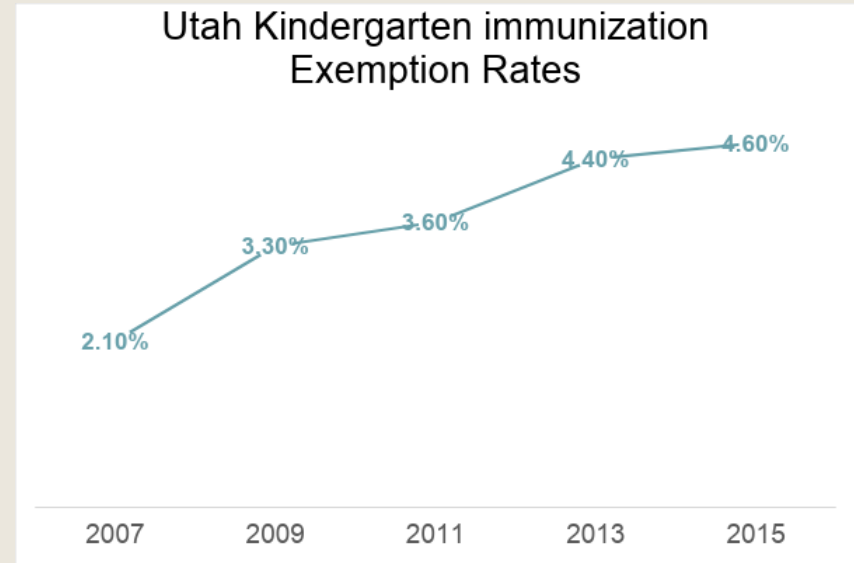


# BARRIERS TO THE SCHOOL NURSES ROLE DURING A DISEASE OUTBREAK

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# Declining immunization rates

- Exemptions rose 2.5% between 2007 and 2015
- 94.5% exemptions for philosophical reasons
- Increase in disease outbreaks in the past 5 years



# Current State

- School nurses are effective in increasing overall health of students and communities
- School nurse expertise should be used to prevent and control disease outbreaks
- Plan for disease outbreaks varies by school, district, and region
- Varying expectations and procedures for school nurses

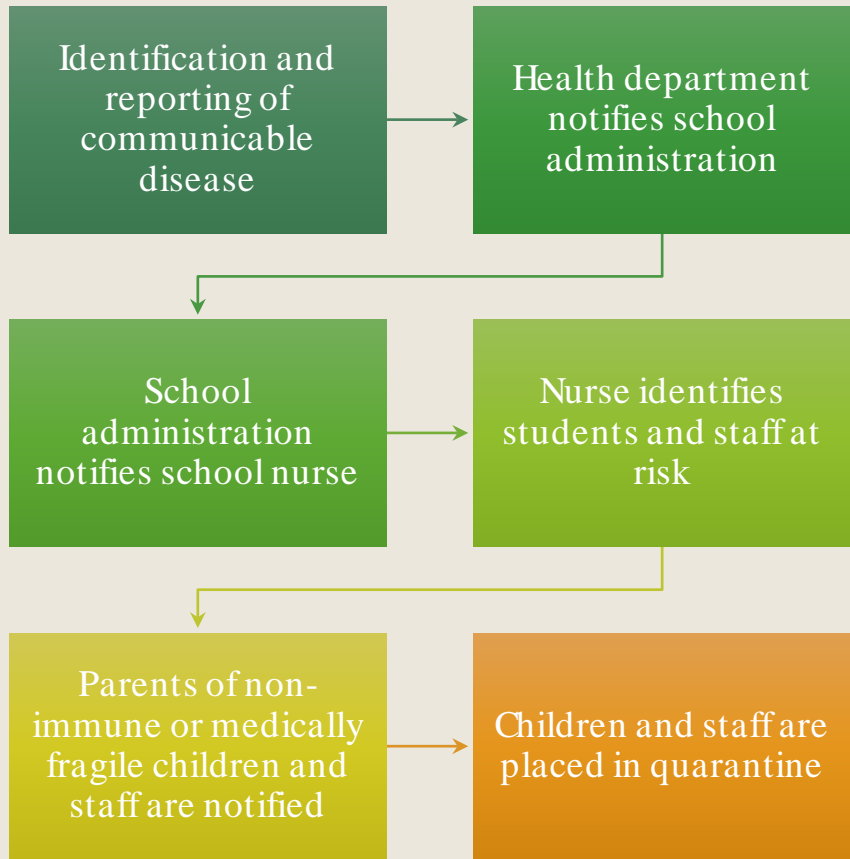


# Purpose

- Identify response algorithm for disease outbreak in schools
- Identify barriers for school nurses and how the system could be improved



# Response Algorithm

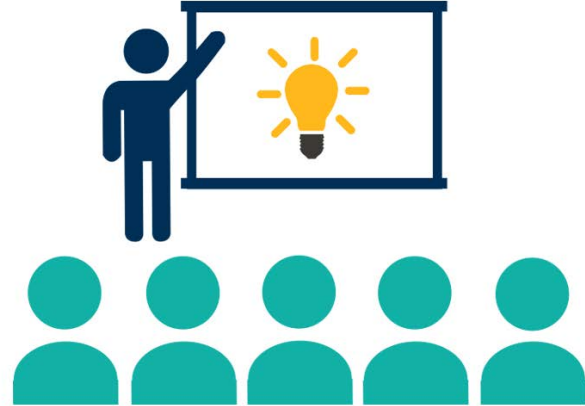


# Barriers

1. No training
2. Nurses assigned to too many schools
3. Poor communication with school administration and health department
4. Social media messages from parents
5. Mixed messages from pediatricians
6. Medically fragile students
7. No records of immunization of school teachers and staff
8. Increased exemptions and increased disease outbreaks

# Training for Nurses

- Limited to no training
- “Trained” when an outbreak occurs
- Would like an updated, standard manual and training upon hire

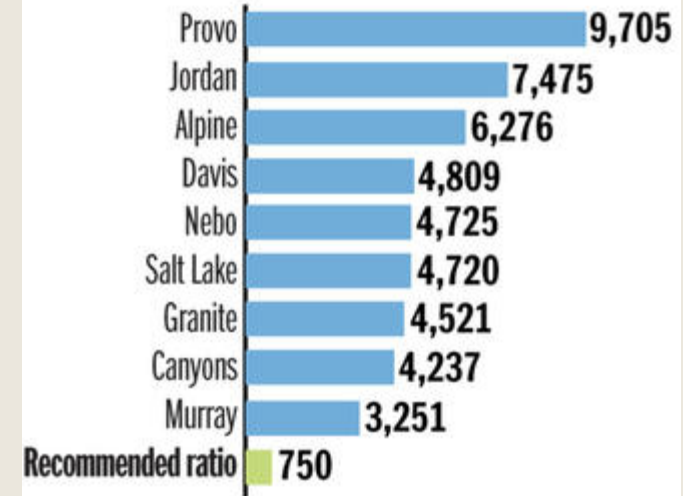


# Nurse to Student Ratio

- American Academy of Pediatrics recommends 1:750 and at least 1 nurse in every school
- Utah average 1:4,300
- Average Utah school nurse covers 5 to 15 schools
- Visits schools every few days to every 2 weeks
- Nurses stretched thin to accomplish all required tasks

## Students per full-time school nurse

Until this year, the American Academy of Pediatrics recommended a 1:750 nurse-to-student ratio. They now recommend at least one full-time registered nurse in every school



SOURCE: Utah Department of Health DESERET NEWS GRAPHIC



# Poor Communication

- Communication with health department causes delays
  - *Better for nurses employed by health department*
- Impaired communication with school administration
  - *Administrators wait for the nurse to visit to report illnesses*
  - *“I know that [failing to contact the nurse about illness in the classroom] was an issue with some schools no matter how many times I told them, ‘You’ve got to let me know by email or call, I need to know this.’”*
- Communication with school must be strong to enforce school exclusions



# Poor Communication

- Mixed messages from pediatricians
- Doctors' notes excusing immunizations or saying students "accept the risk" of spreading disease and want to return to school early



# Communication with Parents

- Health Department essential in fielding calls from worried parents
- Social media causing panic and outrage
  - *No training for nurses for dealing with social media*
- Can result in confidentiality breach as parents use social media to share which kids are sick



# Medically Fragile Students

- Significant health problems or a single major chronic health problem, one or more conditions that are not well managed, or have sustained debilitating injury
- Guidelines very unclear, vary by student
- Nurse concerned they would “miss somebody”, allowing exposure



# Staff Records

- Staff also excluded in an outbreak if non-immune
- No required records of immunization for staff
- Nurses lose time contacting staff one-by-one for immunization records
- Staff may be excluded for not finding immunization records quickly enough



# Implications

- Standard training for all school nurses would improve outbreak response
- Lower nurse to student ratio would allow nurses to be more effective
- Policies for staff to report immunizations would allow nurses to work more efficiently

# Questions

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