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**To:** BOCES District Superintendents  
Superintendents of Public and Nonpublic Schools  
Principals of Public Schools  
Charter School Leaders

**From:** Kathleen R. DeCataldo   
Assistant Commissioner, Office of Student Support Services

**Subject:** Provision of Nursing Services in School Settings - Including One-to-One Nursing Services to Students with Special Needs

## Introduction

Medical care advancements have increased the number of students with disabilities attending school who also have complex nursing needs. This can result in the need for frequent nursing care during the school day and/or during transportation to and from school. The frequency of such nursing care may be beyond what an individual school building nurse can reasonably provide. These students may require a nurse shared with one or more other students in their classroom or a one-to-one nurse to attend school, as determined by the Committee on Preschool Special Education (CPSE) or Committee on Special Education (CSE).

This memorandum provides information to assist schools in ensuring that qualified individuals provide the health-related services that schools are expected to provide and identifies the minimum credentials necessary in accordance with state laws - which apply to **all** schools throughout the state.

Although there are many routine health-related activities which may be performed in schools by unlicensed staff, other services are professional nursing activities which may only be performed by registered professional nurses (RN) or in some cases, licensed practical nurses (LPNs) under the direction of an RN or director of school health services, commonly referred to as the district medical director. Some of these activities are also within the scope of practice of other licensed health professionals such as a physical therapist, occupational therapist, and speech language pathologist. The policies of this

memorandum do not apply to the services of these professions. For specific questions related to licensed health professions other than nursing, please contact the [NYSED Office of Professions](#).

Please Note- Education Law Article 19 section 902 limits the title of **school nurse** to registered professional nurses (RNs) legally qualified to practice nursing in this State.

## Provision of Care

To assist schools in establishing policies and protocols governing the provision of nursing and health services in a manner consistent with law, the following information and attachments are provided. Attachments A, B, & C list nursing and health services activities/tasks commonly performed in schools and identifies who is qualified to perform them. Although these lists are not exhaustive, they provide examples of the most common nursing and health services provided in schools.

### Nursing Activities/Tasks

**Attachment A** provides a list of nursing activities and tasks performed in a school setting by an RN or LPN. An RN may assign an LPN the nursing activities/ tasks listed in Attachment A. However, an LPN, as a dependent practitioner, may only perform nursing activities/tasks under the direction of an RN or other appropriately licensed healthcare provider. To determine whether an assignment to an LPN is appropriate, the RN must:

- ✓ Determine that the assignment is within the defined scope of practice of an LPN per Education Law Article 139; and
- ✓ Determine whether the LPN can perform the assignment competently.

When the RN deems that a nursing activity/task is one that may be assigned to an LPN, the RN should:

- ✓ Develop an individualized plan of care, including a procedure to evaluate, revise and discontinue the plan, as appropriate.
- ✓ Develop procedures to assure that the nursing activity/tasks are performed in a safe manner by individuals who are qualified and properly trained.

In the event the RN concludes that the LPN requires additional training, the RN may provide the training directly or recommend that the school secure the necessary training. Once the RN assigns a nursing activity/task to an LPN, the LPN is responsible for providing and completing the task under the direction of the RN and for contacting the RN for direction as needed.

When an RN is directing and overseeing the care provided by the LPN, one RN may be able to oversee the work of several LPNs who are serving students with special health care needs in various school settings. In school settings, an RN can typically direct up to four LPNs if the RN does not have his or her own students to care for. RNs caring for students should be assigned a lower number of LPNs and considerations should be

given to the proximity of the RN to the site of the provision of services by the LPN(s) and the complexity of the nursing care needs of the students. A directing RN may be off site but must be available by telephone at any time as needed by the LPN, and the RN must be able to provide onsite assistance within a reasonable time frame, which must be 15 minutes or less. See question 15 in NYSED's Office of Professions [Nurse Practice Frequently Asked Questions](#). Administrators should consult school nursing personnel and the medical director when determining nurse staffing needs.

### Health Activities/Tasks Which May be Performed by Appropriately Trained, Unlicensed School Personnel

**Attachment B** lists examples of health activities/tasks for students which may be assigned to trained, unlicensed school personnel after a registered nurse first conducts an assessment to determine the appropriateness of the assignment.

To determine whether a health activity/task can be performed by a trained, unlicensed person, the RN should establish in each case that the activity/task:

- Is not prohibited by state law for an unlicensed person to perform;
- Does not require nursing skill or judgment;
- Is one that involves predictable outcomes; and
- Is an activity/task that can be performed according to standard procedures.

When the RN concludes that a health activity/task can be performed by a trained, unlicensed person, the RN should:

- Define or describe the activity/task, ideally in a written care plan for the unlicensed person to follow when providing care to a student; and
- train the unlicensed school personnel to perform the activity/task.

The RN is responsible for periodically assessing that the health activity/task continues to be appropriate and is being completed in accordance with training and the care plan.

School boards or governing bodies are responsible for the health and safety of their students and the health care provided to their students. As such, the board of education is responsible for ensuring appropriate and adequate licensed nursing personnel are available to meet student health needs and that these personnel are trained to perform the care, as well as train and supervise unlicensed personnel.

### Health Activities/tasks Which May Be Performed by Unlicensed School Personnel That Do Not Require Specific Training

**Attachment C** provides a list of health activities/tasks that may be routinely performed by unlicensed, untrained individuals without an RN's involvement. In such cases, a nurse would become involved because of a special health care concern. For example - an unlicensed, untrained person can generally assist a student who has special health care needs with dressing and undressing. However, in rare cases where a student runs the risk of bone fractures when moved, an unlicensed, untrained person may not be assigned to assist the student with dressing. An unlicensed, untrained person can usually

assist a student who needs assistance with oral feedings. However, if the student has constant feeding problems (such as choking and vomiting), an unlicensed, untrained person may not be assigned to assist the student with oral feeding.

The assignment of health activities/tasks listed in **Attachments B and C** to an unlicensed school staff member should be made by the school administrator in consultation with the school nurse (RN) and/or medical director. Except in unusual circumstances, the classroom teacher should not be assigned to perform health-related activities since such assignments may interfere with the instructional program provided to students in the classroom.

## School Health Services Protocols

To develop school board or governing body policies governing the provision of health services to students, we recommend that school boards and governing bodies collaborate with the medical director and school nurses (RNs).

To develop protocols governing the provision of school health services, it is recommended that the medical director collaborate with school nurses. To ensure that services are provided in a manner which is consistent with state and federal laws and standards of professional practice, the following is recommended:

1. Written protocols to ensure that nursing care and health related activities/tasks are performed consistently in all schools and school related activities;
2. Nurses and unlicensed personnel are appropriately trained and educated to provide such care;
3. Written protocols to ensure training and education is provided consistently in accordance with best practice and state laws and regulations;
4. Delineation of the duties of a school nurse (RN) including:
  - a) responsibility for determining whether the health activity/task needed by a student is within the scope of nursing practice and may only be performed by a licensed person or is an activity/task that may be performed by an unlicensed individual;
  - b) responsibility for oversight and monitoring of all nursing activities/tasks;
  - c) responsibility for determining, prior to delegation, the training required to enable the LPN to safely provide any assigned nursing activities/tasks; and
  - d) periodic determination that nursing and health care continue to be appropriate and are being delivered to the student in accordance with the plan of care.

## Frequently Asked Questions

1. **What is the citation in law that indicates that only nurses can perform nursing activities/tasks or administer medications to students?**

Section 6902.1 of Article 139 of the Education Law (The Nurse Practice Act) states that only registered professional nurses may execute medical regimens. Section 6902.2 defines that licensed practical nurses (LPNs) may perform tasks and responsibilities only when under the direction of a registered professional nurse (RNs) or other authorized healthcare provider. The State Education Department has determined that the administration of medication is a protected task under the Nurse Practice Act. The only exceptions to that rule are exemptions in the Nurse Practice Act, Section 6908.1, related to the care of individuals in the home by family members or their designees, and other licensed professions, e.g., medicine, etc.

Education Law Article 19 permits trained unlicensed school personnel to administer glucagon or epinephrine auto-injector to a student with a patient specific order. The law also allows trained unlicensed school personnel to administer naloxone, or epinephrine auto-injector to students and staff on site in accordance with Public Health Law. More information is available in [NYSED's Medication Management Guidelines for Schools](#).

**2. May a school apply for a variance from the requirements of the Nurse Practice Act?**

No. Schools should examine existing policies, procedures and practices to ensure compliance with the Nurse Practice Act.

**3. Does a school administrator have the authority to provide nursing care (i.e. administer medications to students) or assign another unlicensed school staff member to do so?**

No. Nursing care may only be provided by a licensed nurse. See question 1.

**4. Does the medical director or other licensed healthcare providers have the authority to delegate nursing activities/tasks to unlicensed personnel?**

No, Section 1(b)(10) of Part 29 of the Rules of the Board of Regents specifically prohibits delegation of this professional responsibility by licensed persons to an individual who the licensee knows or has reason to know, lacks the education, experience or licensure to perform those tasks.

**5. Does the Nurse Practice Act apply to BOCES; special act schools, approved private, day, and residential schools (853 schools); state supported and state operated schools; and 4410 preschool programs, and summer school extended school year (ESY)?**

Yes. The Nurse Practice Act applies to any setting where a nurse practices and in situations in which preschool and school-age students require nursing care except for exemptions granted for certain residential settings. In other settings, such as day care programs, residential centers, and summer recreational programs, personnel should check state agencies governing those programs to determine how compliance with the Nurse Practice Act is implemented.

## **6. Can Licensed Practical Nurses (LPNs) be employed as school nurses?**

Education Law Article 19 section 902 limits the title of school nurse to registered professional nurses (RNs) legally qualified to practice nursing in this State. Schools may also employ LPNs but must be cognizant that an LPN is not interchangeable with an RN. LPNs are not independent practitioners, and as such must function under the direction of an RN or other appropriately licensed health care professional. See [NYSED Memo- Use of Licensed Practical Nurses and the Term "School Nurse" in School Settings](#).

## **7. Can an LPN provide school health services if direction is provided?**

Per [NYSED Board for Nursing FAQ](#):

Yes. New York State Education Law § 6902 requires LPNs to practice under the direction of a registered professional nurse, clinical nurse specialist, nurse practitioner, physician, dentist, physician assistant, specialist assistant, podiatrist, or midwife ("directing practitioner"). The directing practitioner must provide an appropriate degree of direction to the LPN, which is determined by the care needs of the patients and the skill and ability of the LPN. In most cases, the directing practitioner must be on premises when LPNs provide nursing care. The directing practitioner does not necessarily have to be on premises to direct an LPN where:

- (1) the LPN has demonstrated competence to meet the nursing care needs of the LPN's patients;
- (2) the LPN's patients are highly unlikely to require personal intervention by the directing practitioner; and
- (3) the directing practitioner is available to direct the LPN by telephone and can personally intervene within 15 minutes to ensure timely and appropriate care. The directing practitioner remains ultimately responsible for providing appropriate direction by phone or in person to ensure patient or client safety.

LPNs must practice under the direction of a directing practitioner even if the LPN has been issued an "Independent Medicaid Provider Number" by the New York State Department of Health. The "Independent Medicaid Provider Number" merely allows the LPN to be paid for Medicaid services provided by the LPN; it doesn't authorize the LPN to practice independently.

## **8. Can an RN or LPN be hired as a health aide in a school which does not employ nurses?**

Per [NYSED Board for Nursing FAQ](#):

Yes. A licensed nurse may work in a position that he/she has the training to do and that is within his/her scope of practice. RNs have the training to perform LPN, Certified Nurses Aid and Home Care Aid activities/tasks and therefore could accept a work identified for these levels. An LPN has the training to perform Certified Nurses Aid and Home Care Aid activities/tasks and could accept work identified for either of these positions. However, the nurse that does so would still be required to act prudently based on his/her educational preparation and would be held to that standard. In addition, the

nurse cannot refer to themselves as an "LPN" or "Certified Nurse Aid" unless it is, in fact, true.

**9. Can an unlicensed school personnel prepare and administer (give) a medication to a student if no nurse is available?**

No, the administration of medication is a function that is statutorily authorized to a limited number of professions, see question 1. Also see [NYSED Memo- Medication Administration by Unlicensed Persons](#) for details. Unlicensed school personnel who have been trained in accordance with Commissioner's regulations may administer in an emergency, the following medications to students: epinephrine via auto-injector, glucagon, and naloxone. Please see [NYSED Guidelines for Medication Management in Schools](#) for details.

**10. Can unlicensed school personnel assist a student who is able to take their own medication?**

There are three functional categories of students in regard to medications in schools:

- **Nurse Dependent Students-** Students, who cannot self-administer their own medication and cannot be considered in need of supervision according to the criteria for Supervised Students (listed below), are therefore dependent on another person administering the medication to them. Such Nurse Dependent Students must have their medication administered to them by an appropriate licensed health professional.
- **Supervised Students-** Students who have been determined to need supervision (formerly known as self- directed) either by the RN or the student's healthcare provider, may be assisted by trained unlicensed personnel to self-administer their own medication. The assistance from unlicensed personnel is limited to assistance with tasks **only at the direction of the student.**
- **Independent Students-** Students who can self-administer their own medications without any assistance are considered Independent Students.

Trained unlicensed school personnel may assist Supervised and Independent students to take their own medications. Please see [NYSED Guidelines for Medication Management in Schools](#) for details.

**11. What are the minimum criteria for considering a student to be a supervised student?**

Whether a student should be considered a Supervised Student should be based on the student's cognitive and/or emotional development rather than age or grade. A student may be considered a Supervised Student only if he/she is **consistently able to do all the following:**

- Administer the medication to him/herself via the correct route;
- Identify the correct medication (e.g. color, shape);
- Identify the purpose of the medication (e.g. improves attention);
- Identify the correct dosage is handed to them if they cannot pour own medication for dexterity issue (e.g. one tablet, 2 puffs, 3 units, etc.);



- Identify the time the medication is needed during the school day (e.g. lunch time, before/after recess, etc.);
- Know the parameters or condition(s) under which the medication is to be taken, and will refuse to take the medication if the parameters or condition(s) are not met (e.g. blood glucose or vital sign ranges that are acceptable to take medication, or taken only for headache, shortness of breath, etc.);
- Describe what will happen if medication is not taken (e.g., unable to complete school work, blood glucose will elevate, etc.); and
- Refuse to take medication if the student has any concerns about its appropriateness.

Determining whether a student is a Supervised Student should also consider the student's diagnosis and the type of medication prescribed. A student may only need supervision to take a pain reliever such as acetaminophen but cannot consistently be considered such to administer their own epinephrine given the fact that symptoms of anaphylaxis may render the student unable to self-administer. In such cases, schools should ensure that appropriate personnel will be available to meet the needs of the student for that medication. Please see [NYSED Guidelines for Medication Management in Schools](#) for details.

## **12. How should schools handle the issue of *medications* when students go on field trips or participate in after-school activities?**

The following options are available for students who are nurse dependent students as defined in the [NYSED Guidelines for Medication Management in Schools](#) :

- the parent/guardian or guardian may choose to attend the activity and administer the medication; or
- the parent/guardian can personally designate another adult who is not employed by the school to voluntarily administer the medication on the field trip. This designation is to be in writing-[Administration of Medications to Students During School-Sponsored Events by Parent/Guardian Designee](#); or
- the student's healthcare provider can be consulted and may order the medication time to be adjusted or the dose eliminated; or
- The school sends a licensed nurse on the field trip to administer medications.

A student may not be prevented from participating in an educational activity, such as a field trip, because of a special health need. More information on medications and school sponsored events are available in the guidelines above.

## **13. How should schools handle the need for *nursing activities/tasks* when students go on field trips or participate in after-school activities?**

When a student is unable to perform a necessary health activity/task independently, is unable to direct a trained staff member to assist, and the task is cannot be done by unlicensed personnel as defined in Attachment B and C the following options are available:



- the parent/guardian may choose to attend the activity and do the health activity/task; or
- the parent/guardian can personally designate another adult who is not employed by the school to voluntarily do the health activity/task on the field trip. This designation is to be in writing- the following sample form can be modified to use for parent/guardian/ designation to perform health activity/task-[Administration of Medications to Students During School-Sponsored Events by Parent/Guardian Designee](#); or
- the student's healthcare provider can be consulted and may order the health activity/task schedule to be adjusted; or
- The school sends a licensed nurse on the field trip to provide the care.

A student may not be prevented from participating in an educational activity, such as a field trip, because of a special health need.

#### **14. What if nurses are not available to substitute for a school nurse where there are students with special health needs who are not self-directed?**

A public school must provide appropriately licensed health professionals to provide necessary nursing services to ensure students can attend and fully participate. This can be accomplished by:

- Hiring float nurse(s) able to serve as needed each day, including but not limited to: substitute school nurse, ride bus with student requiring a nurse on bus, attend field trips, assist building school nurses with screenings, immunization and BMI surveys, creation of emergency care plans and teaching school personnel, preparing student records for DOH immunization audits, training school personnel etc.;
- Reassigning nursing staff from other sites within the school or school district;
- To meet needs at school sponsored events outside of school hours, consider using alternate schedules for school nursing personnel;
- Assessing nursing salaries to determine if competitive;
- Contract with neighboring schools or BOCES; or
- Contract with nursing agencies.

Nonpublic school students must receive services comparable to those provided to public school students. A formal agreement between the public school and the nonpublic school should address the issue of a substitute nurse to cover for a school building nurse who is absent in a nonpublic school, see [Information on MOUs for Health Services to Nonpublic Schools](#) .

#### **15. Must all students with special health needs have an individualized health care plan (IHP)?**

An IHP is a nursing care plan for a student with health needs and is not required by law. It is customarily used in nursing practice, developed by an RN, and is strongly recommended for all students with special health needs- particularly those with nurse services as a related service on their individualized education plan (IEP).

**16. When a private PreK program is located in a public school building, is the building nurse responsible for providing school health services to the private PreK students enrolled in such program?**

The answer is dependent on the type of program, and/or the contract between the district and the private PreK program:

- The private PreK program is contracted by the district to operate the district's PreK program- then such PreK students are district students and entitled to the same health services provided to other grade levels.
- The private PreK program is not contracted by the district - then the PreK students are not entitled to health services from the district except in emergencies. However, the private PreK program may enter into a contract with the district that includes the provision of school health services to the private PreK students.

**17. Are schools authorized to employ Paramedics or Emergency Medical Technicians (EMTs) to be a substitute nurse or to provide health care to students with special health needs?**

No. Paramedics and EMTs are not nurses and are prehospital caregivers who may only function as such when they are working as responders for emergency medical services (EMS) programs. In a school setting they are unlicensed personnel unless responding to an EMS call- at which time they may function as paramedics or EMTs.

**18. Why is the provision of certain nursing procedures, such as catheterization, gastrostomy feedings, etc., delegated to non-nurses in some states, but not in New York State?**

The practice of nursing is defined by each state's laws and regulations. In New York State, the Nurse Practice Act prohibits the delegation of nursing activities/tasks (aka nursing functions) to any unlicensed person in any setting. Procedures such as catheterization have been defined as nursing functions in New York State.

**19. If an unlicensed school staff member takes a course that certifies him/her to give medications in a daycare center can that person give medications in the school setting?**

No. The exemption in the Nurse Practice Act for other settings such as daycare centers does not apply to educational settings.

**20. What if an unlicensed school staff member is not willing to perform a health activity/task to which he/she has been assigned?**

Assignment of health activities/tasks should be consistent with the job description of the person assigned to perform them, should not interfere with the person's ability to perform other assigned duties and should not conflict with the terms of applicable collective bargaining agreements. An employee's willingness to perform a health activity/task should be considered. Employees who volunteer should be assigned in the first instance, since an individual who is voluntarily performing a task is more likely to accept and execute the responsibility in a way that is safe and beneficial for a student. Effort should be made to determine why an individual is unwilling to perform a task. There may

be instances where it will be necessary for an administrator to insist that an unwilling person who is otherwise qualified must perform a health activity/task which they are legally permitted to perform.

**21. Can an unlicensed school staff member, who receives appropriate training, assist students with medications?**

Yes, trained unlicensed school personnel may assist supervised students to take their own medications. See [NYSED's Medication Management Guidelines for Schools](#) .

**19. If parents/guardians and family representatives are trained to do nursing procedures at home, can non-nurses be trained to do them in the school setting?**

Laws governing the practice of nursing have been written to protect the public. Procedures that are defined as nursing activities/tasks (Attachment A), although performed routinely, are not innocuous, and require nursing knowledge, judgment and skill. In New York State under Section 6908 of Education Law, family members may provide home nursing care to other family members. This exemption under Section 6908 does not empower families to extend that right to individuals employed in educational settings.

**20. What is the school's responsibility for ensuring that a nurse working in the school has received appropriate training if he/she does not know how to perform certain procedures that a student will need? What is the nurse's responsibility?**

Licensed health professionals may not have the same work experience or education and may not be familiar with all types of nursing activities/tasks. A licensed health professional who is not knowledgeable in a particular nursing activity/task is responsible for informing school administration of the need for appropriate training to safely meet the student's needs. Schools must ensure the health and safety of their students and ensure the licensed health professionals caring for students are appropriately licensed, have the necessary training to meet the students' needs, and are up to date in best practice. Therefore, schools must seek out necessary training for staff to meet students' needs. Schools should encourage and assist their licensed health professionals to regularly participate in professional development. Opportunities for professional development may be available online, from professional organizations, the healthcare provider's office, local hospitals, visiting nurse associations, professional in-service providers, or the state's technical assistance center for school health professionals and educators [The New York State Center for School Health](#) .

**21. Do all students with tracheostomies, ventilators or other medical technology need a 1:1 nurse?**

The level of nursing care required and the amount of nursing time necessary to ensure the health and safety of such students in the school setting would be determined by the school 's multidisciplinary team pursuant to Section 504 or the Committee on Special Education (CSE) or Committee on Preschool Special Education (CPSE) with medical and/or nursing input as appropriate from the school nurse, medical director, healthcare provider or other appropriate health personnel. Although a student may have

a 1:1 nurse at home because they are the only person in the household needing nursing care, that does not mean that a 1: 1 nurse is necessarily needed in a school. If the CSE/CPSE determine that a student's health needs in accordance with provider orders for treatment can be appropriately met by the school's building nurse, a shared nurse, a 1:1 aide to monitor and alert the school nurse, then a 1:1 nurse is not necessary. The school must consult with its medical director and/or school nurse to determine if a student's nursing service is *episodic* or *continuous*. The New York State Education Department (NYSED) has developed a School Nursing Decision-Making Tool Flowchart for CPSEs, CSEs and 504 Teams to facilitate decision-making related to school nursing services, see the January 2019 memo *Guidelines for Determining a Student with a Disability's Need for a One-to-One Nurse* on the Office of Special Education's [News, Announcements and Timely Information](#)

*Please note: Private duty nurses paid by Medicaid at home, need prior approval from Medicaid to work in a school with the child.<sup>1</sup>*

## **22. What procedures should be followed when a nurse working in a school building is self-employed or employed by an outside agency assigned to provide nursing services to a student or group of students?**

Procedures that govern health care for students, including care provided by nurses from outside agencies, should be established by school policy and medical director protocols. Procedures should address situations where:

- i. There is a school employed RN in the building;
- ii. There is a school employed RN in the school or school district; or
- iii. There is no school employed RN.

The private duty or agency employed nurses assigned to provide care to particular student(s), referred to as the *assigned nurse*, should provide the school with the following:

- Copies of the assigned nurse's current New York State license. Schools may also verify licensed and registration of the nurse through the [Education Department's Office of Professions Online Verification](#) ;
- If the assigned nurse is an LPN- The name and contact information of the directing RN or other appropriate licensed health professional;
- Name and limitation of liability and workers compensation insurance;
- New York State Medicaid provider number of the nurse if appropriate;
- Copy of nursing documentation of care and/or medications the assigned nurse provided to the student at school or school sponsored events, including pertinent medical records such as private healthcare provider's orders and medical management protocols for the student;
- Emergency data with relevant emergency phone numbers;
- individualized health care plan for the student; and

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<sup>1</sup> To have the student's approved private duty nursing hours adjusted to be included or reassigned for use during the school day, see additional information regarding the process for requesting Medicaid FFS private duty nursing for school in the [New York State Medicaid Program's Private Duty Nursing Manual Prior Approval Guidelines](#)

- Consent form signed by parent/guardian allowing the assigned nurse and the school nurse and/or medical director to share information reciprocally.

These documents should be reviewed by the medical director and/or school nurse and be updated annually or sooner if necessary. Copies of all healthcare provider orders, health information, and nursing documentation provided at school is to be filed in the student's cumulative health record. Copies of such documentation can be provided to the assigned nurse to meet employer or billing requirements.

Nurses assigned to provide care for specific student(s) may not substitute for the school building nurse unless they are employed by the school. However, this may not be done if it will leave a student without the services they need to attend school.

Nurses not employed by the school should be expected to abide by the health and administrative policies of the school board or governing body (i.e. confidentiality of other students, notification to the school nurse or administrator when in the building, evacuation and emergency procedures, etc.).

### **The School Nurse**

The school employed RN assigned to the school building where assigned nurses are located (or the school medical director if there is no school employed RN, LPNS cannot supervise other nurses) is responsible for assessing the quality of care provided to the student by the assigned nurse and that it is in accordance with healthcare provider's orders. This should be accomplished by periodic observations of the provision of care by the assigned nurse(s) along with review of the healthcare provider's orders and documentation. Such review and observations should be documented in the student's CHR. Additionally procedures should be established by the school governing body for the school employed RN to follow if the he/she determines that an assigned nurse is performing a procedure in an unsafe manner.

Although the school employed RN or medical director oversees the care provided to the student, he/she should not be responsible for supervising or directing a nurse not employed by the school. A school building nurse should never be expected to substitute for the assigned nurse in providing constant care of student(s).

The assigned nurse and the school building nurse should work together to develop plans to ensure that the student's health needs will be met (i.e., an emergency, evacuation).

### **ADDITIONAL INFORMATION**

For information regarding the provision of school health services to students with special health care needs, please contact the Office of Student Support Services, 518-486-6090 or [studentsupportservices@nysed.gov](mailto:studentsupportservices@nysed.gov)

## ATTACHMENT A

In schools, Nursing Activities/Tasks that may only be performed by **Registered Professional Nurses (RN) or Licensed Practical Nurses (LPN) under the direction of an RN, physician, nurse practitioner, physician assistant.** (list is not all inclusive)

**\* May only be performed by a registered professional nurse (RN)**

- ✓ \* Assessment and triage
- ✓ Administration of oral, Nasogastric tube (NG), Gastrostomy tube (GT), ocular, ear, nose, respiratory, subcutaneous, intramuscular, \* intravenous, and rectal or vaginal medications
- ✓ \* IV Parenteral Nutrition
- ✓ \* Assessment and care of indwelling lines (e.g. PICC)
- ✓ Intake and output measurements of gastric and parenteral fluids
- ✓ Feeding students with feeding risks (i.e. aspiration)
- ✓ Initiation and cessation of gastrostomy tube feeding by bolus or drip with or without pump.
- ✓ Replacement of nasogastric or gastric tube
- ✓ \* Replacement of PEG or Mic-Key button
- ✓ Nasogastric tube feeding
- ✓ Oxygen administration (pm/intermittent) or initiation of continuous oxygen
- ✓ Oropharyngeal or tracheostomy suctioning
- ✓ Tracheostomy care, including removal and cleaning of inner cannula
- ✓ \* Replacement of tracheostomy outer cannula
- ✓ \* Respirator/ventilator care

## ATTACHMENT A

- ✓ Respiratory care (i.e. postural drainage and cupping)
- ✓ Urinary catheterization, Reinsertion of an indwelling urinary catheter
- ✓ Ostomy care (care of stoma and changing the appliance) and irrigation
- ✓ Warm applications
- ✓ Sterile dressings, Decubitus ulcer care, cast care
- ✓ Observation of shunt function- LPNs must report changes in student's baseline to directing practitioner
- ✓ Venous blood draws (excludes fingerstick)



## ATTACHMENT B

In schools, health task/activities that may be performed by **trained unlicensed school personnel as assessed and approved by the school nurse (RN) or medical director** consistent with state laws. (list is not all inclusive)

- ✓ Measurement and recording of vital signs that can be performed according to standard procedures
- ✓ Fingertick blood glucose or ketone tests, using glucometer or blood ketone meter
- ✓ Urine test with urine test strip
- ✓ Administer glucagon or epinephrine auto-injector to students with patient specific orders in accordance with Education Law;
- ✓ Administer epinephrine auto-injectors on site to any staff or student, or naloxone in accordance with Public Health Laws; or
- ✓ Assisting supervised students to take their own oral, topical and inhalant medication according to [NYSED's Medication Management Guidelines for Schools](#)
  
- ✓ Application of small clean dressings (band aids) per health services protocols
- ✓ Ostomy care (emptying bag and observing the integrity of the bag for possible replacement by a licensed nurse)
- ✓ Observation to ensure continuous flow of an established drip method gastrostomy tube feeding that has been initiated by the nurse
- ✓ Termination of a drip method gastrostomy tube feeding after completion of the feeding **if flushing** is not involved
- ✓ Intake and output measurement and recording (except gastric and parenteral fluids)
  
- ✓ Observing that equipment used to administer continuous flow oxygen is working and that all tubes are in place
- ✓ Oral suctioning (mouth only, not pharynx)
- ✓ External catheter care
- ✓ External care of indwelling catheter
- ✓ Transfers and/or positioning
- ✓ Aspects of a prescribed exercise and/or range of motion program

## ATTACHMENT B

- ✓ Assistance with braces and prostheses
- ✓ Assisted ambulation (crutches, walker, cane)
- ✓ Positioning

## ATTACHMENT C

In schools, Health activities/tasks that may be performed by unlicensed school personnel, generally not requiring involvement of the school nurse or other health professionals. (list is not all inclusive)

- ✓ Oral hygiene or nail, hair and skin care
- ✓ Preparing nourishment
- ✓ Feeding student orally if there are no feeding problems
- ✓ Care of an incontinent student, including changing diapers
- ✓ Assistance with bedpan and urinal
- ✓ Non-medical aspects of bowel and bladder training
- ✓ Assistance with clothing