



# School Nurse Staffing Assignments for Safe Care

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# Introduction

A school nurse model of care/school nursing staffing assignments varies across Tennessee school districts and is dependent on available funding, resources like a hiring pool of credentialed staff, and state and/or local requirements. Some models staff one, or more, nurses in schools, with some models staffing exclusively. registered nurses. Other models adopt a team-based approach, where a registered nurse(s) supervises licensed practical nurses and/or trained non-nurse staff. In contrast, some schools rely on a single nurse to cover several schools without additional assistance, while other schools in Tennessee lack any nursing coverage.

Unlicensed staff may support school nurses but should not be used in place of school nurses. Districts should exercise caution when utilizing unlicensed staff, as certain tasks are classified as the practice of nursing and should not be delegated to unlicensed personnel. When using unlicensed staff as part of a staffing model, districts must also ensure familiarity with state and local laws and policies, as well as the Tennessee Board of Nursing Rules and Regulations.

Nurse-to-patient ratios are established in many areas of nursing practice. The number of students a school nurse is responsible for affects job satisfaction, job retention, and student safety (Taliaferro, 2005). The National Association of School Nurses (NASN), the American Academy of Pediatrics (AAP), the American Academy of Nursing, and Healthy People 2030 assert the value of the school nurse related to chronic disease management and health promotion. The NASN and the AAP recommend that every school has a minimum of a full-time registered nurse, serving as a bridge between health and education, to improve students' health, safety, and educational achievement(Rau, 2020). Moreover, some schools may need more than one full-time nurse due to enrollment and/or health acuity needs. Cost-benefit analysis indicates for every dollar spent on school nurses, more than two dollars are saved. Furthermore, having a school nurse present daily is linked to decreased absenteeism, increased immunization rates, and assists with identification of physical and mental health conditions, which allows students to stay in school (Maughan, 2018).

Access to a school nurse all day, every day may mean that more than one school nurse may be necessary to meet the needs of the school population. In accordance with State Board Rule 0520-01-13-.03(1) and pursuant to Tenn. Code Ann. § 49-50-1602(a)(2), any health care procedure a student is not capable or competent to perform must be performed by a licensed health care professional in accordance with applicable guidelines of their respective regulatory boards. Funding for school nurses is provided in the [Tennessee Investment Student Achievement \(TISA\)](#) Formula base, which reflects funding for at least one school nurse for every 750 students.

Appropriate staffing is necessary to provide safe, high-quality care and ensure quality outcomes and may reduce absenteeism, increase the time students spend in class, and increase the amount/frequency of health education, including chronic disease education. Appropriate school nursing staffing levels should be determined by assessing a multitude of factors, including student acuity and other indicators. Staffing school nurses based on ratio alone may not account for the increasing complexity of healthcare needs in the school setting. NASN recommends the workload model to guide safe school nurse staffing. School nursing workload is oftentimes defined by a caseload number, or the number of students assigned to the school nurse (e.g., school nurse ratio). The caseload model does not factor in the length of time a student spends with the school nurse, the services provided, nor the amount of time spent on documentation, phone calls, education, and development of individualized health plans (IHPs) and emergency care plans/emergency action plans (ECPs/EAPs) (Jameson B. A., 2022).

The workload model should consider the amount of time and effort required to complete direct care, indirect care, and other school nursing activities when determining school nurse staffing (Combe, 2015; Jameson B. K., 2018). Considerations should include the caseload and other workload factors (e.g., amount of time, level of nurse competency, demands, and complexity/acuity of student(s)). Workload encompasses indirect activities of workload including, but not limited to, field trip preparation and planning, professional development, before/after school programming, nurse clinic management, staff meetings, and delegation and supervision of unlicensed staff. It is imperative to emphasize that workload does not imply an increase in responsibilities, rather it is a description of responsibilities.

The primary factors that should guide nurse staffing decisions are the health needs and safety of students. It is encouraged for school districts and schools to evaluate school nurse workloads and staffing assignments at least on an annual basis. Insufficient staffing or reductions in nursing staff can impact care of students with healthcare needs, result in inadequate care, and potentially expose the school district to liability or safety risks if staffing levels are not in compliance with federal and state laws.

Health Services Supervisors and school/district administration are encouraged to consider school nurse workload when planning staffing, including prioritization of a data-driven approach to measure school nurse work and impact. Using health services data collected at the school and/or district level is essential to recognize and advance the school nurse within the educational setting and to advocate for financial and policy support. It is encouraged for school districts and schools to consider several factors when staffing for safe care that provides for student health and learning:

- Characteristics of student and/or student population (e.g., student enrollment numbers, poverty, language barriers, etc.);
- Characteristics and considerations of the school nurse (e.g., RN, LPN) and other team members (e.g., unlicensed assistive personnel);

- Unique school and/or district factors that influence the delivery of nursing services; and,
- Safety, medical acuity, and health needs of the students requiring health services to access their education during the school day.



# Tools & Resources

School districts are encouraged to develop evidence-based workload tools to assist with school nurse staffing and assignments. It is encouraged to assess school nurse staffing and assignment needs at least annually, using school and district-level health services data. School nurse workload is complex and multifactorial – students, school nurses, the school/district and community factors can impact staffing and assignment decisions. Staffing assignment tools/models should include factors, or indicators, which reflect both school nurse workload and student outcome. For example, factors related to nursing care could include the number of students with chronic health conditions or the number of students who receive medications and/or procedures during the school day. Factors related to social determinants of health should also be considered. While not all factors may apply, the selection of factors and assignment of each factor's weighted percentage should be based on the unique needs of the district. Collaboration with school nurses, and with school and district leaders/administrators, is necessary when developing a model of workload acuity that is realistic and aligns with the impact of school nursing workload on student educational outcomes (Jameson B. K., 2018).

School nurses should have an understanding of the acuity tool and have access to tool indicators, the associated weighting scheme, as well as a full description of the methodology to understand exactly how the acuity scores are calculated (American Nurses Association, 2017).

In addition to assisting with school nurse staffing assignments, the tool is a valuable resource for advocating for additional school nursing positions by providing data-driven insights about the workload and impact of school nurses. Utilizing a tool with school health services data quantifies the complexity and volume of school nurse workload, highlighting the link between school nurse staffing levels, student health needs, and academic performance. It enables districts to identify gaps in nursing coverage, prioritize resource allocation, and present evidence-based justifications for increased support. The tool can display trends in workload needs from year to year and over time. Additionally, the tool can be used to help pinpoint school nurses who may require additional support or training, ensuring that all staff members are adequately prepared to meet the demands of their role, and provide rationale to staff on why a school may receive additional support.

## Potential School Nursing Workload Indicators<sup>1</sup>

Districts that choose to establish an acuity-based school nurse staffing model/formula to assist with nurse staffing assignments must understand the balance between enhancing student safety and school nurse workload while also optimizing school district costs and budget limitations. As an educational organization delivering healthcare, school districts, and schools should strongly consider the association between school nurse staffing and student health and education outcomes. Determination on staffing should include more than one indicator and can include multiple. Indicators might include the number of students receiving free and reduced lunch, the number of students that have procedures requiring a school nurse to administer (e.g., insulin administration, tracheal suctioning), and a school's proximity to other schools. When assessing which indicators to include in your staffing formula, consider whether the indicator measures/influences school nursing workload, if it can be measured, and whether the data is collected or accessible.

Example Indicators
Number of invasive treatments/procedures
Number of students with chronic illness
Number of student health office encounters
Number of students needing care planning
Number of daily and PRN (as needed) medications
Number of staff training sessions
Number of students with private duty nursing services
Number of students with needs (acuity), chronic conditions (including special education)
Number of behaviors, special education, PreK, and CDC classes.
Number of students without access to healthcare
Number of students without health insurance
Number of students on free or reduced lunch
Number of students with English as a second language
Experienced versus novice school nurses
Specialized skills and expertise (e.g., asthma, diabetes, etc.)
Model of Care (e.g., Registered Nurse (RN), LPN (Licensed Practical Nurse), unlicensed assistive personnel (UAP)
Other responsibilities (e.g., teaching classes, supervising other nurses, providing care for staff, etc.)
Total number of students (enrollment)
Number of buildings served
Age level of assigned students
Title 1 or low-performing schools

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<sup>1</sup> Adapted from *The Journal of School Nursing*, Identification of Workload Measurement Indicators for School Nursing Practice, 2022.



Chronic Absenteeism Level

Number of student turnover in student census

### ***Example School Nurse Staffing Assignment Acuity Model<sup>2</sup>***

To apply the formula, schools are stratified by elementary, middle, and high school, each school is scored within its category. Schools are ranked from 1 (low need) to 3 (high need). The acuity model should be used as a guide rather than a rigid description as there are factors that might impact nurse staffing that are not accounted for in the formula (e.g., a large number of students that are not independent in managing a chronic illness; several new diagnoses at the same school that require nursing intervention, constraints related to travel) (Daughtry, 2018).

There are several efficient methods to import data into the example acuity model or a staffing assignment tool created by your district. One option is to utilize a survey form (e.g., Microsoft Forms) to collect responses, which can automatically populate a spreadsheet for real-time data collection. Alternatively, the IT department can export or transfer data from existing systems into the tool. If you are managing multiple data sources, consider linking separate spreadsheets to a master acuity tool to ensure the master spreadsheet updates automatically whenever changes are made to the connected files. It is important for districts to select a data collection method that works best for the district's unique needs to ensure efficiency and accuracy, while also decreasing the time required for staff assisting with data input.

Indicators	Weighted Percent (%)	Description of School-Level Data Points
<b>Student Membership</b>	N/A	This value is based on the current or preceding year's average daily count of students enrolled, which is generally referred to as the Average Daily Membership or ADM. A report can be pulled from the district's student information system or the value can be found by searching for the school's name from <a href="#">Tennessee Department of Education's Report Card</a> .
<b>Number of Students with Free and Reduced Lunch</b>	30	This value is based on the number of students who qualified for free and reduced lunch for the current or preceding school year. District lead nurses/health services supervisors and/or school nurses should work with School Nutrition Directors to obtain these values.
<b>Tennessee School Report Card Grade</b>	20	This value is based on the school's numeric report card grade for the prior school year. The calculation to generate A-F letter grades for schools includes four separate indicators—student achievement, student academic growth, growth of the highest need students, and college and career readiness measure

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<sup>2</sup> Adapted from Wake County Schools Acuity Staffing Model

		<p>just for high schools—and differentiates between elementary and middle schools, and high schools. Schools receive an indicator score for each of the indicators, ranging from levels 1.0 to 5.0. Each indicator score will be multiplied by a weight based on the grade band to create a total score, which is used to determine the school's letter grade. The school's report card grade value can be accessed via the Tennessee Department of Education's Report card by 1) downloading <a href="#">downloadable school letter grade data</a>. The school's name can be searched in Column E and Column W contains the numeric letter grade score) or the numeric letter grade can be accessed <a href="#">here</a> by searching for the school, selecting 2024 Performance Metrics, and then selecting School Letter Grades. The numeric total letter grade score can be found to the right of the screen.</p> <p><b>Letter Grade Scale:</b></p> <p>A – 4.5 – 5.0</p> <p>B – 3.5 – 4.4</p> <p>C – 2.5 – 3.4</p> <p>D – 1.5 – 2.4</p> <p>F – 1.0 – 1.4</p>
<b>Number of Students with Limited English Proficiency</b>	10	<p>This value is based on the number of non-English speaking students for the current or preceding school year. District lead nurses/health services supervisors and/or school nurses should work with EIS Supervisors. A list of EIS supervisors can be accessed via the Tennessee Department of Education's <a href="#">Education Information System website</a>.</p>
<b>Number of students with Identified Health Conditions</b>	20	<p>This value is based on the number of students with a medical diagnosis from a health care provider for the current or preceding school year, as reported in the health services survey.</p> <ul style="list-style-type: none"> <li>• Severe/life-threatening allergy/anaphylaxis</li> <li>• Adrenal Insufficiency</li> <li>• Asthma</li> <li>• Diabetes Type 1</li> <li>• Diabetes Type 2</li> <li>• Seizure Disorders</li> <li>• ADHD/ADD</li> <li>• Autism Spectrum Disorder</li> <li>• Mental Health</li> </ul>
<b>Number of students with Invasive Procedures</b>	10	<p>This value is based on the number of students receiving complex procedures ordered by a medical provider for the current or preceding school year, as reported in the health services survey.</p> <ul style="list-style-type: none"> <li>• Urinary catheterization</li> <li>• Wound care</li> <li>• Blood glucose monitoring</li> <li>• Ketone testing</li> <li>• Insulin pump management</li> </ul>

		<ul style="list-style-type: none"> <li>• Carbohydrate counting</li> <li>• Oxygen saturation</li> <li>• Peak flow measurement</li> <li>• IV/heparin flush</li> <li>• Tracheal suctioning/care</li> <li>• Ventilator care</li> <li>• NG/G-Tube/J-tube care/feeding/meds</li> <li>• Ostomy/Ileostomy care</li> <li>• Oxygen Administration</li> </ul>
<b>Number of students with Medications</b>	10	<p>This value is based on the number of students needing medications during the school day for the current or preceding school year, as reported in the health services survey.</p> <ul style="list-style-type: none"> <li>• Insulin Administration *any route – pump, injection (pen, syringe)</li> <li>• Medications/Other Injections (intramuscular or subcutaneous) *Do not include students receiving insulin as it is captured separately in “insulin administration”</li> <li>• Medication/Intravenous</li> <li>• Medications/Inhalation (inhaler or nebulizer)</li> <li>• Medications/Oral (by mouth)</li> <li>• Medications/Nasal</li> <li>• Medications/Rectal</li> <li>• Medications/Topical</li> <li>• Medications/Ophthalmic</li> <li>• Medications/Otic</li> <li>• Medications/Enteral (via GI tract)</li> </ul>

# Acuity Model Worksheet

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1 **Data Entry Form**

2 School Level:  School Name:

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4 Student Memberships:  Medications:

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6 F&R:  Report Card Grade:

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8 Identified Health Condition:  LEP:

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11 Procedures:

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13 [Click Here to Submit](#) [Delete Entry](#)

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