing tasks that MAY be delegated provided the five rights of delegation are followed:

- a. Right Task
- b. Right Person
- c. Right Circumstances
- d. Right Communication
- e. Right Supervision

Recognize that the nurse is responsible for determining that a task is appropriate to delegate in a specific situation.

Delegation of Specific Tasks

The following table is to be used to determine to whom specific tasks may be delegated.

Only the Nurse responsible for the student's nursing care may determine which nursing tasks may be delegated to an Unlicensed Assistive Person. The tasks listed in the chart below may only be delegated if the Five Rights of Delegation are met. Refer to the section on Delegation Principles.

After assessment and consideration of the principles of delegation, the decision to delegate nursing care must be based on the following:

1. Child's nursing care needs are stable.
2. Performance of the task does not pose a potential harm to the child.
3. Task involves little or no modification.
4. Task has a predictable outcome.
5. Task does not inherently involve ongoing assessments, interpretations or decision making.
6. The unlicensed assistive personnel's skills and competency levels.
7. The availability of supervision.

NURSING TASKS						
A = Within Scope of Practice S = Within Scope of Practice with supervision D = Delegated task with supervision EM = In emergencies X = Cannot perform			Provider = Person w/legal authority to prescribe – M.D., APN with prescriptive authority, Dentist, Physician Assistant with prescriptive authority, etc.			
Procedure	Provider Order Required	RN	LPN/ LPTN	Unlicensed Assistive Personnel	Self	RN Scope of Practice: The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation. LPN Scope of Practice: The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention and evaluation.
1.0 Activities of Daily Living						
1.1 Toileting/Diapering		A	A	A		
1.2 Bowel/Bladder Training		A	A	D	S	
1.3 Dental Hygiene		A	A	S	S	
1.4 Oral Hygiene		A	A	S	S	
1.5 Lifting/Positioning/Transfers		A	A	S	S	
1.6 Feeding						
1.6.1 Nutritional Assessment		A	X	X	X	
1.6.2 Oral Feeding		A	A	S	A	
1.6.3 Naso-Gastric Feeding	Yes	A	S	X	S	
1.6.4 Monitoring N/G Feeding		A	S	X	S	
1.6.5 Gastrostomy Feeding	Yes	A	S	D	S	
1.6.6 Monitoring Gastrostomy Feeding		A	S	D	S	
1.6.7 Jejunostomy Tube Feeding	Yes	A	S	X	X	
1.6.8 Total Parenteral Feeding (intravenous)	Yes	A	S	X	X	
1.6.9 Monitoring Parenteral Feeding		A	S	X	X	
1.6.10 Naso-Gastric Tube Feeding	Yes	A	S	X	X	
1.6.11 Naso-Gastric Tube Removal	Yes	A	S	EM	S	
1.6.12 Gastrostomy Tube Reinsertion	Yes	X	X	X	X	
2.0 Urinary Catheterization						

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Procedure	Provider Order Required	RN	LPN/ LPTN	Unlicensed Assistive Personnel	Self	RN Scope of Practice: The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation.		
						LPN Scope of Practice: The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention and evaluation.		
2.1 Clean Intermittent Cath.	Yes	A	S	D	S			
2.2 Sterile Catheterization	Yes	A	S	X	X			
2.3 External Catheter application	Yes	A	A	S	S			
2.4 Indwelling Catheter Care (cleanse with soap & water, empty bag)		A	A	S	S			
3.0 Medical Support Systems								
3.1 Ventricular Peritoneal Shunt Monitoring	Yes	A	S	D	X			
3.2 Mechanical Ventilator								
3.2.1 Monitoring	Yes	A	S	D	X			
3.2.2 Adjustment of Ventilator	Yes	A	S	X	X			
3.2.3 Ambubag		A	S	EM	X			
3.3 Oxygen								
3.3.1 Intermittent	Yes	A	S	D	X			
3.3.1 Continuous – monitoring	Yes	A	S	D	S			
3.4 Central Line Catheter	Yes	A	S	X	X			
3.5 Peritoneal Dialysis	Yes	A	S	X	X			
4.0 Medication administration								
4.1 Oral – Prescription	Yes	A	S	D	X			
4.2 Oral – Over the Counter (written parental consent)		A	S	D	S			
4.3 Injection	Yes	A	S	X	S			
4.4 Epi-Pen Allergy Kit	Yes	A	S	EM/S	S			
4.5 Inhalation					S			
4.51 Prophylactic/Routine asthma inhaler	Yes	A	S	D	S			
4.52 Emergency/Rescue asthma inhaler	Yes	A	S	D	S			
4.53 Nasal Insulin	Yes	A	S	X	X			
4.54 Nasal controlled substance (such as but not limited to Versed)	Yes	A	S	X	X			
4.6 Rectal	Yes	A	S	X	X			
4.7 Bladder Instillation	Yes	A	S	X	X			
4.8 Eye/Ear Drops	Yes	A	S	D	X			
4.9 Topical	Yes	A	S	D	X			
4.10 Per Naso-gastric Tube	Yes	A	S	X	X			
4.11 Per Gastrostomy Tube	Yes	A	S	D	X			
4.12 Intravenous	Yes	A	S	X	X			
5.0 Ostomies (colostomy, ileostomy)								
5.1 Ostomy Care (empty bag, cleanse w/soap & water)		A	S	S	S			
5.2 Ostomy Irrigation	Yes	A	S	X	S			
6.0 Respiratory								
6.1 Postural Drainage	Yes	A	S	D	X			

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Procedure	Provider Order Required	RN	LPN/ LPTN	Unlicensed Assistive Personnel	Self	RN Scope of Practice: The delivery of health care services which require assessment, diagnosis, planning, intervention, and evaluation.		
						LPN Scope of Practice: The delivery of health care services which are performed under the direction of the professional nurse, licensed physician, or licensed dentist, including observation, intervention and evaluation.		
6.2 Percussion	Yes	A	S	D	X			
6.3 Suctioning								
6.3.1 Pharyngeal	Yes	A	S	D	X			
6.3.2 Tracheostomy	Yes	A	S	D	X			
6.4 Tracheostomy Tube Replacement	Yes	A	EM	EM	EM			
6.5 Tracheostomy Care (clean/dress)	Yes	A	S	D	X			
7.0 Screenings								
7.1 Growth (height/weight)		A	S	D	S			
7.2 Vital Signs		A	A	S	X			
7.3 Hearing		A	S	D	X			
7.4 Vision		A	S	X	X			
7.5 Scoliosis		A	S	D	X			
8.0 Specimen Collecting/Testing								
8.1 Blood Glucose	Yes	A	S	D	S			
8.2 Urine Glucose/Ketone	Yes	A	S	D	S			
9.0 Other Healthcare Procedures								
9.1 Seizure Safety Procedures		A	S	D	X			
9.2 Pressure Ulcer Care	Yes	A	S	D	X			
9.3 Dressings, Sterile		A	S	D	X			
9.4 Dressings, Non-sterile		A	S	D	S			
9.5 Vagal Nerve Stimulator	Yes	A	S	D	X			
10.0 Developing Protocols								
10.1 Healthcare Procedures		A	X	X	X			
10.2 Emergency Protocols		A	X	X	X			
10.3 Individualized Healthcare Plan		A	X	X	X			

Medication Administration

The Delegation Chapter of the Arkansas State Board of Nursing Rules and Regulations lists medication administration as a task that shall not be delegated to unlicensed persons. It is recognized that in the school, camp, day care center and juvenile detention center settings, the patient/client condition is generally stable, on routine or occasional as needed medications and the parent would medicate them in the same manner, if the parent were present. The licensed school nurse is responsible for the administration of medications. During times when the school nurse is not present, the administration of medications may be delegated to persons identified in the table for delegating specific tasks. A provider order and/or written permission from the parent/guardian must be on file for all medications administered “in loco parentis,” in the place of the parent.

The licensed nurse is responsible for identifying qualified persons to be trained to administer medications in the nurse’s absence. After training and documentation of the unlicensed person’s competency, administering medications may be delegated as indicated in the nursing task chart and following the Principle’s of Delegation and the Five Rights of Delegation

Each facility (school, camp, day care center, juvenile detention center, etc.) shall have a written policy regarding the administration of medication. The policy should include at least the following:

- A provider order is required for all prescription medications. A label on a prescription bottle may serve as the prescription, if acceptable to the facility.
- Written parental permission is on file for all over the counter medications that are to be taken by the minor. Permission slips may be time limited, such as, the school year, a semester, one month, or one week, depending on the governing body policy.
- All medications must be in the original container.
- The container must specify special storage instructions if appropriate (insulin needs to be refrigerated.)
- Prescription medications are to be labeled with the student’s legal name (on record with the facility), date Rx was filled, ordering provider name, name of medication, dose, route, and frequency.
- All medications will be given according to labeling directions on the container. Deviations from label directions will require a written provider order.
- Procedure for administering and documenting medications during field trips and extra curricular activities.
- Documentation methods for the receipt of medication and the administration of medication.
- Methods by which nurse will receive medication e.g., students may bring medication in with written authorization from parent/guardian or parent is required to deliver medication to the school nurse.
- Storage and security of medications.
- Access to medications in the absence of the school nurse.
- Accountability methods for controlled substances.
- Arkansas Department of Health – Pharmacy Services Rules requires controlled substances be kept under double locks.
- Nurses must establish a counting system to document the number of doses of a controlled substance brought to the school, such as counting the number of doses at the time they are delivered by the parent or student in the presence of the parent or student. Both must document the number delivered to the school. A count should be done periodically to verify the medication can be accounted for by documentation and the number on hand for the specific student. Access to controlled substances is to be limited to as few personnel as possible. When possible the licensed nurse is to access and administer controlled substances.

In addition the policy may specify the following:

- A requirement that the initial dose of a new medication must be given by the parent/guardian outside of the facility setting. A specific length of time may be required between the initial dose being given and the student's re-admittance to the facility.
- Reports to parents/guardians regarding medication administration.
- Parents/guardians are encouraged to administer medication at home whenever possible.

Disposal of Unused Medications:

- Unused controlled substances that cannot be returned to the person for whom they were prescribed are to be sent to Pharmacy Services at the Arkansas Department of Health and Human Services for destruction.
- A surrender form can be obtained from Pharmacy Services, 501-661-2325.
- Large quantities of non-controlled substances can also be sent to Pharmacy Services for destruction.

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For additional resources regarding school nursing and laws pertaining to school healthcare go to: www.arkansascsn.org