

The Registered Nurse in the School Setting

In addition to everyday illnesses and injuries, Oregon's students come to school with an increasing variety of serious health conditions. These conditions, such as asthma, diabetes, seizures and life-threatening allergies, affect the wellbeing, growth and development, and potential for successful learning of these students. A growing number of students depend on medical assistive devices and procedures during the school day, such as suctioning, oxygen administration, gastrostomy tube feeding, clean intermittent catheterization, and postural drainage.¹

There are many factors that influence the decision to provide nursing care, including:

- Students' health needs may not be safely managed without professional nursing assessments, development of individualized care plans and the evaluation of treatment outcomes. In accordance with Oregon Revised Statutes 678.010 to 678.410, state licensure is required for the practice of professional nursing.
- The Individuals with Disabilities Education Act (IDEA)² and Section 504² of the Rehabilitation Act provide designated students needing health services the right to remain in school and to have their health needs met to enhance optimum learning.
- The Supreme Court has upheld the school district's obligation to provide school health services as provided by a qualified school nurse.³
- The Oregon State Board of Nursing ruled that the Registered Nurse in the school setting is obligated to adhere to established standards of professional nursing practice to meet identified health care needs of students.⁴
- The Oregon Department of Justice determined the responsibility for delegation of nursing tasks in school rests solely with the Registered Nurse.⁵

Therefore, it is the position of the Oregon State Board of Nursing that a Registered Nurse, knowledgeable in school nursing, is essential to the planning and delivery of health services in schools, especially for students with special health needs.

References:

1. Oregon Department of Education. (2004-2005). *Special Education Child Count (Data Group)*. Office of Student Learning and Partnership.
2. U.S. Department of Labor. (1973). *Section 504, Rehabilitation Act of 1973*. Washington, D.C.: Office of the Assistant Secretary for Administration and Management. (<http://www.dol.gov/oasam/regs/statutes/sec504.htm>)
3. Cedar Rapids Community School District v. Garret F. (96-1793), 526 U.S. 66 (1999) 106 F. 3d 822, affirmed. (<http://supct.law.cornell.edu/supct/html/96-1793.ZS.html>)
3. Oregon State Board of Nursing. (1988). *Declaratory Ruling on a Petition filed by Hillsboro Union High School District No. 3, Assistant Superintendent of Personnel Gerry C. Elstun for Hillsboro Union High School District No. 3, Linda Potts, and Mary M. Elskamp, R.N., and by Carol Mitts*.
4. State of Oregon, Department of Justice. (2005). *Administration of insulin injections to students*, General Counsel Division.

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education and practice in order to assure that the citizens of Oregon receive safe and effective care.

The OSBN further interprets statute and rule and issues opinions in the form of Board Policies, Policy Guidelines and Position Statements. Although they do not have the force and effect of law, these opinions are advisory in nature and issued as guidelines for safe nursing practice.