

4-12-23 Testimony H 333

Representative Conlon and House Education Committee members,

Thank you for the opportunity for Vermont State School Nurses to address their concerns regarding H.333.

The statement of purpose of bill H.333 as introduced reads: *This bill proposes to require public schools and approved independent schools to implement a seizure action plan if it has an enrolled student with a seizure disorder or who has a seizure medication or medication prescribed to treat seizure disorder symptoms.*

This testimony will provide you with some basic information about school nurse professional practice in the state of Vermont. The issue surrounding the proper **delegation of nursing tasks** (e.g., *emergency medication administration*) in the schools is of paramount concern for the licensed school nurses/associate school nurse (here after school nurse). The concept of delegation within this proposed bill should be considered in relation to the professional practice guidelines across multiple entities. Finally, students come to school with a multitude of chronic and possibly life-threatening medical conditions. A law narrowly focused on one specific life-threatening health condition promotes additional inequity in health care for students in our schools.

In order to clearly understand the concerns school nurses have about this bill, let me begin with some background information regarding the school nurse in Vermont. Vermont school nurses are dually licensed healthcare professionals. A registered nurse (RN) is licensed by the Vermont Board of Nursing and bound by the Vermont State Practice Act (26 V.S.A. §1572); this license authorizes the nurse to practice nursing. An RN must then obtain a Vermont educator license (16 V.S.A. §1691) through the Agency of Education with an endorsement as a school nurse or associate school nurse. Both of these licenses must be current and unencumbered.

Many children with chronic diseases are at a higher risk for medical complications, and possibly death, if they do not receive immediate appropriate care. The safest course of action for all school-aged children in Vermont is to have a licensed school nurse in the school. Ideally, every child will have access to a licensed school nurse every day, all day, in the school. School nurses are educated to expertly assess, evaluate, think critically, and plan appropriate care to keep children safe, healthy, and ready to learn.

School nurse actions are guided by numerous professional standards including:

- Vermont Nurse Practice Act (26 V.S.A. §1572)
- Nursing: Scope and Standards of Practice - American Nurses Association (ANA)
- School Nursing: Scope and Standards of Practice - National Association of School Nurses (NASN)
- Vermont Standards of Practice: School Health Services Manual (SoP:SHSM)
- Vermont Agency of Education: School Nurse/Associate School Nurse endorsement (16 V.S.A. §1691)

The overarching clinical practice guideline for the licensed professional nurse is the **Vermont Nurse Practice Act**. This promulgates a "Scope of Practice" for each person licensed to practice as an Advanced Practice Registered Nurse (APRN), Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Nursing Assistant (LNA). Delegation of nursing tasks are a crucial element of health care, and as such, every guiding entity has produced a statement and explanation of the importance of adhering to the nurse practice act when delegating. Only school nurses can delegate health procedures in schools. The task being delegated must be appropriately explained, taught, assessed, and reviewed. Only the school nurse can decide who to delegate the health related task to; school administrators can not directly delegate to individuals who will perform health related tasks. In addition, a school nurse may rescind delegation at any time if they deem it appropriate to do so.

[Vermont Nurse Practice Act \(26 V.S.A. §1572\)](#)

(G) Delegating nursing interventions that may be performed by others and that do not conflict with this subchapter.

[Scope of Practice Position Statement and Decision Tree](#)

Is patient safety protected by adequate resources in the care setting (e.g., supplies and equipment, support staff, etc.)?

The introduction to the **Vermont Standards of Practice: School Health Services Manual** states that, "SN/ASN Supervision of School Health Services and Health Outcomes In Vermont, it is required that a Registered Nurse (RN) licensed as a SN or ASN direct, supervise, and delegate nursing care, tasks, and student outcomes provided by a Licensed Practical Nurse (LPN), Licensed or Unlicensed Assistive Personnel (AP) in schools (26 V.S.A. § 1572; The Vermont Standards Board for Professional Educators, 2019). AP are 'individuals who are trained to function in an assistive role to the RN or LPN in the provision of patient care activities as delegated by the licensed nurse. This term includes but is not limited to licensed nursing assistants and unlicensed personnel' (Vermont Board of Nursing, 2018). The school building administrator or superintendent is responsible for the supervision, evaluation, and employment status of the SN/ASN as an employee but not as an RN." ([VT SoP:SHSM Introduction](#))

Additionally, the **Vermont Standards of Practice: School Health Services Manual** identifies the expectations of delegation as, "The transfer of responsibility for the performance of an activity to another, with the former retaining accountability for the outcome. Delegation allows a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed. In schools, delegation occurs when the SN/ASN assigns the performance of a specific nursing task to another person, often a LPN or AP." ([VT SoP: SHSM Section 9 Delegation](#))

The **National Association of School Nurses** highlights the importance of appropriate delegation with the following statement: Nursing delegation in the school setting is the assignment by the school nurse – not a school administrator – to a competent unlicensed individual (also called unlicensed assistive personnel [UAP]) the performance of a selected nursing task in a selected situation for an individual student. The school nurse facilitates the

UAP training, evaluation of UAP competence, and provides for ongoing supervision of the UAP and evaluation of the student's health outcomes. The nursing process can never be delegated. (NASN: [Nursing Delegation in the School Setting](#)).

The final guiding principle for school nurses in Vermont is addressed by the **Rules Governing the Licensing of Educators and the Preparation of Educational Professionals Rule Series 5100** (effective date: March 22, 2023).

5440.65 School Nurse (pp. 180 - 183)

1.2. The school nurse develops protocols, training, supervision and evaluation for delegated activities. The school nurse evaluates the health needs of students and the school environment through the prescribed nursing process of Assessment, Diagnosis, Outcome Identification, Planning, Implementation and Evaluation (NASN, 2011). The school nurse works to develop and maintain communication within the school, local health agencies and providers.

5440.65A Associate School Nurse (pp. 184 - 187)

1.3.2. The associate school nurse delegates healthcare tasks to unlicensed assistive personnel in order to support the health and safety needs of students in accordance with the Administrative Rules of the Vermont Board of Nursing.

With this basic background of school nurse practice, let us look at the specific concerns of the life-threatening health condition of seizures H.333 is addressing.

The diagnosis of a seizure disorder is made by medical professionals based on the individual's health presentation, medical tests, and reports, as well as a comprehensive health history. The student is cared for by a Neurologist, a highly specialized medical provider who is licensed to make decisions for treatment and care, order tests, and write prescriptions for medication. This includes daily anti-seizure medications as well as emergency seizure medications.

Every student with a seizure disorder has a *Seizure Action Plan*. It is important to note a physician creates the *Seizure Action Plan*. When the individual enrolls in school, the *Seizure*

Action Plan is then used by the school nurse to develop Individual Health Plans and Emergency Medical Plans for students appropriate for the school setting. These plans may also be incorporated into a 504 plan or referenced in an Individualized Education Plan to support equal access to education for a student with a seizure disorder.

Some specific areas of the bill as introduced that are problematic:

Page 1 line 19, schools cannot **designate** an employee to administer medications

School nurses may delegate some medications to be administered by a properly trained individual. There are some medications that are NOT able to be administered by anyone other than the nurse.

[VT SoP: SHSM Section 22 Medication](#)

Only the school nurse/associate school nurse, the student's parent/guardian, or the school nurse's/associate school nurse's delegatee (Unlicensed Assistive Personnel [UAP]) may administer medication in the school setting.

It may be wise to consider union agreements within the school system, as this specific statement in the proposed bill may unilaterally alter these agreements. This may also have an impact on driver responsibilities for contracts with third-party transportation providers.

Page 4, line 4, effective for an **academic** year,

Our recommendation for this statement would be that orders are renewed **annually**.

Page 4, line 9, parent and school create seizure action plan....

The provider, parent and SN should create the action plan as the other "players" may not appreciate the differences in a school setting.

A health care provider must be involved in the development of a seizure action plan in the school setting. The school nurse and parent would collaborate with the health care provider to facilitate an individualized plan to meet the needs of the student within the school setting.

Page 4, line 10 can BOE adopt rules to establish guidelines for the **development** and **content** of seizure action plans?

"The care of students with seizures and epilepsy is highly complex, individualized, and directed by health care provider(s) (e.g. neurologist, epileptologist, primary care provider physician or nurse practitioner) treatment recommendations and orders." School Nursing

Evidence Based Clinical Practice Guideline: Students with Seizures and Epilepsy (NASN 2018).

The National Association of School Nurses has developed clinical practice guidelines for the development of plans to support students with seizures. Clinical Practice Documents should be the basis for development and content of such plans.

Page 4, line 15,16 plan distributed to **any** school employee **or volunteer** responsible for the care of students....

Health conditions are confidential and shared only with individuals who have a need to know.

There are numerous life-threatening chronic illnesses that students may have a diagnosis for which requires expertise, frequent assessment by the school nurse, and emergency action if needed. These students must be included in any legislation which dictates appropriate health care in the school setting (e.g., asthma, anaphylaxis (known and unknown), cardiac conditions (known and unknown), multi-organ conditions, organ transplant recipients, and cancer).

In summary, we are grateful to representatives for considering the health and safety of students in our schools. We appreciate the time to share the school nurse perspective as you consider revisions to H.333.

Respectfully submitted,

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