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OCCUPATIONAL HEALTH: STUDY GUIDE

INTRODUCTION

Occupational Health Nursing (OHN) is a specialized field dedicated to promoting and delivering health and safety programs and services to workers, worker populations, and community groups. This briefing summarizes the core tenets of OHN, encompassing its historical evolution, scope of practice, key roles, theoretical frameworks, regulatory landscape, and the crucial challenges and opportunities facing the profession. "No work is completely risk-free," underscoring the necessity for nurses to be knowledgeable about workforce populations, hazards, and effective control measures to improve health.

I. DEFINITION AND SCOPE OF OCCUPATIONAL HEALTH NURSING

Occupational health nursing is a "specialty practice that provides for and delivers health and safety programs and services to workers, worker populations, and community groups."

OHNs integrate "nursing science, medical science, public health, environmental health, toxicology, safety, industrial hygiene, and ergonomics" to fulfill their responsibilities. Their practice is guided by the American Association of Occupational Health Nurses (AAOHN) Code of Ethics.

The scope of services provided by OHNs is broad, ranging from "those focused only on work-related health and safety problems to a wide scope of services that includes primary care." These services are designed to be "comprehensive and cost-effective."

II. HISTORICAL EVOLUTION AND PROFESSIONAL ORGANIZATIONS

Occupational health nursing traces its origins to 1888, initially focusing on industrial settings like coal mines. Significant growth occurred post-World War I, leading to the formation of professional bodies.

The "American Association of Occupational Health Nurses (AAOHN) is the professional organization for occupational health," setting standards and advocating for the profession.

Academic education for OHNs is "generally at the graduate level; however, many nurses with an associate degree in nursing or bachelor’s degree in nursing can work in occupational health." Certification options, such as COHN-S and COHN, further professionalize the field.

III. ROLES AND PROFESSIONALISM IN OCCUPATIONAL HEALTH NURSING

The roles of the occupational health nurse are diverse and multifaceted, including:

Clinician: Providing direct care and health assessments.

Case Manager: Coordinating care for injured or ill workers, facilitating return-to-work, and managing disability. "Case management in an occupational health program is important for coordinating the care of injured or ill workers, facilitating their recovery, and supporting their return to work."

Coordinator: Managing various health and safety initiatives.

Manager: Overseeing occupational health programs and services.

Educator: Teaching workers about "workplace hazards and preventive measures."

Consultant: Offering expert advice on occupational health matters.

Researcher: Investigating workplace illnesses, injuries, and health outcomes.

Interdisciplinary collaboration is a cornerstone of OHN practice, with nurses working as part of a "core team" that optimally includes "occupational health nurse, occupational physician, industrial hygienist, safety professional."

IV. WORKERS AS A POPULATION AGGREGATE

The characteristics of the workforce are "rapidly changing," necessitating an adaptive approach to occupational health. Key demographic shifts include:

Aging Workforce: An increasing proportion of workers are over 55, and many over 65, which can lead to a "increased prevalence of chronic health conditions among older workers and their potentially slower recovery from injuries."

Increasing Diversity: More women and racial/ethnic minorities are entering the workforce.

Economic Shift: A "dramatic shift in types of jobs held by workers," moving from manufacturing to a "service and technology-based economy."

These changes significantly impact "work-health interactions," which describe the "influence of work on health...shown by statistics on illnesses, injuries, and deaths associated with employment."

V. APPLICATION OF THE EPIDEMIOLOGIC MODEL

The Epidemiologic Triad (Host, Agent, Environment) is a fundamental framework for understanding and preventing work-related illnesses and injuries:

Host: "The worker, including their individual characteristics (age, gender, health status, lifestyle, behaviors)." These factors influence susceptibility.

Agent: "Factors causing illness or injury" such as:

- Biological agents: "Bacteria, viruses, fungi, parasites" (e.g., healthcare workers, agriculture).
- Chemical agents: "Acids, solvents, gases, dusts, metals" (e.g., manufacturing).
- Physical agents: "Noise, vibration, radiation, temperature extremes, lasers."
- Psychosocial agents: "Stress, workload, shift work, harassment." "An example of a psychosocial hazard is high job strain due to excessive workload and lack of control."
- Mechanical agents: "Falls, cuts, repetitive motion, heavy lifting."

Environment: "External factors influencing the interaction (physical, social, political, economic, organizational)." This includes workplace conditions and broader community influences.

VI. ORGANIZATIONAL AND PUBLIC EFFORTS TO PROMOTE WORKER HEALTH AND SAFETY

A. ON-SITE OCCUPATIONAL HEALTH AND SAFETY PROGRAMS

These programs offer a range of services including:

Medical/health surveillance.

Workplace monitoring.

Health assessments, injury/illness management.

Health promotion.

Regulatory compliance.

"Risk Assessment: Identifying and evaluating potential hazards in the workplace."

A key component is the "worksite walk-through," a "systematic observation of the workplace to identify hazards and assess worker exposures."

B. NURSING CARE OF WORKING POPULATIONS

OHN care involves:

Worker assessment: Including "traditional history and physical assessment, emphasizing exposure to occupational hazards," and an "occupational health history."

Health and Safety Education: "Teach about workplace hazards and preventive measures."

Emergency Preparedness: Developing and implementing "effective disaster plans" designed by those with "knowledge of the work processors and materials, the workers and workplace, and the resources of the community."

C. HEALTHY PEOPLE 2030

This national health objective "Identifies the national health objectives aimed at reducing the risk of occupational illnesses and promoting safety." It proposes "health education and health protection strategies...to address the needs of large population groups such as the American workforce." Objectives include reducing work-related deaths, injuries, and illnesses.

D. LEGISLATION RELATED TO OCCUPATIONAL HEALTH

Several key legislative acts govern occupational health and safety:

Occupational Safety and Health Administration (OSHA): A "federal agency charged with improving worker health and safety by establishing standards and regulations and by educating workers." OSHA's primary function is "regulatory and enforcement."

National Institute for Occupational Safety and Health (NIOSH): "The branch of the US Public Health Service that is responsible for investigating workplace illnesses, accidents, and hazards." NIOSH's role is primarily "research, training, providing scientific information." OSHA and NIOSH "complement each other" in their functions.

Hazard Communication Standard: The "right-to-know" standard, requiring "all manufacturing firms to inventory toxic agents, label them, develop information sheets, and educate employees about these agents."

Worker Compensation Acts: "State laws that govern financial compensation to employees who suffer work-related health problems; vary from state to state."

Superfund Amendment and Reauthorization Act (SARA): Relevant to disaster planning, particularly for hazardous materials incidents.

VII. ENVIRONMENT

The workplace "environment" significantly impacts worker health. This includes the "physical environment" with its various hazards and the "psychosocial environment" encompassing factors like work organization, job demands, and social support. "Occupational health is closely linked with public health because healthy workers contribute to a healthy community, and community health issues can impact worker well-being." Furthermore, "workplace exposures can sometimes extend to the broader community, making their prevention a public health concern."

PUBLIC HEALTH NURSE

EXECUTIVE SUMMARY

Faith Community Nursing (FCN), formerly known as parish nursing, is a specialized practice of professional nursing that integrates intentional spiritual care with the promotion of whole-person health and illness prevention within faith communities and the wider public. This unique nursing specialty leverages the trust and existing infrastructure of faith-based organizations to provide cost-effective, holistic care, particularly for vulnerable and underserved populations. Rooted in Judeo-Christian traditions of healing, FCN has evolved significantly since its formal introduction in 1984 by Lutheran chaplain Granger Westberg, gaining recognition from the American Nurses Association (ANA) and expanding globally. Key themes include the central role of spiritual care, the holistic nature of care, the importance of community partnerships, and the ongoing challenges related to professional recognition, documentation, and funding.

I. ROLES OF LOCAL, STATE, AND FEDERAL PUBLIC HEALTH AGENCIES

FEDERAL AGENCIES:

Develop regulations implementing policies from Congress.

Provide significant funding to state/territorial health agencies.

Key functions: providing public health services, surveying national health status, setting practice standards, providing expertise for evidence-based practices, coordinating interstate public health activities, and supporting health services research.

Examples: USDHHS (CDC, HRSA, AHRQ, FDA), EPA.

STATE AGENCIES:

Monitor health status and enforce laws/regulations for public health protection and improvement.

Distribute federal and state funds to local agencies for community-level program implementation (e.g., communicable disease, maternal and child health, chronic disease prevention, injury prevention).

Provide oversight and consultation to local agencies.

Delegate public health powers (e.g., quarantine) to local health officers.

LOCAL AGENCIES:

Responsibilities vary by locality.

Implement and enforce local, state, and federal public health codes and ordinances.

Provide essential public health programs to the community.

Goal: safeguard and improve the community's health status.

Common activities across all levels: collecting vital statistics, health education, communicable disease investigation/control, environmental protection, providing services to at-risk populations, disaster planning/response, identifying public health problems, conducting community assessments, and partnering with other organizations.

II. HISTORY AND TRENDS OF PUBLIC HEALTH

Increased Life Expectancy: Public health efforts account for a significant portion (25 years) of the increased life expectancy since 1900, primarily through prevention.

Evolution of Scope: Expanded beyond communicable disease, occupational health, and environmental health to include reproductive health, chronic disease prevention, and injury prevention.

Medicaid Managed Care Shift: Emphasis shifted from primary health care services to core public health activities (e.g., disease/injury investigation, population health assessment, community health planning, environmental health).

Emerging Issues: Current and future challenges include "newly emerging communicable diseases, preventing bioterrorism and violence, and handling and disposing of hazardous waste."

IOM 21st Century Priorities: The Institute of Medicine (IOM) identified seven priorities for public health:

- "Understand and emphasize the broad determinants of health."
- "Develop a policy focus on population health."
- "Strengthen the public health infrastructure."
- "Build partnerships."
- "Develop systems of accountability."
- "Emphasize evidence-based practice."
- "Enhance communication."

Public Health 3.0 Call to Action: Recommendations include public health leaders acting as "chief health strategists," strengthening partnerships, encouraging accreditation, improving data accessibility and metrics, and enhancing funding through innovative models.

Impact of Disasters and Pandemics: Events like 9/11, anthrax exposures, H1N1, Ebola, Zika, and especially COVID-19, have highlighted weaknesses in the public health infrastructure and the critical need for rapid response and coordination.

III. THE CENTRAL ROLE OF NURSING IN PUBLIC HEALTH

Public Health Definition (Winslow): "The science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort."

Public Health Nursing Practice: Synthesis of nursing theory and public health theory applied to promoting, preserving, and maintaining the health of populations through direct and indirect services.

Distinguishing Public Health Nurses: Possess additional knowledge and skills to focus on the health needs of populations beyond individuals.

Focus on Prevention: Public health nurses emphasize "the prevention of illness, injury, or disability and on the promotion and maintenance of the health of populations." Prevention strategies operate at:

- **Local Level:** Community education, neighborhood awareness, zoning law changes (e.g., "for the creation of bike paths or that reduce the number or density of liquor stores").
- **State Level:** Inspections and regulations for food service, pools, hazardous waste, supporting health screening, and anti-smoking campaigns.
- **National Level:** Initiatives, regulatory programs, and policies like the "Clean Water Act, National Tobacco Control Program, National Asthma Control Program."

Functions of Public Health Nurses: Their roles are diverse and include:

- **Advocate:** "Collects, monitors, and analyzes data and discusses with the client which services are needed."
- **Case Manager:** Assists clients in "identifying and obtaining the services they need the most at the least cost."
- **Referral Resource:** Maintains "current information about health and social services available within the community."
- **Assessor of Literacy:** Recognizes and addresses clients' abilities to understand health information.
- **Educator:** Identifies community needs and "develops and implements educational activities aimed at changing behaviors over time."
- **Direct Primary Caregivers:** Provide services, particularly in response to "identified gap[s] to which the private sector is unable to respond," such as prenatal services for uninsured women or immunization services.
- **Role Model:** Exemplifies healthy behaviors and professional conduct.
- **Disaster Responders/Incident Commander:** Essential in emergency preparedness, providing education, establishing mass-dispensing clinics, and conducting surveillance. "Nurses in this role take on functions that include… Providing education that will prepare communities to cope with disasters."

IV. KEY ISSUES AND TRENDS AFFECTING PUBLIC HEALTH NURSING

Drug Resistance: "Increasing rates of drug resistance to community-acquired pathogens," such as tuberculosis. Nurses can influence this by "objecting to inappropriate use of antibiotics by providers and educating individuals, families, health care providers, and the community."

Social Issues: "Welfare reform" and its impact on access to preventive services and child care. Nurses "assess the problem and determine what is wrong with a system that forces parents to go to work... but

does not provide for child care."

Racial and Ethnic Disparities: "Minority groups receive lower-quality health care than do White people, regardless of insurance status, income, and severity of the condition." Public health nurses work "to promote equal access to health care, including health literature and spoken services that reflect the community."

Behaviorally Influenced Issues: Chronic diseases, violence, and substance abuse.

Emergency Preparedness: A growing focus, especially after events like anthrax exposures and the COVID-19 pandemic, highlighting the need for robust public health infrastructure and nurse involvement in response.

Unequal Access to Healthcare: Nurses work as case managers and at the policy level to address this, identifying service gaps and advocating for vulnerable populations. The Affordable Care Act (ACA) is noted for expanding preventive services and Medicaid coverage.

V. EDUCATION AND COMPETENCIES FOR PUBLIC HEALTH NURSES

Educational Requirement: The "Association of Community Health Nursing Educators (ACHNE) states that the educational preparation of nurses in community health should be at least a baccalaureate degree."

Core Public Health Competencies: These represent "a set of skills, knowledge, and attitudes necessary for the broad practice of public health," divided into eight domains:

- Analytic/assessment skills
- Basic public health sciences skills
- Cultural competency skills
- Communication skills
- Community dimensions of practice skills
- Financial planning and management skills
- Leadership and systems thinking skills
- Policy development and program planning skills

Specialized Competencies: Public health nurses also possess specialized competencies as outlined in the Scope and Standards of Public Health Nursing Practice (American Nurses Association).

Ongoing Education: Rapid changes in public health underscore the need for "ongoing education and training as public health changes."

VI. NATIONAL HEALTH OBJECTIVES AND PARTNERSHIPS

Healthy People Objectives: "Healthy People 2030 Objectives will guide the work of PH nurses over the next decade." These objectives are revisited every 10 years and are developed through collaboration among federal, state, and local agencies, the private sector, and the public.

Partnerships and Coalitions: "New partnerships develop related to specific goals. Communities may develop coalitions to address selected objectives, based on community needs, to include all of the local community stakeholders, such as social services, mental health, education, recreation, government, and businesses."

Principles of Partnership: Effective partnerships are characterized by "mutual trust, respect, genuineness, and commitment," balanced power, clear communication, shared benefits, and established processes for decision-making and conflict resolution.

CONCLUSION

Faith Community Nursing offers a unique and vital approach to healthcare, deeply rooted in community and spiritual care. By integrating professional nursing with the intrinsic values and trust within faith communities, FCNs provide holistic, cost-effective care, address health disparities, and contribute significantly to public health objectives. Continued recognition, formalized support, and robust documentation will be crucial for the ongoing growth and impact of this essential nursing specialty.

QUIZ: PUBLIC HEALTH NURSING FUNDAMENTALS

Instructions: Answer each question in 2-3 sentences.

1. What is the primary role of federal public health agencies in the United States, and how do they support state and local efforts?
2. Describe the key responsibilities of state public health agencies, including their financial role regarding local agencies.
3. How do local public health agencies primarily serve their communities, and what is their overarching goal?
4. Identify two significant historical trends that have shaped the scope of public health beyond its initial focus on communicable diseases.
5. What is Winslow's classic definition of public health, and how does it relate to the focus of public health nursing?
6. Explain how the shift to Medicaid managed care influenced the activities of many public health agencies.
7. List three emerging public health issues that nurses in the 21st century are currently facing.
8. According to ACHNE, what is the recommended minimum educational preparation for public health nurses, and why is this emphasized?
9. Name three distinct functions or roles of public health nurses as discussed in the text.

10. How do public health nurses contribute to addressing racial and ethnic disparities in health outcomes?

QUIZ ANSWER KEY

1. Federal public health agencies primarily develop regulations to implement policies from Congress and provide significant funding to state and territorial health agencies. This support enables states to provide public health activities, survey health status, set standards, and coordinate cross-state public health efforts.

2. State public health agencies are responsible for monitoring health status and enforcing laws that protect and improve public health. They distribute federal and state funds to local public health agencies to implement community-level programs and provide essential oversight and consultation.

3. Local public health agencies are responsible for implementing and enforcing public health codes and providing essential health programs directly to a community. Their overarching goal is to safeguard the public's health and improve the community's overall health status.

4. Historically, public health expanded significantly beyond its initial focus on communicable disease prevention, occupational health, and environmental health to include reproductive health and chronic disease prevention. Another trend is the shift under Medicaid managed care, emphasizing core public health activities over direct personal health care services.

5. Winslow defined public health as "the science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort." Public health nursing synthesizes nursing and public health theory to apply this definition to the health of populations.

6. The shift to Medicaid managed care resulted in many public health agencies no longer primarily providing personal health care services. Instead, their emphasis moved towards core public health activities like investigating and controlling diseases, assessing population health, and planning community health initiatives.

7. Three emerging public health issues include increasing rates of drug resistance to community-acquired pathogens, preventing bioterrorism and violence, and handling and disposing of hazardous waste. The text also highlights newly emerging communicable diseases as a major challenge.

8. The Association of Community Health Nursing Educators (ACHNE) recommends at least a baccalaureate degree for public health nurses. This is emphasized due to the increasing complexity of healthcare delivery in public health and the need for a strong public health system.

9. Public health nurses function in many roles, including advocate, case manager, and educator. They also serve as referral resources, direct primary caregivers in certain situations, and disaster responders.

10. Public health nurses contribute by working as case managers and at the policy level to promote equal access to healthcare. They ensure that health literature and spoken services reflect the community, partner with agencies for culturally appropriate services, and identify/alert the community to service gaps.

ESSAY FORMAT QUESTIONS (NO ANSWERS)

1. Analyze the interdependent relationships between local, state, and federal public health agencies. Provide specific examples of how their roles intersect and collaborate to achieve national health objectives, and discuss potential challenges in this partnership.

2. Discuss the evolution of public health from the early 20th century to the present day, highlighting how historical events and policy changes (e.g., Medicaid managed care, post-9/11) have reshaped its scope and priorities.

3. Evaluate the critical role of public health nurses in addressing health disparities and promoting health equity within communities. How do their diverse functions, such as case management and advocacy, specifically contribute to improving access and outcomes for vulnerable populations?

4. Examine the significance of "partnerships" in public health, as defined by the Community-Campus Partnerships for Health (CCPH). Discuss why collaboration is essential for effective public health programs and illustrate with examples from the text.

5. Describe the essential competencies and educational preparation required for public health nurses in the 21st century. How do these requirements equip nurses to respond to emerging public health challenges, including infectious disease outbreaks and disaster preparedness?

GLOSSARY OF KEY TERMS

Advocate:
A public health nurse function where the nurse collects and analyzes data, discusses services needed with clients (individuals, families, or groups), develops effective plans, and helps implement them to foster client independence in decision-making and service acquisition.

Assessor (of literacy):
A public health nurse function that involves recognizing and addressing clients' limitations in reading, writing, and clear communication, while being culturally sensitive to ensure understanding of health information.

Case Manager:
A major role for public health nurses involving the use of the nursing process (assessing, planning, implementing, evaluating) to meet client needs, often through complex communications and by linking individuals to needed health and social services at the least cost.

Core Public Health Competencies:
A set of skills, knowledge, and attitudes identified by the Council on Linkages Between Academia and Public Health Practice, deemed necessary for the broad practice of public health across all providers, including nurses.

Disaster Responders:
A role of public health nurses during emergencies, involving assessment, planning, implementing, and evaluating needs and resources for affected populations, regardless of the disaster's scale or cause.

Educator:
A public health nurse function focused on teaching clients at their comprehension level, identifying community needs, and developing/implementing educational activities to promote behavior change over time.

Emergency Preparedness Activities:
Planning for and responding to natural and human-made disasters and emergencies, a key function of local, state, and federal public health agencies, with nurses playing a crucial role.

Evidence-Based Practice:
The use of current, high-quality research evidence in conjunction with clinical expertise and patient values to make healthcare decisions; emphasized as a priority for public health in the 21st century.

Federal Public Health Agencies:
National-level government bodies (e.g., USDHHS, EPA) that develop regulations, implement policies, provide funding, set standards, and coordinate public health activities that cross state lines.

Healthy People 2030:
A set of national health objectives that guide the work of public health professionals, including nurses, over a decade, often leading to new partnerships and community coalitions to address specific goals.

Incident Commander:

A leadership role, often filled by public health nurses during a widespread public health emergency or disaster, involving functions like providing education, establishing mass-dispensing clinics, and conducting enhanced surveillance.

Local Public Health Agencies:
Community-level government entities responsible for implementing and enforcing public health codes and ordinances, and providing essential public health programs directly to the population served.

Multidisciplinary Teams:
Groups of professionals from different fields (e.g., nurses, physicians, epidemiologists, health educators) who collaborate on public health initiatives and programs.

Outreach Workers:
Staff in public health agencies or community organizations who engage with populations to identify needs, provide information, and connect individuals to services, often reaching those with limited access to care.

Partnerships/Coalitions:
Formal or informal agreements and collaborations between various providers, agencies, and groups (e.g., social services, mental health, education, businesses) to implement public health programs and improve population health.

Population Health:
An approach to health that aims to improve the health outcomes of a group of individuals, often focusing on broad determinants of health and disease prevention for the entire community.

Primary Caregivers (Direct Primary Caregivers):
A function of public health nurses, particularly in situations where the private sector cannot respond, providing direct health services to fill identified gaps (e.g., prenatal care for uninsured, immunizations).

Public Health:
Defined as "the science and art of preventing disease, prolonging life, and promoting health and efficiency through organized community effort," focusing on the health of populations.

Public Health Nurses (PHN):
Nurses whose practice synthesizes nursing theory and public health theory to promote, preserve, and maintain the health of populations through the delivery of personal health services to individuals, families, and groups.

Public Health Programs:
Organized community efforts designed with the goal of improving a population’s health status, extending beyond direct healthcare administration to include assessment, education, and disease surveillance.

Referral Resource:
A public health nurse function involving maintaining current information about available health and social services in the community and educating clients on how to utilize these resources effectively for self-care or other needs.

Role Model:
A public health nurse function where the nurse exemplifies healthy behaviors and professional conduct, inspiring others in the community.

Scope and Standards of Public Health Nursing Practice:
A publication by the American Nurses Association (ANA) that outlines the specialized competencies and framework for nursing practice in public health.

State Public Health Agency:
Official government body at the state or territorial level responsible for monitoring health status, enforcing laws, distributing funds, and providing oversight for local public health agencies.

Vital Statistics:

Data collected and analyzed by public health agencies, including births, deaths, marriages, and divorces, used to understand population health trends and needs.

FAITH COMMUNITY NURSE

EXECUTIVE SUMMARY

Faith Community Nursing (FCN), formerly known as parish nursing, is a specialized practice of professional nursing that integrates intentional spiritual care with the promotion of whole-person health and illness prevention within faith communities and the wider public. This unique nursing specialty leverages the trust and existing infrastructure of faith-based organizations to provide cost-effective, holistic care, particularly for vulnerable and underserved populations. Rooted in Judeo-Christian traditions of healing, FCN has evolved significantly since its formal introduction in 1984 by Lutheran chaplain Granger Westberg, gaining recognition from the American Nurses Association (ANA) and expanding globally. Key themes include the central role of spiritual care, the holistic nature of care, the importance of community partnerships, and the ongoing challenges related to professional recognition, documentation, and funding.

I. DEFINING FAITH COMMUNITY NURSING (FCN)

Specialized Professional Nursing Practice: FCN is defined by the American Nurses Association (ANA) as "a specialized practice of professional nursing that focuses on the intentional care of the spirit as well as the promotion of whole-person health and the prevention or minimization of illness within the context of a faith community and the wider community" (ANA/HMA, 2017).

Evolution of the Title: The title officially changed from "parish nurse" to "faith community nurse" in 2005 to be more inclusive of diverse faith traditions and in response to international considerations. Other titles include congregational nurse, health ministry nurse, crescent nurse, or health and wellness nurse.

Qualifications of an FCN: A nurse in the faith community is a licensed registered nurse with "well-developed clinical and interpersonal skills, a strong personal religious faith, and a desire or felt call to serve the needs of a faith community" (O'Brien, 2017). They require additional education in spiritual care and a deep understanding of the faith community's traditions, integrating spiritual care with body and mind care.

Core Assumptions:

- Health and illness are human experiences.
- Health is the integration of spiritual, physical, psychological, and social aspects, leading to harmony with self, others, environment, and a higher power.
- Health can exist even in the presence of disease or injury.
- Illness does not preclude health, nor does optimal health preclude illness.

- Healing is the process of integrating body, mind, and spirit for wholeness and well-being, even when a cure is not possible.

II. KEY CONCEPTS IN FCN

Faith Communities: Defined as "organizations of groups, families, and individuals who share common values, beliefs, religious doctrine, and faith practices that influence their lives," serving as a patient system and setting for nursing practice (ANA/HMA, 2017). Examples include churches, synagogues, temples, mosques, and other faith-based organizations.

Health Ministries: "Visible activities, programs, and rituals of faith organized around health and healing of the congregation's membership and offered by the nurse, clergy, layperson, or community resource." These can be informal or planned, encompassing activities like home visitation, meal provision, grief support, and addressing spiritual, emotional, and physical needs.

Spiritual Care vs. Religious Care:

- **Spiritual Care:** Acknowledges "a person's sense of meaning and purpose in life, which may or may not be expressed through formal religious beliefs and practices." It involves acts of listening, compassionate presence, prayer, and helping clients find meaning and hope. It is unique to the individual's purpose in life and living it wholeheartedly. "Unique to the faith community as a specialty practice for nurses is the primary focus on care of the spirit, with spirit defined as the core of a person's being."
- **Religious Care:** Stems "from the doctrine, rites, and rituals of a specific denomination or set of beliefs." Nurses often confuse religiosity (beliefs/behaviors associated with a specific tradition) with spirituality, highlighting the need for additional spiritual care training.

Holistic/Whole-Person Care: Emphasizes the "relationship between body, mind, and spirit in a constantly changing environment" and involves "caring for the soul in a special kind of engagement that goes beyond seeing the physical patient but includes observation of the entire patient" (Dossey and Keegan, 2016). This approach is often enhanced by a "wellness committee or health cabinet" composed of congregants, including health professionals, who guide health ministries.

Healing: "The process of integrating the body, mind, and spirit to create wholeness, health, and a sense of well-being when the health care consumer's illness is not cured."

III. HISTORICAL CONTEXT AND EVOLUTION

Judeo-Christian Roots: Nursing within faith communities has historical roots in traditions of women providing care to the sick and needy, with Catholic sisters and Protestant women historically promoting health and caring for the vulnerable.

Granger Westberg's Vision (1980s): Lutheran chaplain Granger Westberg introduced the concept of "parish nursing" in Chicago in 1984, aiming to expand existing health ministries and "reclaim the church's traditional role in healing." He recognized the need for preventive medicine and wellness in the community, seeing churches as ideal settings and nurses as having the greatest impact on "whole-person care" due to their broad background in health promotion, education, spiritual care, and social work.

Pioneering Partnerships: In 1984, Westberg partnered with Lutheran General Hospital to establish the first institutionally based, paid parish nurse program in the U.S.

Formalization and Recognition:

- **1986:** International Parish Nurse Resource Center (IPNRC) established to provide resources and information. Renamed Westberg Institute in 2016.
- **1989:** Health Ministries Association (HMA) founded, providing networking and communication for nurses in health ministry.
- **1997:** ANA recognized parish nursing as a professional nursing specialty.
- **1998:** First Scope and Standards of Practice published by ANA/HMA.
- **2005:** Title officially changed to "faith community nurse" for inclusivity.
- **2014:** American Nurses Credentialing Center (ANCC) launched FCN certification, though it was discontinued after 3 years due to low applicant volumes and costs.

Current Reach: Today, over 17,000 FCNs in the United States and at least 31 other countries, though this is a conservative estimate.

IV. RATIONALE FOR FCN AS A PUBLIC HEALTH MODEL

Cost-Effective and Holistic Care: Nurses are "well positioned to provide lower cost and holistic community-based care for vulnerable and underserved populations" and to "collaborate with other care providers."

Addressing Healthcare Gaps: FCN addresses fragmented care, inadequate caregiver training, and availability, which impact both underserved and economically stable populations.

Meeting Consumer Demand: Consumers seek greater involvement in healthcare decisions and readily accessible health information. Faith communities offer an ideal setting for health promotion.

Community Integration: FCN shares similarities with home health, hospice, and public health nursing by promoting health where people live, work, and worship, but uniquely emphasizes spiritual care shaped by the faith community's traditions.

Care Coordination and Advocacy: FCNs are crucial in coordinating care, linking providers and resources, advocating for healthy lifestyle choices, and collaborating with academic settings, healthcare institutions, and federal agencies to improve health outcomes.

V. NURSING PRACTICE IN THE FAITH COMMUNITY

Governance: FCN practice is governed by:

- The Nurse Practice Act of the state.
- Nursing: Scope and Standards of Practice (ANA, 2015a).

- Faith Community Nursing: Scope and Standards of Practice (ANA/HMA, 2017).
- Code of Ethics with Interpretive Statements (ANA, 2015b).

Key Characteristics:

- **Spiritual Dimension is Central:** FCN focuses on intentional and compassionate care stemming from the spiritual dimension of all humankind, encompassing physical, psychological, and social aspects.
- **Balance of Knowledge and Skills:** FCN integrates nursing sciences, humanities, and theology, combining nursing functions with pastoral care, often including prayer, scripture, and use of religious symbols.
- **Focus on the Faith Community:** The faith community is the "source of health and healing partnerships," fostering creative responses to health concerns within the congregation and through external collaborations.
- **Emphasis on Strengths:** Services highlight the strengths of individuals, families, and communities, enhancing their relationship with their Creator and building coping strength.
- **Dynamic Process of Health and Healing:** Health, spiritual health, and healing are seen as ongoing processes. "Spiritual healing or well-being can exist in the absence of cure."

Interventions and Programs: FCNs provide care across the lifespan, regardless of ethnicity, lifestyle, gender, sexual orientation, or creed. Common activities include:

- Health counseling and education (e.g., health fairs, bulletin boards).
- Support for emotional needs (e.g., grief support groups).
- Liaison and facilitation of resources (e.g., referrals to community services).
- Spiritual care interventions (e.g., healing presence, prayer, scripture reading).
- Transitional care to reduce hospital readmissions for chronically ill older adults.
- Holistic assessments, medication management, and education on chronic disease exacerbations.

Spiritual Assessment: FCNs utilize tools like the FICA acronym (Faith or beliefs, Importance and influence, Community, Address) to inquire about a person's spiritual journey and guide spiritual care.

VI. EDUCATION, MODELS, AND HOLISTIC CARE

Educational Requirements: While a minimum diploma or associate degree is accepted, a baccalaureate degree in nursing is preferred. FCNs require specific education for this specialty, often provided by the Westberg Institute, covering theology of health and healing, spiritual care, advocacy, assessment, and ethical issues.

Models of Practice: Four primary models differentiate FCN practice based on employer and remuneration:

- **Paid Institutional Model:** Nurse is paid by a healthcare institution (e.g., hospital, health department).
- **Unpaid Institutional Model:** Institution provides "soft support" (e.g., continuing education), but the nurse is unpaid and governed by the congregation.

- **Paid Congregational Model:** Nurse is governed and paid directly by the congregation.
- **Unpaid Congregational Model:** Nurse is governed by the congregation and unpaid, though expenses may be negotiated.

Trend: The prevalence of unpaid FCNs, often "after retirement," can sometimes obscure the professional nature of the specialty, though financial constraints often dictate the model.

Holistic Health Care Connection: FCN deeply aligns with holistic nursing principles, emphasizing optimal wellness, the interconnectedness of body, mind, and spirit, and creating a healing environment through intentional compassion, prayer, meditation, and counseling.

VII. ISSUES AND FUTURE GROWTH

Professional Issues: Requires a clear position description, regular evaluations (self, peer, congregational staff, institutional), and a professional portfolio. FCNs must be knowledgeable about congregational polity, lines of authority, and advocate for health-related justice issues.

Documentation Issues: A significant challenge is effectively documenting care to demonstrate outcomes, quality, and support evidence-based practice. Electronic health records are ideal but often cost-prohibitive for smaller faith communities.

Legal Issues: Although the risk is lower than other settings, FCNs engage in autonomous practice and are held to the same standards as other nurses. Individual malpractice insurance is strongly recommended. FCNs must adhere to state Nurse Practice Acts and ANA standards, and report neglect, abuse, or illegal behaviors.

Financial Issues: Many congregations have limited budgets. FCNs are challenged to identify sustainable financial support for programs and find low-cost resources.

Future Growth: FCNs are vital for developing comprehensive, population-focused practices, particularly for aging populations (e.g., baby boomers). There is a continuing need for more research on outcomes of FCN interventions.

Healthy People 2030 Alignment: Faith communities are recognized as ideal settings for health promotion and achieving national health objectives, offering strong partnerships for improving community health.

CONCLUSION

Faith Community Nursing offers a unique and vital approach to healthcare, deeply rooted in community and spiritual care. By integrating professional nursing with the intrinsic values and trust within faith communities, FCNs provide holistic, cost-effective care, address health disparities, and contribute significantly to public health objectives. Continued recognition, formalized support, and robust documentation will be crucial for the ongoing growth and impact of this essential nursing specialty.

QUIZ: FAITH COMMUNITY NURSING

Instructions: Answer each question in 2-3 sentences.

1. What is the primary distinguishing feature of faith community nursing compared to other nursing specialties, according to the ANA definition?
2. Why was the title "parish nurse" changed to "faith community nurse" in 2005?
3. Explain the key difference between "spiritual care" and "religious care" as defined in faith community nursing.
4. Briefly describe Granger Westberg's significant contribution to the development of faith community nursing.
5. List three types of organizations or settings that fall under the definition of a "congregation" in the context of faith community nursing.
6. Identify two reasons why faith communities are considered a viable model for public health nursing.
7. What is the purpose of a "wellness committee" or "health cabinet" within a faith community?
8. Name two essential requirements for a registered nurse to practice as a faith community nurse.
9. Explain why documentation is an ongoing challenge and simultaneously imperative for faith community nurses.
10. Describe one example of a primary prevention intervention that a faith community nurse might implement for older adults.

QUIZ ANSWER KEY

1. The primary distinguishing feature of faith community nursing is its intentional focus on the care of the spirit, integrated with the promotion of whole-person health and prevention/minimization of illness. This specialized practice acknowledges the spiritual dimension as central to well-being within the context of a faith community.
2. The title "parish nurse" was changed to "faith community nurse" in 2005 to be more inclusive of diverse faith traditions. This change also reflected a response to international considerations, broadening the scope beyond a purely Christian "parish" connotation to encompass various faith-based organizations.
3. Spiritual care acknowledges an individual's sense of meaning and purpose in life, which may or may not be tied to formal beliefs, focusing on the core of a person's being. In contrast, religious care specifically stems from the doctrine, rites, and rituals of a particular denomination or set of beliefs.
4. Granger Westberg introduced the concept of parish nursing in 1984, envisioning it as a way for churches to reclaim their traditional role in healing by expanding existing health ministries. He recognized that nurses, with their broad background in health promotion and spiritual care, could significantly impact the delivery of whole-person care within congregations.
5. Three types of organizations that fall under the definition of a "congregation" are churches, synagogues, and mosques. This definition also includes other faith-based organizations or institutions where individuals gather for common purposes like worship and fellowship.
6. Faith communities are a viable model for public health nursing because they can provide lower-cost and holistic community-based care, particularly for vulnerable populations, helping to address gaps in

service delivery. They also offer an ideal setting for health promotion due to their established positions of esteem and influence within communities.

7. The purpose of a "wellness committee" or "health cabinet" is to enhance the operationalization of holistic care within the faith community. Composed of congregants, this collaborative group provides leadership and generates ideas for health ministries, leveraging collective knowledge and skills to deliver comprehensive and effective services.

8. Two essential requirements for a registered nurse to practice as a faith community nurse are an active registered nurse license in the state of practice and completion of an educational course specifically designed for this nursing specialty practice. A baccalaureate degree in nursing and experience in public/population health nursing are preferred.

9. Documentation is an ongoing challenge due to the cumbersomeness of traditional handwritten notes and the cost of electronic health records for smaller faith communities. However, it is imperative for FCNs to document care to maintain and enhance quality, engage in evidence-based practice, and contribute to outcomes-oriented research, validating the professional practice.

10. A primary prevention intervention a faith community nurse might implement for older adults is to initiate a "Walk for Fun" program. This encourages physical activity and discourages inactivity, promoting overall well-being and preventing potential health issues before they arise.

ESSAY FORMAT QUESTIONS

1. Discuss the evolution of faith community nursing from its historical roots to its current recognition as a nursing specialty. What key individuals and organizations were instrumental in this development, and how did their contributions shape the practice?

2. Compare and contrast spiritual care and religious care within the context of faith community nursing. Explain why it is crucial for FCNs to differentiate between the two and how they can effectively provide spiritual care while respecting diverse beliefs.

3. Analyze the rationale for faith communities serving as a viable public health model. How do faith community nurses contribute to addressing contemporary healthcare challenges, such as fragmented care and rising costs, particularly for vulnerable populations?

4. Describe the five central characteristics that define the nursing practice in the faith community. Provide specific examples of how these characteristics are integrated into the daily interventions and programs offered by a faith community nurse.

5. Examine the various models of nursing applied to the faith community (paid/unpaid, institutional/congregational). Discuss the professional, documentation, legal, and financial issues associated with practicing as a faith community nurse within these different models.

GLOSSARY OF KEY TERMS

American Nurses Association (ANA):
A professional organization that defines nursing practice, including specialty areas like Faith Community Nursing, and publishes scopes and standards of practice.

Congregation:
A group of individuals, families, and organizations united by shared values, beliefs, religious doctrine, and faith practices, serving as a setting for faith community nursing practice.

Faith Community Nurse (FCN):
A licensed registered nurse specializing in the intentional care of the spirit, promotion of whole-person health, and prevention/minimization of illness within a faith community and the wider community.

FICA Spiritual Assessment Tool:
An acronym-based tool (Faith, Importance/Influence, Community, Address) used by nurses to gather data on a person's spiritual beliefs and needs.

Granger Westberg:
A Lutheran chaplain credited with introducing the concept of parish nursing in the 1980s, laying the foundation for modern faith community nursing.

Health Cabinet:
See Wellness Committee.

Health Ministries:
Organized activities, programs, and rituals within a faith community focused on health and healing, offered by various individuals including nurses, clergy, and laypersons.

Health Ministries Association (HMA):
A membership organization founded in 1989 that played a crucial role in advocating for and developing the professional recognition of parish/faith community nursing.

Healing:
The process of integrating body, mind, and spirit to create wholeness, health, and a sense of well-being, even when an illness is not cured.

Holistic or Whole-Person Care:
A comprehensive approach to care that considers the interconnectedness of a person's physical, mental, emotional, and spiritual well-being within their environment.

Holistic Health Center:
Community-based centers, often within churches, focused on preventive medicine and wellness, a concept championed by Granger Westberg.

International Parish Nurse Resource Center (IPNRC):
Established in 1986 to provide information and resources for the growing parish nurse movement, later renamed the Westberg Institute.

Nurse Coordinator:
A nurse, often employed by a healthcare system, who facilitates arrangements and oversees faith community nurses in multiple faith communities.

Parish:
A term referring to a congregation or the geographical area served by a congregation. The original term for faith community nursing was "parish nursing."

Partnership:
Collaborative relationships between the faith community nurse and individuals, groups, healthcare professionals, other congregations, or community agencies to address health concerns.

Pastoral Care Staff:
Clergy and other individuals within a faith community responsible for spiritual and emotional support, with whom faith community nurses often collaborate.

Polity:
The system of governance or organization of a specific faith community, which influences the nurse's practice.

Religiosity:
A person's beliefs and behaviors associated with a specific, formal religious tradition or denomination.

Religious Care:
Care that stems from the specific doctrines, rites, and rituals of a particular religious denomination or set of beliefs, distinct from spiritual care.

Spiritual Care:

Nursing care that acknowledges a person's sense of meaning and purpose in life, which may or may not be expressed through formal religious beliefs, focusing on the core of a person's being.

Spirituality:
An individual's attitudes and beliefs related to transcendence (God) or to the non-material forces of life and nature; it is unique to an individual's purpose in life.

Transitional Care:
Nursing care provided to support a patient's experience of moving from one level of care to another, such as from a hospital to home.

Wellness Committee:
A group of congregation members, often including health professionals, who are actively engaged in health ministry and support the operationalization of holistic care programs.

Westberg Institute:
The current name for the former International Parish Nurse Resource Center, honoring Granger Westberg and continuing to provide education and resources for faith community nursing.

Whole-Person Care:
See Holistic or Whole-Person Care.

CHAPTER 30 STUDY GUIDE: HOME HEALTH, PALLIATIVE, AND HOSPICE CARE

EXECUTIVE SUMMARY

This briefing document synthesizes key information regarding several rapidly expanding nursing specialties: public health, home health, palliative care, hospice, and school nursing. These fields collectively operate under the broad umbrella of public health, community-oriented, and population-focused practice, emphasizing a holistic approach aimed at empowering individuals, families, and communities to achieve optimal health and well-being.

The document covers the historical evolution, core definitions, distinct roles, operational aspects, and critical challenges within each specialty. It highlights the importance of interprofessional collaboration, evidence-based practice, quality improvement, and the impact of legal, ethical, and financial considerations. Key nurse-led models like the Nurse-Family Partnership and Transitional Care are also reviewed, alongside the significant influence of technology and informatics. A central theme across all specialties is the nurse's role as a vital advocate, educator, and care coordinator, working to address complex health needs across the lifespan and in diverse settings beyond traditional hospitals.

I. PUBLIC HEALTH, HOME HEALTH, PALLIATIVE CARE, AND HOSPICE NURSING

These specialties are characterized by their rapid expansion and focus on providing comprehensive, population-focused care. Nurses in these roles "contribute to the total health of the general public" by offering assessment, planning, intervention, and evaluation services.

A. CORE CONCEPTS AND DEFINITIONS

Holistic Approach & Empowerment: A common thread across these specialties is a "holistic approach aimed at empowering patients/families/caregivers to achieve their highest levels of physical, functional, spiritual, and psychosocial health."

Family Caregiving: "Family is defined by the individual and includes any caregiver or significant person who assists the client in need of care at home." This includes providing direct care, personal hygiene, meal preparation, and medication administration.

Interprofessional Collaboration: Essential for effective care, involving a team approach with various disciplines like nurses, social workers, therapists, and physicians.

Population Health: Refers to "the health status of a population of individuals, including the distribution of health status within the group." Nurses are critical resources in addressing this.

Nurse-Led Models: Two prominent models are highlighted:

- **Nurse-Family Partnership (NFP):** Initiated in 1977, this program involves nurses providing "structured education and case management during regularly scheduled home visits to pregnant women; visits continue until the children's second birthday." Its goals are to "improve pregnancy outcomes, child health and development, and economic self-sufficiency of the families."
- **Transitional Care:** Defined as "a set of actions designed to ensure the coordination and continuity of health care as clients transfer between different locations and different levels of care in the same location." It demonstrates "consistent reduction in hospital readmissions."

Triple Aim Model: The foundational concepts of public health and community-based services align with the Triple Aim: "Improve the health of populations, enhance the experience of care for individuals, and reduce the per capita cost of health care."

B. EVOLUTION AND DESCRIPTION OF HOME HEALTH CARE

Home health care is "at the top of the list of the fastest growing, service-providing industries in this country." Its history dates back to the 19th century with "Ladies' charitable organizations [providing] care to the sick in their own homes."

Key Milestones:

- **19th Century:** Henry Street Settlement House was a pioneer. Nurses historically acted as "social reformers, living in immigrant communities and providing nursing clinics, health education, and care for the sick."
- **Early 1900s:** Metropolitan Life Insurance Company began including home care as a benefit.
- **1965:** A pivotal moment when "home care included as a benefit for Medicare enrollees," leading to significant national changes and rapid growth in Medicare-certified agencies.

Levels of Prevention: Home health care incorporates all three:

- **Primary Prevention:** Administering vaccines or case management for vaccine access.
- **Secondary Prevention:** Monitoring clients for early signs of new health problems (e.g., medication side effects).
- **Tertiary Prevention:** Providing instruction for managing new diagnoses like diabetes (e.g., dietary modifications, insulin injections).

Home Health Nursing: Promotes "optimal health and well-being for patients, their families, and caregivers within their homes and communities." Nurses use a "holistic approach aimed at empowering patients/families/caregivers to achieve their highest levels of physical, functional, spiritual, and psychosocial health."

Medicare & Skilled Services: Medicare terms "skilled nursing care" and "skilled nursing services" describe the duties of a registered nurse, requiring professional nursing judgment in assessment, teaching, case management, and interventions.

Agency Categories: Home health agencies fall into five categories: Official/Public Health, Voluntary/Private, Combination, Hospital-Based, and Proprietary (which now "dominate the industry and represent approximately 80% or more of all agencies").

Nurse Skills for Home Visits: Require strong "organizational skills, communication skills, critical thinking skills, documentation skills, and understanding of ever-changing reimbursement regulations," along with "competence, integrity, adaptability, good judgment, and creativity." Nurses act as "a guest" in the client's home, needing to "earn the trust of the family and establish a partnership."

C. EVOLUTION AND DESCRIPTION OF HOSPICE AND PALLIATIVE CARE

Hospice Evolution:

- **1970s:** Introduced in the U.S. by Florence Wald, "often referred to as the mother of the hospice movement."
- **1969:** Dr. Elisabeth Kübler-Ross's "On Death and Dying" influenced thinking about sensitive end-of-life care.
- **1980/81 & 1983:** Medicaid and Medicare began reimbursing hospice care.

Palliative Care Evolution:

- **1987:** First comprehensive palliative care program established in the U.S. at the Cleveland Clinic.
- **1999 & 2010:** Robert Wood Johnson Foundation (RWJF) funded the Center to Advance Palliative Care (CAPC) to stimulate program development and establish assessment criteria.

Similarities and Differences:

- **Similarities:** Both are "client-focused/consumer engagement approach, Holistic, Evidence-based practice, Emphasis on ethics, Communication skills, Interprofessional collaboration, Care coordination, Focus on transitions of care, Caregiving skills that include symptom management, pain relief, and comfort."
- **Differences:** Primarily related to reimbursement, "include the length of care and frequency and intensity of services." Palliative care is a "broad term occurring over a longer period of time, and hospice is a subset with a short time period."

Definitions:

- **Palliative Care:** "Patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering... throughout the continuum of illness involves addressing the physical, intellectual, emotional, social, and spiritual needs and [facilitating] patient autonomy, access to information, and choice." It has "no specific federal designation as a specialty."
- **Hospice:** "Focuses on comfort for individuals and their families at the end of life and does not include curative treatment." It is a "formalized, funded program in hospice and home health agencies with extensive data." The goal of hospice is to "humanize the end-of-life experience," with physicians indicating clients have "6 months or fewer to live."

Care for Dying Children: Presents unique needs "because of the degree of emotional impact and because the young are not expected to die or predecease their parents."

Funding: "Medicare, Medicaid, the US Department of Veterans Affairs (VA), managed care, private insurance, and private donations fund most hospice services."

D. SCOPE, STANDARDS, AND QUALITY MANAGEMENT

Nursing Process: The theoretical framework used by the ANA, organizing scope and standards publications for these specialties.

OMAHA System: "The only ANA-recognized terminology developed inductively (initially) by and for practicing nurses in the community." Its goals are "To develop a structured and comprehensive system that could be both understood and used by members of various disciplines" and "To foster collaborative practice." It comprises a Problem Classification Scheme, Intervention Scheme, and Problem Rating Scale for Outcomes.

Outcome and Assessment Information Set (OASIS): A mandated tool for "Medicare-certified home health agencies" measuring "outcomes for quality improvement and client satisfaction with care." It

impacts communication, reimbursement, and standardized assessment, with results "publicly reported by CMS on Home Health Compare."

Medication Management: A critical component, with nurses aiming to "assist clients and family caregivers to become independent and reliable in managing medication administration at home, and prevent adverse drug events." Challenges include "complexity of their chronic conditions, impaired cognitive status, inadequate coordination of their medical care, drug-drug interactions and side effects of medications, and cost."

Infection Prevention: A high priority, focusing on "wound care and invasive devices... as well as chest, tracheostomy, gastrostomy, and other tubes." Nurses "need to assume that every client is potentially infected."

Outcome-Based Quality Improvement (OBQI): Focuses on "outcome measurement and cost control," using OASIS data to compare agency performance (benchmarking) and identify improvement strategies.

Accreditation: Voluntary process (e.g., Joint Commission, CHAP) for agencies to demonstrate quality, involving "a lengthy self-study" and "site visit."

Professional Development: Emphasizes ongoing education (BSN minimum for home health generalists), certification (HPNA for hospice/palliative nurses), and diverse roles (care management, education, advocacy, research).

Interprofessional Collaboration: A primary goal is "to help populations and individual clients achieve their maximum level of health, self-care, and independent functioning in a safe environment." Success depends on team members' "knowledge, skills, and attitudes." Nurses often serve as "team leaders or care managers."

E. LEGAL, ETHICAL, FINANCIAL ASPECTS, AND TRENDS

Legal & Ethical: Nurses must be familiar with "living will, power of attorney for health care, and do-not-resuscitate documents," as well as "HIPAA" to protect health information. Ethical concerns include client safety, neglect/abuse, and balancing client needs with reimbursement limitations.

Financial: Reimbursement is "complex and tenuous," primarily from Medicare, Medicaid, and managed care. Nurses are "more involved than most other nurses with financial aspects of care."

Trends: Include promoting "National health objectives Healthy People 2030," advocating on "political, economic, and regulatory issues," and embracing "Technology, Informatics, and Telehealth."

Technology: Nurses develop specialized skills in managing complex medical equipment at home.

Nursing Informatics (NI): Integrates nursing, information, and communication technologies to promote health, addressing "urgent information management challenges" and leveraging "big data."

Telehealth: "Supports long-distance health care, client and professional health-related education, and public health and health administration using electronic information, medical devices, and telecommunications technologies." This includes "telemonitoring" and "smart homes" for aging in place.

II. SCHOOL NURSING

School nursing is a "specialty practice focused on providing health care and illness prevention to school-age children with the goal of facilitating their participation in educational opportunities." It is also "population focused, utilizing many of the concepts of public health nursing."

A. HISTORY AND EVOLUTION

Origins (Late 1800s - Early 1900s): Began in London and New York City, with "Lillian Wald's Henry Street Settlement nurses began going into homes and schools to assess children." Early focus was on "infectious diseases" (e.g., lice, TB) and "nutrition."

Mid-20th Century: Post-WWII, as communicable diseases decreased, focus shifted to "screening children for common health problems and for vision and hearing problems" and "employee health."

Late 20th Century (1970s-1990s): Saw an "upsurge in the call for higher levels of education for school nurses" (BSN minimum). Federal laws (e.g., Section 504, Education for All Handicapped Children Act, IDEA/IDEIA) mandated accommodations for children with disabilities, bringing "medically fragile children" into schools and requiring "individualized education plans (IEPs) and individualized health plans (IHPs)." School-based clinics also emerged.

21st Century: School nursing continues to evolve, increasing in complexity to provide "comprehensive primary, secondary, and tertiary levels of nursing care."

B. FEDERAL LEGISLATION AND STANDARDS OF PRACTICE

Impact of Legislation: Laws like ESSA (Every Student Succeeds Act) require states to allocate funds for "safe and healthy students." The Child Nutrition Act and Healthy, Hunger-Free Kids Act address "malnutrition and hunger" and promote "nutrition content of meals, decreased student access to non-nutritious foods on school grounds, and the inclusion of nutrition education, physical activity, and school wellness programs."

Privacy: Student health information is protected by "Family Education Rights and Privacy Act (FERPA) of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1996."

National Association of School Nurses (NASN): The professional organization whose mission is "To optimize student health and learning by advancing the practice of school nursing." They establish the "School Nursing: Scope and Standards of Practice" which "guide the practice of school nursing."

Professional Competencies: Include ethical practice, confidentiality, cultural competence, communication, interprofessional collaboration, continuing education, and leadership within school health programs.

Education & Licensure: Minimum RN licensure and BSN are recommended. Advanced Practice Nurses (APNs) may provide primary care in school-based health centers (SBHCs), improving "access to health care for families who lack a provider or health insurance."

Staffing: "Only one-third of schools in the United States require a full-time nurse, and fewer than 80% of school districts employed school nurses as of 2016, a decline of 14% since 2000."

C. ROLES AND FUNCTIONS OF SCHOOL NURSES

School nurses serve in diverse roles, often functioning with a high degree of autonomy.

Direct Caregiver: Beyond "minor interventions such as bandages and ice packs," they assess and intervene for serious complaints, provide first aid, stabilize emergencies, offer "ongoing care for chronic illnesses, such as diabetes or asthma," and manage complex needs like "intermittent catheterization, tube feeding, tracheostomy suctioning and care, and ventilator management."

Health Educator: Teach children individually and in classrooms on topics like "handwashing or dental hygiene skills," injury prevention, substance abuse, and nutrition. They also educate parents.

Case Manager: Coordinate care for children with complex health problems, collaborating with families, teachers, and administrators to develop "health care plans."

Consultant: Provide health information to school staff, recommend policy changes, and "engage community organizations to help make the children's schools healthier places."

Counselor: Address mental health needs, including "bullying, physical abuse, substance abuse, grief, and suicidal thoughts." They are "familiar and trusted members of the school community."

Community Outreach: Involved in health fairs, screenings, immunizations, and building coalitions with community partners.

Researcher: Crucial for evidence-based practice. Research indicates "the presence of a school nurse is associated with reduced absenteeism and missed class time, but not with academic achievement."

D. SCHOOL HEALTH SERVICES AND PREVENTION LEVELS

Healthy Schools Initiative & WSCC Model: The CDC's "Whole School, Whole Community, Whole Child (WSCC) model" provides a framework for comprehensive school health programs, covering physical education, nutrition, health education, health services, counseling, physical environment, social-emotional climate, employee wellness, community involvement, and family engagement.

School-Based Health Centers (SBHCs): Offer a variety of services, improving access to care and reducing missed class time.

Healthy People 2030: Includes objectives directly related to school health and nursing, such as increasing "the proportion of secondary schools with a full-time registered nurse."

Levels of Prevention in Schools:

- **Primary Prevention:** Aims to "prevent the development of illness, disease, and injury in those who are currently healthy." Includes health education (e.g., handwashing, dental hygiene), injury prevention (e.g., seat belts, playground safety), substance abuse education, chronic disease risk reduction (nutrition, exercise), and monitoring "immunization status." School nurses educate parents and ensure vaccination compliance, navigating state laws and exemptions.
- **Secondary Prevention:** Involves "early intervention for children when they need health care," including caring for ill/injured students/staff and screening. Common complaints range from "headaches" to "anxiety over being separated from the parents" or "bullying."
    - **Emergencies:** School nurses lead "emergency plans" and "crisis teams" for natural disasters, man-made disasters (e.g., school shootings), and health emergencies. They perform triage, coordinate first aid, provide direct care, and offer counseling. Individualized emergency plans are vital for students with allergies (e.g., EpiPen), asthma, or seizures. Nurses must be certified in CPR and AED use.
    - **Medication Administration:** School nurses administer prescribed and over-the-counter medications, requiring "signed parental consent form, with primary care provider's approval and directions." Delegation to unlicensed assistive personnel (UAP) is permitted in some states, requiring "adequate training and regular supervision."
    - **Screenings:** Routine screenings for "vision, hearing, height and weight, oral health, TB, and scoliosis" are conducted. They may also screen for hypertension and conduct sports physicals.
    - **Pediculosis (Lice):** NASN and other organizations "recommend against routine screening for head lice or after a case has been identified" due to inaccuracy, lack of impact on incidence, and significant loss of educational time, as lice do not spread disease. Nurses are responsible for "accurate health education," advocating "for school policy that is more caring and less exclusionary (i.e., elimination of 'no-nit' school policies)."
    - **Child Abuse/Neglect:** School nurses are "mandated by state laws to report suspected cases."
    - **Mental Health:** Address suicide prevention (17% of teens consider suicide), bullying (20% experienced it), and other mental health issues (e.g., anxiety, effects of homelessness). Nurses

lead educational programs on coping strategies, identify risk factors, provide counseling, and collaborate with crisis teams for violence prevention.

- **Tertiary Prevention:** Focuses on "continued care of children who need long-term health care services, along with education within the community." Goal is to "assist children to return to their highest level of function possible after injury or illness, as well as to prevent complications."
  - **Chronic Conditions:** Nurses manage conditions like asthma (leading cause of absenteeism), diabetes (including medication administration, glucose monitoring, nutritional needs), autism, and ADHD, advocating for student needs and coordinating care with families and providers.
  - **Special Needs:** Provide care for students requiring procedures like "Urinary catheterization, Dressing changes, Peripheral or central line intravenous catheter maintenance, Tracheotomy suctioning, Gastrostomy or other tube feedings, Intravenous medication."
  - **HIV/AIDS:** Nurses maintain strict confidentiality, practice "universal precautions," and provide education on prevention and transmission.
  - **Do-Not-Attempt-Resuscitation (DNAR) Orders:** For children with terminal illnesses attending school, nurses coordinate communication with all parties and provide grief counseling if a child dies at school.
  - **Homebound Children:** Nurses act as liaisons and help develop IEPs.
  - **Pregnant Teenagers/Teenage Mothers:** Provide ongoing care and coordination of services.

E. CONTROVERSIES, ETHICS, AND FUTURE TRENDS

Controversies: Include providing education on family planning, birth control, and STD screening.

Ethical Issues: Nurses face dilemmas when personal beliefs conflict with student needs (e.g., DNAR orders, abortion counseling, emergency contraception). The guidance is to "give nursing care to the student client according to the School Nursing: Scope and Standards of Practice… and the state's nurse practice act." If unable, "referral is a good option."

Future Trends: Anticipate "increasing health care being given in the schools," coordinating "primary health care and specialist consultations for students in rural areas," and utilizing "telecommunication" for health education and care coordination. The "Framework for 21st Century School Nursing Practice" guides this evolution, emphasizing "supporting student health and academic success by contributing to a healthy and safe school environment."

QUIZ: NURSING SPECIALTIES

Instructions: Answer each question in 2-3 sentences.

1. Describe the primary distinction between hospice care and palliative care, particularly concerning the timeframe and treatment focus.
2. Explain the significance of Medicare's inclusion of home care services in 1965 for the evolution of home health care in the United States.
3. What is the main purpose of the Outcomes and Assessment Information Set (OASIS) for Medicare-certified home health agencies?
4. Briefly describe two key goals of the Nurse-Family Partnership (NFP) nurse-led model.

5. Identify the three main components of the Omaha System and state its primary purpose in community nursing.
6. How does the role of a school nurse as a "direct caregiver" extend beyond providing minor interventions like bandages and ice packs?
7. What is the purpose of Individualized Education Plans (IEPs) and Individualized Health Plans (IHPs) for children with disabilities in schools?
8. Explain why the National Association of School Nurses (NASN) and other organizations recommend against "no-nit" policies for head lice in schools.
9. Describe the school nurse's role in "tertiary prevention" for a child with a chronic condition like asthma.
10. What is interprofessional collaboration, and why is it considered a required approach in public health, home health, hospice, and palliative care?

QUIZ ANSWER KEY

1. Hospice care focuses on comfort for individuals at the very end of life, typically when they have six months or less to live, and does not include curative treatment. Palliative care, in contrast, is a broader approach that optimizes quality of life by anticipating, preventing, and treating suffering throughout the continuum of illness, and it may include curative treatment.
2. Medicare's inclusion of home care as a benefit in 1965 significantly expanded the accessibility and funding for these services. This change led to a rapid growth in the number of Medicare-certified home health agencies, transforming home care into a major component of the healthcare system.
3. The main purpose of OASIS is to measure client outcomes for quality improvement and to assess client satisfaction with care. It also provides standardized data for calculating agency reimbursement and publicly reporting performance, ensuring accountability and promoting consistent assessment within the home care industry.
4. Two key goals of the Nurse-Family Partnership (NFP) are to improve pregnancy outcomes and to enhance child health and development. Additionally, the program aims to promote the economic self-sufficiency of the participating families through structured home visits by nurses.
5. The three main components of the Omaha System are the Problem Classification Scheme, the Intervention Scheme, and the Problem Rating Scale for Outcomes. Its primary purpose is to provide a structured, comprehensive, and computer-compatible guide for nurses to uniformly document client data, guide practice decisions, and foster collaborative practice in community settings.
6. As a direct caregiver, a school nurse provides immediate nursing care for illnesses and injuries, but also manages complex medical needs such as intermittent catheterization or tracheostomy suctioning. They also stabilize children in emergencies and prevent the spread of communicable diseases, requiring advanced assessment and intervention skills.
7. IEPs and IHPs are designed to ensure that children with disabilities receive appropriate educational services and health accommodations in schools. These plans coordinate services, detail procedures, and facilitate the child's participation in the academic environment to the greatest extent possible.
8. NASN and other organizations recommend against "no-nit" policies because nits are unlikely to be transmitted from person to person and do not spread disease. Such policies lead to unnecessary absenteeism, loss of academic opportunity, and significant costs for families, without effectively reducing the incidence of head lice.
9. In tertiary prevention for a child with asthma, the school nurse focuses on helping the child maintain the highest possible level of function and preventing complications. This includes administering or

assisting with rescue medications, educating the child, family, and staff on asthma management and allergen reduction, and advocating for improved indoor air quality.

10. Interprofessional collaboration is a team approach where diverse healthcare professionals work together to achieve optimal client outcomes. It is required in these specialties because the complex and varied needs of clients, especially in community settings, necessitate coordinated efforts from multiple disciplines to provide comprehensive, holistic care.

ESSAY FORMAT QUESTIONS

1. Compare and contrast the evolution of home health care with that of hospice and palliative care in the United States, highlighting key individuals, legislative milestones, and shifts in focus for each specialty.

2. Discuss the critical role of family caregivers in home health and hospice care, outlining the types of assistance they provide and the challenges they face. How do nurses in these specialties work with families to overcome these challenges and ensure effective care?

3. Analyze the significance of the Omaha System and the Outcomes and Assessment Information Set (OASIS) in public health and home health nursing practice. How do these tools contribute to evidence-based practice, quality improvement, and accountability?

4. Examine the three levels of prevention (primary, secondary, and tertiary) as applied by school nurses. Provide specific examples of interventions and responsibilities for each level, illustrating the comprehensive scope of school nursing practice.

5. Discuss the ethical and legal challenges commonly faced by nurses in home health, hospice, palliative care, and school nursing. How do professional standards, regulations like HIPAA, and personal values guide a nurse's decision-making in these complex situations?

GLOSSARY OF KEY TERMS

Accreditation:
A voluntary process by which health care organizations are evaluated against a set of predetermined standards to ensure a high level of quality and performance.

Benchmarking:
An analysis process used to compare an agency's performance and data trends with a national sample or best practices to identify areas for improvement.

Client Outcomes:
Measurable changes in a client's health status (physiological, functional, cognitive, emotional, behavioral) that result from the care provided or the natural progression of disease/disability.

Conditions of Participation (CoPs):
Federal regulations established by the Centers for Medicare and Medicaid Services (CMS) that home health agencies must meet to be Medicare-certified and receive reimbursement.

Crisis Teams:
Prepared groups of individuals (including school nurses, administrators, and mental health professionals) designed to respond quickly to emergencies in schools, ensure safety, and provide follow-up support.

Direct Caregiver (School Nurse):
A school nurse role that involves providing immediate nursing care for ill or injured children and staff, managing chronic illnesses, stabilizing emergencies, and preventing disease spread.

Do-Not-Attempt-Resuscitation (DNAR) Orders:
Medical orders signed by parents and physicians that direct healthcare providers and school personnel not to initiate resuscitation efforts if a child's heart or breathing stops.

Education for All Handicapped Children Act (PL 94-142):
Federal legislation enacted in 1975 that required public schools to provide services for children with disabilities in the least restrictive environment, leading to the development of IEPs.

Emergency Plan:
A pre-established routine or set of actions to be followed by school personnel, including the nurse, when emergencies such as natural disasters or health crises occur.

Every Student Succeeds Act (ESSA):
Federal law (PL 114-95) enacted in 2015 that revised the No Child Left Behind Act, strengthening requirements for academic achievement and including regulations for safe and healthy students in schools.

Evidence-Based Practice:
A healthcare approach that emphasizes the use of credible, established evidence from research, experience, and expert clinicians to guide clinical decisions and interventions.

Family Caregiver:
Any caregiver or significant person, as defined by the individual client, who assists the client in need of care at home, providing basic needs assistance and direct care.

Family Education Rights and Privacy Act (FERPA):
Federal law of 1974 that protects the privacy of student educational records, including health records maintained by schools receiving federal funding.

Health Educator (School Nurse):
A school nurse role that involves teaching children individually and in classrooms about health promotion, disease prevention, and healthy lifestyles, and providing education to parents and school employees.

Health Insurance Portability and Accountability Act (HIPAA):
Federal law of 1996 that ensures the protection of clients' personal health information, including provisions for informed consent and access to health records.

Healthy, Hunger-Free Kids Act (HHFK):
Federal law of 2010 that reauthorized the Child Nutrition Act, reforming school meal programs through increased funding, nutritional quality standards, and expanded eligibility for free/reduced-price lunches.

Henry Street Settlement House:
A pioneering settlement house founded by Lillian Wald in New York City in the late 19th century, which significantly contributed to the origins of public health and home health nursing, including in schools.

Home Health Care:
A broad concept and approach to services that provides skilled supportive care, treatments, and assistance with daily living to individuals in their homes and communities, often focusing on primary, secondary, and tertiary prevention.

Home Health Nursing:
A specialty area of nursing practice that promotes optimal health and well-being for patients, their families, and caregivers within their homes and communities, using a holistic approach to empower self-care and health.

Hospice and Palliative Care:
Related yet distinct approaches to care. Hospice care focuses on comfort for individuals and their families at the end of life when curative treatment is no longer pursued. Palliative care is patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering throughout the continuum of illness, which may include curative treatment.

Individualized Education Plans (IEPs):
Written plans developed by a school district's committee for children with disabilities, outlining special education and related services to meet their unique learning needs.

Individualized Health Plans (IHPs):
Plans developed for children with specific health needs to ensure their school experience is balanced with their healthcare requirements, often complementing IEPs.

Individuals with Disabilities Education Act (IDEA):
Federal legislation passed in 1997 (and updated as IDEIA in 2004) that mandates educational services for all disabled children from birth through age 22, requiring schools to accommodate special needs.

Infection Prevention:
A priority in home health, hospice, and school nursing that focuses on preventing the spread of infections through practices like hand hygiene, proper wound care, management of invasive devices, and vaccinations.

Interprofessional Collaboration:
A team-based approach where healthcare professionals from various disciplines work together to achieve shared goals, pooling knowledge, skills, and attitudes to provide comprehensive care.

Medication Management:
The process of assisting clients and family caregivers to independently and reliably administer medications at home, preventing adverse drug events, side effects, and hospitalizations.

National Association of School Nurses (NASN):
The professional organization for school nurses, which sets practice standards, advocates for children's health, and provides resources for its members.

No Child Left Behind Act (NCLB):
Federal law of 2001 that required accommodations to promote academic achievement for disadvantaged children and emphasized a healthy school environment, later revised by ESSA.

Nurse-Family Partnership (NFP):
A well-known and funded nurse home visit program for pregnant women, continuing until the child's second birthday, with goals to improve pregnancy outcomes, child health, and family economic self-sufficiency.

Nursing Informatics (NI):
The science and practice that integrates nursing, its information and knowledge, with information and communication technologies to promote the health of people, families, and communities.

Omaha System:
The only ANA-recognized comprehensive, structured, and computer-compatible terminology system developed by and for practicing nurses in the community, used to guide practice decisions, document client data, and foster collaborative practice.

Outcome and Assessment Information Set (OASIS):
A standardized assessment tool required for use by Medicare-certified home health agencies to measure outcomes for quality improvement, assess client satisfaction, and determine reimbursement.

Outcome-Based Quality Improvement (OBQI):
A program focused on outcome measurement and cost control, utilizing health status changes to compare agency performance, identify factors affecting outcomes, and implement strategies for care improvement.

Palliative Care:
(See Hospice and Palliative Care)

Population Health:
The health status of a population of individuals, including the distribution of health status within the group, and the determinants, policies, and interventions that influence this health status.

Primary Prevention:
Activities intended to prevent the development of illness, disease, and injury in healthy individuals, often through health promotion and protective measures.

Proprietary Agencies:
Freestanding, for-profit home health or hospice agencies that now dominate the industry.

Public Health:
The broad umbrella under which public health, home health, palliative care, and hospice nursing operate, focusing on the total health of the general public and population-focused practice.

Regulations:
Rules or laws established by national, state, and local groups (e.g., CMS) that govern the licensure, certification, and accreditation of healthcare agencies and professionals.

School-Based Health Centers (SBHCs):
Health centers located at or linked to schools that provide a variety of health services, such as primary care, dental services, and counseling, to students, improving access to care.

School Health Policies and Practices Study (SHPPS):
A periodic national study that evaluates components of the Whole School, Whole Community, Whole Child (WSCC) model and measures progress in achieving Healthy People objectives.

School Nursing:
A specialty practice focused on providing health care and illness prevention to school-age children, facilitating their participation in educational opportunities, and utilizing public health concepts within the school community.

Secondary Prevention:
Interventions focused on early detection and intervention for health problems, including screening for illnesses, monitoring growth and development, and providing immediate care for ill or injured individuals.

Section 504 of the Rehabilitation Act (PL 93-112):
Federal legislation that prohibits discrimination against individuals with disabilities in programs receiving federal funding, ensuring that children cannot be excluded from public schools because of a handicap and must receive necessary health services.

Skilled Nursing Care / Skilled Nursing Services:
Medicare terms that describe the duties of a registered nurse, referring to the requirement of professional nursing judgment and including diverse assessment, teaching, case management, and other interventions.

Telehealth:
The use of electronic information, medical devices, and telecommunications technologies to support long-distance healthcare, client and professional health-related education, and public health administration.

Tertiary Prevention:
Continued care for individuals with long-term or chronic illnesses or special needs, with the goal of assisting them to return to their highest possible level of function and preventing complications.

Transitional Care:
A set of actions designed to ensure the coordination and continuity of health care as clients move between different locations and different levels of care, aiming to reduce hospital readmissions and improve outcomes.

Triple Aim Model:
A healthcare framework (published 2008) with primary concepts to improve the health of populations, enhance the experience of care for individuals, and reduce the per capita cost of healthcare.

Whole School, Whole Community, Whole Child (WSCC) Model:
A framework developed by the CDC that school health programs are encouraged to follow, emphasizing a comprehensive approach to health within the school environment.

CHAPTER 31 STUDY GUIDE: THE NURSE IN SCHOOLS

School nursing is a specialized field dedicated to providing healthcare and promoting wellness for school-aged children, school staff, and the wider school community. It is a complex and evolving practice that integrates public health principles to prevent illness and injury and control disease spread within schools, families, and communities.

Here are the main themes and most important ideas or facts from the provided sources:

I. HISTORICAL EVOLUTION AND LEGISLATIVE FOUNDATION OF SCHOOL NURSING

School nursing originated in the late 1800s in England, focusing on medical examinations and nutrition. In the U.S., early 1900s efforts by Lillian Wald's Henry Street Settlement nurses addressed infectious diseases. Over time, the focus shifted to screening for common health problems, and by the 1940s, school nurses were largely employed directly by school districts, also providing home nursing and health education.

KEY LEGISLATION:

Federal legislation has significantly shaped school nursing, particularly regarding children with disabilities:

- **Section 504 of the Rehabilitation Act of 1973:** "required that public schools and other entities receiving federal funding could not be discriminated against and children could not be denied the benefits of an education."
- **Education for All Handicapped Children Act (PL 94-142):** Mandated services for children with disabilities in schools, leading to "individualized education plans (IEPs)" and "individualized health plans (IHPs)."
- **Americans with Disabilities Act (1992) and Individuals with Disabilities Education Act (IDEA) (1997/2004):** Further solidified the right of children with special needs to attend school, requiring schools to accommodate their health care needs.
- **No Child Left Behind Act of 2001 (and Every Student Succeeds Act of 2015):** Required a healthy school environment and promoted academic achievement for all children, including those with health problems, disabilities, or socioeconomic challenges.
- **Child Nutrition Act (since 1964, reauthorized as Healthy, Hunger-Free Kids Act of 2010):** Acknowledges the importance of nutrition for child health and educational engagement, funding school meal programs and setting nutrition standards.

- **Family Education Rights and Privacy Act (FERPA) of 1974 and Health Insurance Portability and Accountability Act (HIPAA) of 1996:** Protect the health information of students in schools, though "protected health information may be shared between school nurses and primary providers when needed to make decisions about treatment of children in the schools."

II. ROLES AND FUNCTIONS OF SCHOOL NURSES

School nurses play multifaceted roles, offering comprehensive care to students and staff.

Direct Caregiver: Providing immediate care for illnesses and injuries, managing chronic conditions (e.g., diabetes, asthma), and preventing communicable diseases. This can extend to 24/7 care in residential settings.

Health Educator: Teaching children, parents, and staff about injury prevention, communicable diseases, dental hygiene, puberty, substance abuse, and nutrition.

Case Manager: Coordinating healthcare for students with complex health problems, collaborating with families, teachers, and other healthcare providers to support a child's learning.

Consultant: Advising school officials on health-related policies and environmental changes.

Counselor: Addressing mental health needs, including bullying, abuse, grief, and suicidal thoughts, and providing a safe space for students to confide.

Community Outreach: Participating in health fairs, engaging local providers for free screenings, collaborating with nursing schools, and addressing broader community health concerns like poverty and teen pregnancy.

Researcher: Engaging in and utilizing research to provide evidence-based nursing care and advocate for the profession. Research indicates that the presence of a school nurse is associated with "reduced absenteeism and missed class time."

III. STANDARDS, EDUCATION, AND LICENSURE

National Association of School Nurses (NASN): The professional organization setting guidelines and advocating for school nurses.

Standards of Practice: NASN provides general guidelines and support, establishing "professional expectations that guide the practice of school nursing" and delineating roles, activities, ethical requirements, and professional standards.

Educational Recommendations: NASN and AAP recommend that school nurses "Be registered nurses licensed through the State Board of Nursing who also have bachelor’s degrees in nursing" and support state school nurse certification. However, "No general laws regarding the educational background of school nurses," leading to varied educational backgrounds across states. Advanced-practice nurses (APNs) may also work in school settings, sometimes providing primary care services.

Staffing Concerns: Despite recommendations for full-time registered nurses in secondary schools (Healthy People 2030 objective AH-R08), "Only one-third of schools in the United States require a full-

time nurse, and fewer than 80% of school districts employed school nurses as of 2016, a decline of 14% since 2000."

IV. LEVELS OF PREVENTION IN SCHOOLS

Primary Prevention: Focuses on preventing health problems through:

- **Health education:** On topics like healthy lifestyles, injury prevention ("Accidents (unintentional injuries) are the leading cause of death among children and teenagers"), substance abuse prevention, and disease prevention.
- **Required vaccinations:** Ensuring students meet state immunization laws for school entry.

Secondary Prevention: Involves early intervention for existing health problems:

- **Emergency care:** Developing and implementing emergency plans for natural disasters, manmade disasters, and health condition emergencies (e.g., asthma attacks). School nurses are integral to "crisis teams" and individual emergency plans for students with specific conditions.
- **Medication administration:** Safely giving prescribed and over-the-counter medications, often involving delegation to unlicensed assistive personnel (UAP) under strict policies.
- **Assessing and screening:** For vision, hearing, height, weight, oral health, TB, scoliosis, and hypertension.
- **Identification of child abuse or neglect:** School nurses are mandated reporters.
- **Mental health support:** Preventing suicide and addressing other mental health issues, with over "nearly one-third of their time assisting students with mental health needs."
- **Violence prevention:** Implementing strategies to reduce bullying and school violence.

Tertiary Prevention: Provides long-term care for children with chronic illnesses or special needs to help them achieve their highest level of function:

- **Management of chronic conditions:** Such as allergies, asthma, diabetes mellitus, autism spectrum disorder, and ADHD, requiring individualized care plans and coordination with families and providers.
- **Care for complex medical needs:** Including urinary catheterization, dressing changes, tracheostomy suctioning, and tube feedings.
- **Support for students with HIV/AIDS and DNAR orders:** Navigating complex medical, ethical, and confidentiality issues.
- **Support for homebound children and pregnant teenagers/teenage mothers:** Ensuring continuity of education and healthcare.

V. CONTROVERSIES AND ETHICS IN SCHOOL NURSING

School nursing encounters controversial issues, particularly regarding reproductive health, such as "Birth control education" and "Giving birth control to students in the schools."

Ethically, nurses must provide care according to professional standards, even if personal beliefs conflict. In such cases, the nurse "must give nursing care to the student client and keep personal beliefs out of the discussion" and "If the nurse feels so strongly that he or she cannot work with the situation, another school nurse should be called for help."

VI. FUTURE TRENDS IN SCHOOL NURSING

Increasing Healthcare Complexity: The amount and complexity of healthcare provided in schools is growing.

Technological Integration: Increased use of "Telecommunication" and "Online resources" for care coordination and health education.

Framework for 21st Century School Nursing Practice (NASN): Guides the profession in supporting student health and academic success in an evolving healthcare landscape.

QUIZ: THE NURSE IN THE SCHOOLS

Instructions: Answer each question in 2-3 sentences.

1. Describe one significant historical development in school nursing from the early 1900s and explain its impact on the role of the nurse.
2. What is the primary mission of the National Association of School Nurses (NASN), and how does it support school nursing practice?
3. Name two specific educational or licensure recommendations for school nurses put forth by the NASN and AAP.
4. Briefly explain the "Direct Caregiver" role of a school nurse, providing an example of a specific task they might perform.
5. How does the role of a school nurse as a "Case Manager" contribute to a student's well-being and academic success?
6. Identify two components of the CDC's Whole School, Whole Community, Whole Child (WSCC) model that directly relate to the physical health of students.
7. Provide an example of a primary prevention activity a school nurse might undertake, and explain its purpose.
8. When administering medication in school, what are two crucial safety measures a school nurse must ensure?
9. Explain why school nurses are considered mandated reporters, and what their general responsibility is in suspected cases of child abuse or neglect.
10. Describe one ethical dilemma a school nurse might face related to "women's health care" and how professional ethics guide the nurse's response.

QUIZ ANSWER KEY

1. In the early 1900s, Lillian Wald's Henry Street Settlement nurses began assessing children in schools and homes to identify illnesses like lice and tuberculosis. This marked a shift from just examinations to active intervention, leading to the exclusion of sick children to prevent infection spread and highlighting the immediate need for school nurses.

2. The primary mission of the NASN is "To optimize student health and learning by advancing the practice of school nursing." It supports this by establishing professional guidelines like the Scope and Standards of Practice, offering education, and lobbying for policies that benefit children and school nurses.

3. The NASN and AAP recommend that school nurses be Registered Nurses (RNs) licensed through the State Board of Nursing and hold a bachelor's degree in nursing (BSN). They also support state school nurse certification.

4. As a Direct Caregiver, a school nurse provides immediate nursing care to ill or injured students. An example would be assessing a child who has fallen on the playground to determine the seriousness of their injury and providing appropriate first aid.

5. The school nurse, as a Case Manager, coordinates healthcare for children with complex health problems, ensuring that services promote the child's ability to learn. This involves collaborating with families, teachers, and other therapists to develop healthcare plans and facilitate access to necessary treatments.

6. Two components of the WSCC model directly related to students' physical health are "Physical education and physical activity," which promotes regular exercise, and "Nutrition environment and services," which emphasizes healthy eating choices and education.

7. A primary prevention activity for a school nurse is providing substance abuse prevention education to students. The purpose is to educate children and adolescents about the negative effects of tobacco, drugs, and alcohol on their bodies, thereby preventing them from initiating substance use.

8. When administering medication, a school nurse must ensure the prescribed drug has the original prescription label and is in its original container to prevent errors. Another crucial measure is obtaining a current, signed parental consent form with the primary care provider's approval and directions before administering any medication.

9. School nurses are mandated reporters by state laws, meaning they are legally required to report suspected cases of child abuse or neglect. Their general responsibility is to contact the appropriate legal authorities and the school principal, maintaining a confidential file, and protecting the child from further harm.

10. An ethical dilemma could involve a student asking for information about abortion or emergency contraception, which might conflict with the nurse's personal beliefs. The professional ethics guide the nurse to provide care according to the Scope and Standards of Practice or refer the student to other health providers who can give the needed care, ensuring care is never denied.

ESSAY FORMAT QUESTIONS

1. Discuss how federal legislation from the 1970s through the 2010s significantly transformed the responsibilities and scope of practice for school nurses. Provide specific examples of laws and their direct impact on the care of students with disabilities and chronic health conditions.

2. Analyze the multi-faceted roles of a school nurse as described in the source material. Choose three distinct roles (e.g., Health Educator, Case Manager, Counselor) and explain how each contributes to both the individual health and academic success of students within the school community.

3. Compare and contrast the three levels of prevention (primary, secondary, and tertiary) as applied in school nursing practice. For each level, provide concrete examples of interventions a school nurse would implement and explain how these interventions collectively contribute to a healthier school environment.

4. Evaluate the importance of the National Association of School Nurses (NASN) and its Framework for 21st Century School Nursing Practice in guiding the profession. How do these resources address the increasing complexity of student health needs and the evolving expectations placed on school nurses?

5. Discuss the ethical considerations and potential controversies that school nurses may encounter, particularly concerning sensitive topics like reproductive health. Explain how professional standards and principles should guide a school nurse's response to ensure ethical and appropriate care.

GLOSSARY OF KEY TERMS

Advanced Practice Nurses (APNs):
Registered nurses who have specialized education and experience beyond the basic nursing degree, often holding master's degrees, and may provide primary care services in school settings.

Americans with Disabilities Act (ADA) (1992):
Federal legislation that prohibits discrimination against individuals with disabilities and requires schools to make allowances for children's special needs.

Autism Spectrum Disorder (ASD):
A broad range of conditions characterized by challenges with social skills, repetitive behaviors, and communication. School nurses provide support and advocate for these students.

Case Manager:
A role of the school nurse that involves coordinating health care for children with complex health problems, collaborating with families, teachers, and other providers.

Child Nutrition Act (CNA) (1964):
Federal law originally passed to combat malnutrition, funding programs like the National School Lunch Program and setting nutrition standards for school meals.

Community Outreach:
A role of the school nurse that involves engaging with community organizations, health fairs, and parent-teacher associations to promote health education and services.

Confidentiality:
The ethical and legal obligation to protect private health information, particularly relevant for student health records under HIPAA and FERPA.

Consultant:
A role of the school nurse where they provide health information and recommendations to school administrators, teachers, and parent groups, influencing school policies.

Counselor:
A role of the school nurse that involves assisting students with mental health needs, providing a safe space to confide, and referring to appropriate services.

Crisis Teams:
Groups prepared to help the school community respond quickly to and cope with sudden events like natural disasters or violence, often including the school nurse.

Delegation:
The process by which a registered nurse authorizes a competent unlicensed assistive personnel (UAP) or licensed practical nurse to perform specific nursing tasks, such as medication administration, under supervision.

Direct Caregiver:

A primary role of the school nurse involving the provision of immediate nursing care to ill or injured children or school staff members, and ongoing care for chronic illnesses.

Do Not Attempt Resuscitation (DNAR) Orders:
Legal medical orders specifying that cardiopulmonary resuscitation (CPR) should not be performed, which may apply to students with terminal illnesses in schools.

Education for All Handicapped Children Act (1975):
Federal law requiring that children with disabilities have services provided for them in schools, amended multiple times and replaced by IDEA.

Emergency Plan:
A pre-established routine or set of procedures for the school nurse and staff to follow during various emergencies, including natural disasters, manmade incidents, and health crises.

Ethical Practice:
A core competency for school nurses, requiring them to provide nursing care to students while separating personal beliefs from professional responsibilities, and referring students when personal beliefs conflict.

Every Student Succeeds Act (ESSA) (2015):
A federal law that revised the No Child Left Behind Act, strengthening requirements for academic achievement for disadvantaged students and including provisions for safe and healthy schools.

Family Education Rights and Privacy Act (FERPA) (1974):
Federal law that protects the privacy of student educational records, including health information maintained by schools receiving federal funding.

Framework for 21st Century School Nursing Practice:
A guiding model developed by the NASN integrating various principles to support student health and academic success in a healthy and safe school environment.

Health Educator:
A role of the school nurse that involves teaching children, parents, and school personnel about health promotion, disease prevention, and healthy lifestyles.

Health Insurance Portability and Accountability Act (HIPAA) (1996):
Federal law that protects the privacy and security of health information, applicable to student health records in schools.

Healthy, Hunger-Free Kids Act (HHFKA) (2010):
A reauthorization of the Child Nutrition Act, reforming school meal programs to increase funding and set nutritional quality policies.

Healthy People 2030:
National objectives aimed at improving the health of all Americans, including specific goals related to children's health in schools and the presence of school nurses.

Individualized Education Plans (IEPs):
Written plans developed for students with disabilities, outlining their educational goals and the special education and related services they will receive, often coordinated with school nurses.

Individualized Health Plans (IHPs):
Detailed plans developed by the school nurse for students with specific health conditions, outlining the care and accommodations needed to support their health and participation in school.

Individuals with Disabilities Education Act (IDEA) (1997):
Federal law requiring educational services for all disabled children from birth through age 22, mandating accommodations for special needs.

Levels of Prevention:
A public health framework applied in schools, categorized into primary (preventing disease/injury), secondary (early intervention/screening), and tertiary (managing chronic conditions/preventing complications).

Mandated Reporters:
A legal designation for school nurses, requiring them to report suspected cases of child abuse or neglect to appropriate authorities.

National Association of School Nurses (NASN):
The leading professional organization for school nurses, setting standards, advocating for the profession, and providing resources.

National Board for Certification of School Nurses (NBCSN):
Provides national certification for school nurses, requiring RN licensure and a bachelor's degree in a health-related field.

No Child Left Behind Act (2001):
Federal legislation that required a healthy environment in schools and accommodations for academic achievement for children with disabilities, revised by ESSA.

Pediculosis (Lice):
Head lice infestation, a common issue in schools where nurses are involved in education and policy advocacy, often against "no-nit" policies due to their ineffectiveness and negative impact.

Primary Prevention:
Health interventions focused on preventing the onset of disease or injury in healthy individuals, such as health education or vaccinations.

Researcher:
A role of the school nurse that involves staying current with evidence-based practice and potentially participating in studies to improve school nursing care and outcomes.

School-based Health Centers (SBHCs):
Clinics located within schools that provide a variety of health services, including primary care, dental, and mental health services, to students.

School Health Policies and Practices Study (SHPPS) (2016):
A periodic study that evaluates the components of the WSCC model in schools across the United States.

Secondary Prevention:
Health interventions focused on early detection and prompt treatment of health problems, such as screenings, emergency care, and medication administration.

Section 504 of the Rehabilitation Act of 1973:
Federal law prohibiting discrimination against individuals with disabilities in programs receiving federal funding, requiring schools to provide necessary health services.

Tertiary Prevention:
Health interventions focused on managing existing chronic conditions, preventing complications, and restoring individuals to their highest possible level of function, such as care for asthma or diabetes.

Whole School, Whole Community, Whole Child (WSCC) model:
A framework developed by the CDC's Healthy Schools initiative that emphasizes a comprehensive, collaborative approach to student health and well-being.