New Jersey Department of Education

# Model Nursing Services Plan



# Nursing Services Plan

The provision of nursing services in New Jersey public schools is required and governed by both New Jersey statutes and regulations. Pursuant to N.J.S.A. 18A:40-3.3 2. a., a local educational agency (LEA), shall only utilize or employ, for the provision of nursing services in the public schools, persons holding an educational services certificate with an endorsement as a school nurse issued by the State Board of Examiners, except for those non-nursing personnel who are otherwise authorized by statute or regulation to perform specific health related services. An LEA may supplement the services provided by the certified school nurse with non-certified nurses, provided that the non-certified nurse is assigned to the same school building or school complex as the certified school nurse.

"Nursing services plan" means a plan that describes in detail the nursing services to be provided throughout the school district based on the needs of its students, potential emergency situations, basic nursing service requirements, and the assignment of medical staff to provide the services (N.J.A.C. 6A:16-1.3).

In preparing the nursing services plan, consideration was given to student census, student health concerns and required and assigned job responsibilities of school-based medical staff. The school physician consulted with the school district certified school nurse(s) to obtain input for the development of the school nursing services plan, pursuant to N.J.A.C. 6A:16-2.1(b). The attached Nursing Services Plan provides justification for the following assertion:

☐ Staffing as identified in the plan is deemed adequate.

☐ Staffing as identified in the plan is deemed inadequate.

School Physician _____

Superintendent _____

Pursuant to N.J.A.C. 6A:16-2.1(b), each district board of education is required to adopt the school district's nursing services plan at a regular meeting.

Board Approved (date)_____

The Nursing services plan provides data that reflects a school nurse's workload, including time spent on routine care, administrative tasks, individual student health needs, and the broader health needs of the school community. There is no established formula for determining adequate staffing. Districts should consider factors such as student age, ability, and complex issues such as social determinants of health, care coordination, and the unique health needs of the student population. Relying solely on a basic nurse-to-student ratio is not evidence-based and fails to capture the full scope and complexity of the school nurse's roles and responsibilities. When determining adequate staffing, consideration should be given to student census, identified acuity levels and job-related expectations, including those reflected in statute and New Jersey Administrative Code.

## Part I Nursing Assignment Sufficient to Provide Services to Students

**Instructions for completing Part I**

### Anecdotal description

The makeup of the district (number and types of schools), student population, description of duties and responsibilities not necessarily required in code but required as part of the job expectation within the district should be considered. This may include assistance with field trips, class events, reviewing home instruction requests, checking attendance, surveillance of infectious conditions (SIC) reporting, first aid to staff, reviewing free and reduced lunch applications, classroom instruction related to health, bus driver training, staff education and training, and completing accident reports. It may also include committee work or the coordination of education programs for students and staff such as breast cancer awareness, "Go Red for Heart Health", school wellness activities such as coordinating vaccine clinic (flu), emergency response drills, or leading the wellness committee.

### Levels of Nursing Care for Students: Severity Coding

Students may exhibit a wide range of health needs—some of which are potentially life-threatening conditions or chronic illnesses. Severity coding is a method used to plan appropriate staffing levels based on the diverse health needs of students. This model helps determine the necessary nursing support for students within a school building. The National Association of School Nursing and the American Nurses Association support the use of acuity measures when identifying staffing needs. The acuity model is a guide rather than a rigid tool.

Students with significant chronic conditions often require regular or daily nursing care. However, a medical diagnosis alone does not automatically determine a severity code. Assigning a severity code involves professional judgment by the medical team. It is important for all stakeholders to work together to ensure students' medicals needs are met while minimizing disruption to their participation and progress in educational offerings. The severity code should reflect the individual student's specific healthcare needs.

To support consistent ratings, each category includes a description to guide decision-making. The medical team will assign each qualifying student to one of the following categories, based on their expected level of care:

- Level 1: Routine or non-specific health concerns.
- Level 2: Medically complex.
- Level 3: Medically fragile.
- Level 4: Nursing dependent.

### Level 1: Routine or Non- Specific Health Concerns

Most students will fall into this category. Students in this category have no medical diagnosis affecting their ability to function at school. There are no care plans or specialized procedures necessary. The students' physical and/or social-emotional condition is currently uncomplicated and predictable.

### Level 2: Medically Complex

The student has been diagnosed with a medical condition that is well managed. The student may independently provide self-care such as blood sugar testing or self-administration of asthma medication, for example. Students with a diagnosis of autism with or without communication concerns may fall into this category. Students in this category may have an Emergency Care Plan, an Individualized Health Care Plan (IHCP), and/or a Classroom Management Plan.

### Level 3: Medically Fragile

Students with complex healthcare needs require frequent or daily attention or specialized intervention. An emergency healthcare plan and plan of nursing care developed by a registered nurse must be complete, current, and always accessible to personnel in contact with medically fragile children. Examples include students with diabetes requiring frequent testing (poorly controlled with frequent highs and lows), recurring seizures, or severe asthma requiring frequent health office visits and nursing assessment and care.

### Level 4: Nursing Dependent

Nursing dependent students require 24 hours a day, one-to-one, skilled nursing care. They may be dependent on technological devices for breathing such as a respirator, and/or require continuous nursing assessment and intervention. Without effective use of medical technology and immediate availability of nursing care, the student may experience irreversible damage or death.

## Sample Scenarios for Consideration:

- Two students with diabetes may have different care needs. One may be independent and rated as Level 2 – Medically Complex, while another who requires assistance with blood sugar testing, carb counting, and insulin administration may be rated as Level 3 – Medically Fragile.
- A student with spina bifida who is not yet independent in bladder management may require 15 minutes of nursing care twice daily for catheterization. As the student becomes more self-sufficient and begins self-catheterizing, the severity code may be adjusted accordingly.
- The National Institutes of Health classifies asthma from Level 1 (mild intermittent) to Level 4 (severe persistent). All students with asthma require an Emergency Care Plan (ECP), an Individual Health Care Plan (IHP), and likely, a Classroom Management Plan. A student with mild intermittent asthma may be assigned Level 2 – Medically Complex, while one with severe persistent asthma may be classified as Level 3 – Medically Fragile.

## Nursing Assignment Plan

**Directions for Populating the Table:**

- Name of School: In each column labeled "Name of school," write the name of a specific school.
- Grade Level(s): Enter the corresponding grade bands served in the school.
- For the remaining cells, insert the number of students aligned to the description in the first column on the left.

Medical Staff: For the Certified School Nurse row, enter the name or names of the certified school nurse(s) assigned to each school. For all other "Medical Staff," enter the number for each type of medical staff member at each school. For staff that are not full-time, reflect the amount of time they are available in the school relative to a full-time employee (i.e., 1.5FTE)

The chart may be further modified to better reflect the unique make-up and needs of your district. This flexibility ensures that the chart can be tailored to provide the most accurate and useful information for your specific context.

As a reminder, this table should reflect filled positions not allocated positions. Be sure to include satellite Preschools. If one certified school nurse is assigned to more than one building, enter the name of that certified school nurse to each building they are assigned to. If a position is vacant and is temporarily filled by a substitute, mark the position as vacant.

| | **Project Before Cheesequake** | **Project Before Selover** | **Arleth Elementary School** | **Eisenhower Elementary School** | **Truman Elementary School** | **Wilson Elementary School** | **Samsel Upper Elementary School** | **Sayreville Middle School** | **Sayreville War Memorial High School** |
|---|---|---|---|---|---|---|---|---|---|
| Grade level(s) | Preschool 3 year old – Preschool 4 year old | Preschool 3 year old – Preschool 4 year old | Kindergarten – 3rd | Kindergarten – 3rd | Kindergarten – 3rd | Preschool 3 year old – Preschool 4 year old; Kindergarten – 3rd | 4th-5th | 6th-8th | 9th-12th |
| # of students enrolled | 261 | 238 | 478 | 516 | 399 | 372 | 883 | 1309 | 1699 |
| # of students level 1 | 164 | 209 | 332 | 370 | 301 | 300 | 837 | 971 | 817 |
| # of students level 2 | 97 | 29 | 143 | 146 | 95 | 72 | 48 | 336 | 795 |
| # of students level 3 | N/A | 1 | 2 | 1 | 3 | 1 | 2 | 2 | 11 |
| # of students level 4 | N/A | N/A | 1 | 1 | N/A | N/A | 1 | N/A | 1 |

| **Certified School Nurse** | **Project Before Cheesequake** | **Project Before Selover** | **Arleth Elementary School** | **Eisenhower Elementary School** | **Truman Elementary School** | **Wilson Elementary School** | **Samsel Upper Elementary School** | **Sayreville Middle School** | **Sayreville War Memorial High School** | **Float Nurse & District Health & Medical Office** |
|---|---|---|---|---|---|---|---|---|---|---|
| Certified School Nurse | Mary Kukuvka, CSN, BSN, RN-BC | Caitlyn Odgers, BSN, RN, CSN | Kimberly Zandstra, RN, BSN, CSN | Samantha Avallone, RN, BSN, CSN | Cindy O'Brien, RN, BSN, MSN, CSN, CMSRN | Elena Makarets, RN, BSN, CSN | Joanna Wojda, RN, BSN, CSN | Heather Rosario, BSN, RN, CSN<br>Patricia Esposito, BSN, RN, CSN | Stephanie Morris, MSN, RN, CSN-NJ<br>Rebecca Thompson, RN, BSN, CSN | Jodi Knoll, BSN, RN, CSN<br>Bridget Vicini, RN, CSN |
| Emergency certified nurse | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-certified nurse (RN) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| LPN (licensed practical nurse) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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| *Insert any other medical staff deemed necessary** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Part II Basic Nursing Services

**Instructions for completing Part II**

This section requires you to indicate yes, no, or not applicable (N/A) describing compliance with requirements. Each line reflects a regulatory or statutory requirement. Links are included to assist staff with locating forms, fact sheets or additional supporting information. Adherence to the health-related statutes and code requirements outlined in this section may be carried out by the school nurse. However, school districts may have developed alternative procedures that do not involve the school nurse. Details on how these requirements are fulfilled may be included in the comments section.

**Regulations and statutes related to school health services**

| Requirements | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Maintain student health information on the State of New Jersey Health History Appraisal Record (A-45) either hard copy or electronic. | X | | | |
| Review immunization records for completeness pursuant to N.J.A.C. 8:57-4.1 - 20. | X | | | |
| Provide for the administration of medication pursuant to N.J.A.C. 6A:16-2.1(a)2. | X | | | |
| Review of DNR orders received from the student's parent or medical home N.J.A.C. 6A:16-2.1 (a)3. | | | X | |
| Development of an individualized healthcare plan and individualized emergency healthcare plan for students with chronic | X | | | |

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| medical conditions; including diabetes, asthma, and life-threatening allergies in accordance with N.J.S.A. 18A:40-12.11(c), 12.12, 12.13, and 12.15; and N.J.A.C. 6A:16-2.3(b)3.xii-xiii | | | | |
| Perform tuberculosis tests on students using methods required by the New Jersey Department of Health based upon the incidence of tuberculosis or reactor rates in specific communities or population groups pursuant to N.J.S.A. 18A:40-16. | **X** | | | |
| Require parents to provide, within 30 days of enrollment, entry-examination documentation for each student. N.J.A.C.6A:16-2.2(h)2.i. | **X** | | | |
| Ensure that students receive health screenings. Screenings shall be conducted by a school physician, school nurse, or other properly trained school personnel. N.J.A.C.6A:16-2.2(l)<br>• Screening for height, weight, and blood pressure shall be conducted annually for each student in kindergarten through grade 12.<br>• Screening for visual acuity shall be conducted biennially for students in kindergarten through grade 10.<br>• Screening for auditory acuity shall be conducted annually for students in kindergarten through grade three and in grades seven and 11.<br>• Screening for scoliosis shall be conducted biennially for students between the ages of 10 and 18. | **X** | | | |
| Pursuant to N.J.A.C.6A:16-2.2(l)6, the school district shall ensure notification of the parent/guardian of any student suspected of deviation from the recommended standard. | **X** | | | |
| Pursuant to N.J.A.C. 6A:16-2.2(j), provide Information about NJ Family Care for students who do not have health insurance. | **X** | | | |
| The school nurse shall review the completed health history update questionnaires and share with the school athletic trainer for review, if applicable, pursuant to N.J.S.A. 18A:40-41.7. | **X** | | | |

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| Annually distribute the educational factsheet on meningitis to parents or guardians of students entering sixth grade as required by N.J.S.A. 18A:40-21.2 | X | | | |
| Annually distribute a fact sheet to parents or guardians of students in grade seven about the causes, symptoms and means of transmission of HPV, and where additional information can be obtained as required by N.J.S.A. 18A:40-42 | X | | | |
| N.J.S.A. 18A:40-12.6 requires that, in consultation with the board of education, the certified school nurses designate and train school employees who volunteer to administer epinephrine when the school nurse is not physically present at the scene. | X | | | |
| N.J.S.A. 18A:40-41a through 41c, requires public and nonpublic schools to have an automated external defibrillator (AED) available in an unlocked location with an appropriate identifying sign and to establish emergency action plans for responding to sudden cardiac events. In addition, every school must have at least five school employees certified in CPR/AED as part of their action plan for responding to a sudden cardiac event. | X | | | |
| As per N.J.S.A. 18A:35-5.3 annual training is required of all teachers who instruct students with Lyme Disease. | X | | | |
| P.L.2013, c.46. requires each school that includes any of the grades nine through 12 to maintain a supply of opioid antidotes under the standing order in a secure but unlocked and easily accessible location. | X | | | |
| N.J.S.A. 18A:40-43 requires every public school with students in grades seven through 12 to ensure that posters providing information on the provisions of the "New Jersey Safe Haven Infant Protection Act" are prominently displayed in the school nurse's office and health education classrooms. In addition, pamphlets and | X | | | |

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| other educational materials providing information about the safe haven procedures must be available in the guidance/counseling center. | | | | |
| For all schools participating in an interscholastic sports, intramural sports, or cheerleading program the following documents are to be distributed to every student-athlete and cheerleader in any grade level:<br>• Sudden Cardiac Death in Young Athletes Brochure* (N.J.S.A.18A:40-41)<br>• Opioid Use and Misuse Educational Fact Sheet* (N.J.S.A.18A:40-41.10)<br>• Sports Related Concussion and Head Injury Fact Sheet* (N.J.S.A.18A:40-41.2)<br>These documents (*) require a parent/guardian sign-off form.<br>Sports Related Eye Injury Fact Sheet to be distributed annually to parents/guardians of all students. (N.J.S.A.18A:40-41.9) | **X** | | | |
| In accordance with Executive Order No. 302 and Executive Directive No. 21-011, K-12 schools must report weekly data to NJDOH through the in New Jersey's Communicable Disease Reporting and Surveillance System (CDRSS). | **X** | | | |
| N.J.S.A.18A:40-12.11-12.21, annually educate all school personnel who may come in contact with a student with diabetes, including signs and symptoms of hyper and hypoglycemia. Post reference signs identifying signs and symptoms of hypoglycemia. | **X** | | | |
| N.J.S.A. 18A:40-12.9 requires annual asthma education opportunities for teaching staff.<br>(*This training may be done by the school nurse, or the district may have an online training program to meet this requirement. Compliance may fall under human resources).* | **X** | | | |

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|---|---|---|---|---|
| Annual In-Service on Blood Borne Pathogens for school staff. N.J.A.C. 8:61-2<br>*(This training may be done by the school nurse, or the district may have an online training program to meet this requirement. Compliance may fall under human resources).* | **X** | | | |
| All educational staff members shall receive annual in-service training in alcohol, tobacco, and other drug abuse prevention and intervention, in accordance with N.J.S.A. 18A:40A-3 and 15.<br>*(This training may be done by the school nurse, other appropriately credentialed personnel, or the district may have an online training program to meet this requirement. Compliance may fall under human resources).* | **X** | | | |

## Part III Summary of Specific Individual Student Needs

**Instructions for completing this section**

Provide information based on enrollment data as of October 15 and the anticipated services to be provided to those students. Enter the number of anticipated screenings according to the student population. This information should be school-specific. Feel free to modify the chart to better reflect the unique make-up and needs of your district. Larger districts may require additional pages to report data for each individual school.

| Mandatory Health Screenings N.J.A.C.6A:16.2(l) | Project Before Cheesequake | Project Before Selover | Arleth Elementary School | Eisenhower Elementary School | Truman Elementary School | Wilson Elementary School | Samsel Upper Elementary School | Sayreville Middle School | Sayreville War Memorial High School |
|---|---|---|---|---|---|---|---|---|---|
| Height, Weight, Blood pressure (annually) | 168 | 149 | 478 | 516 | 399 | 372 | 883 | 1,309 | 1699 |
| Visual acuity (biennially for students in kindergarten through grade 10.) | N/A | N/A | 261 | 280 | 399 | 209 | 458 | 869 | 419 |
| Hearing (K,1,2,3,7,11) | N/A | N/A | 478 | 516 | 399 | 372 | N/A | 440 | 442 |
| Scoliosis (biennially for students between age 10 and 18) | N/A | N/A | N/A | N/A | N/A | N/A | 424 | 440 | 851 |

**Instructions for Reporting Medications and Treatments**

- **Scheduled Daily Medications and Treatments**
    - Enter the number of scheduled daily medications and scheduled daily treatments.
    - If a medication or treatment is scheduled multiple times a day for the same student, count each scheduled occurrence separately.
    - Daily medications are those prescribed to be administered at regular times (e.g., morning, lunch, end of school day).
    - Examples of scheduled treatments include routine blood sugar checks (e.g., before PE, recess, or dismissal), catheterizations, and tube feedings.
- **PRN / pro re nata (As-Needed) Medications**

- Enter the number of PRN medications ordered.
- Count each medication order separately, even if multiple PRN medications are ordered for the same student.
- Note: Insulin may be counted both as a scheduled daily medication (e.g., meal-time bolus) and as a PRN medication (e.g., correction dose in response to blood sugar levels).

- **Additional Considerations**
  - Tracking the daily medication and treatments in addition to PRN medications may assist with identifying the potential need for medication administration during school-sponsored activities, such as field trips.

| Medication and Treatments | Project Before Cheesequake | Project Before Selover | Arleth Elementary School | Eisenhower Elementary School | Truman Elementary School | Wilson Elementary School | Samsel Upper Elementary School | Sayreville Middle School | Sayreville War Memorial High School |
|---|---|---|---|---|---|---|---|---|---|
| Daily Medications | 0 | 1 | 3 | 3 | 1 | 2 | 3 | 5 | 6 |
| Daily Treatments | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 3 |
| PRN (as needed) Medications | 14 | 14 | 18 | 24 | 26 | 25 | 56 | 14 | 76 |

**Student specific health concerns**

The identification of student health concerns or diagnoses provides essential documentation of the unique health needs of the student population and the anticipated care needed. While it is not practical or expected to list every health concern, each nurse should use professional judgment when reporting diagnoses that necessitate specific nursing care within the school setting. Emphasizing health conditions that may lead to emergencies or require significant case management, education, and staff training is a more effective way to highlight the school nurse's roles and responsibilities and workload.

Certain health concerns may call for the development of an Emergency Health Care Plan, (ECP) an Individual Health Care Plan (IHP), or a Student Health Plan/Classroom Management Plan. Each case is unique. Because health conditions can change over time—and some, like asthma or food

allergies, may be outgrown—annual documentation or updates from the student's healthcare provider are required for a diagnosis to be included in the Nursing Services Plan. Acceptable documentation includes updated medication orders or an emergency action plan from the healthcare provider.

**Definitions:**

**Emergency Care Plan -** A student-specific plan that identifies specific actions in a health emergency. An emergency health care plan is indicated for students with potentially life-threatening health concerns such as asthma, diabetes, life threatening allergy, or seizure disorder.

**Individual Health Care Plan** - A plan written by the school nurse utilizing the nursing process to identify nursing interventions and expected student healthcare outcomes.

**Student Health Plan/ Classroom Management Plan** - A clear description of how the student's health needs will be met in the school setting.

| Health Conditions / Health Needs | Project Before Cheesequake | Project Before Selover | Arleth Elementary School | Eisenhower Elementary School | Truman Elementary School | Wilson Elementary School | Samsel Upper Elementary School | Sayreville Middle School | Sayreville War Memorial High School |
|---|---|---|---|---|---|---|---|---|---|
| Number of students with a diagnosis of asthma from a healthcare provider | 12 | 9 | 16 | 34 | 25 | 13 | 21 | 103 | 152 |
| Number of students with a diagnosis of type 1 diabetes from a healthcare provider | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 10 |
| Number of students with a diagnosis of type 2 diabetes from a healthcare provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Number of students with a diagnosis of life-threatening allergy | 7 | 5 | 26 | 7 | 33 | 26 | 16 | 14 | 122 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| from a healthcare provider | | | | | | | | | |
| Number of students with a diagnosis of seizure disorder/ epilepsy from a healthcare provider | 2 | 2 | 9 | 1 | 5 | 1 | 4 | 4 | 7 |
| Number of students with a diagnosis of myalgic encephalomyelitis /chronic fatigue syndrome (ME/CFS) from a healthcare provider | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Number of students with a diagnosis of Lyme Disease | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of students with a mental health diagnosis. (This includes but is not limited to students with anxiety, depression, self-harm, eating disorders). | 0 | 0 | 9 | 19 | 2 | 8 | 1 | 15 | 44 |
| Number of students with a physical disability (Spina Bifida, Cerebral Palsy, Muscular Dystrophy) | 1 | 0 | 2 | 0 | 2 | 0 | 0 | 1 | 2 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Number of students with an organ transplant | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Other chronic health condition (such as cystic fibrosis) | 0 | 0 | 7 | 0 | 0 | 1 | 0 | 0 | 1 |
| Other unique health concerns. | 0 | 2 | 69 | 0 | 82 | 3 | 2 | 2 | 33 |
| | | | | | | | | | |
| Number of Emergency Health Care Plans (EHCP) | 17 | 1 | 18 | 2 | 2 | 1 | 41 | 2 | 3 |
| Number of Individual Health Care Plans (IHP's) | 20 | 14 | 25 | 53 | 26 | 27 | 48 | 24 | 48 |
| Number of Student Health Plans / Classroom Management Plans | 1 | 1 | 3 | 2 | 1 | 1 | 1 | 1 | 10 |

The school nurse may collaborate with the I&RS team through a tiered system of support, the 504 committee or the IEP team to ensure a student's health conditions do not impede their learning. This may include identifying health-related accommodations, sharing relevant health information, and identifying appropriate supports within the educational setting.

| Special Education Needs | Project Before Cheesequake | Project Before Selover | Arleth Elementary School | Eisenhower Elementary School | Truman Elementary School | Wilson Elementary School | Samsel Upper Elementary School | Sayreville Middle School | Sayreville War Memorial High School |
|---|---|---|---|---|---|---|---|---|---|
| Students with IEPs (Individualized Education Program) | 35 | 44 | 148 | 89 | 60 | 37 | 141 | 264 | 253 |
| Students in a self-contained special educational program | 12 | 11 | 80 | 9 | 0 | 0 | 19 | 3 | 48 |
| Students with a health related 504 Plan | 1 | 0 | 15 | 18 | 16 | 17 | 54 | 72 | 94 |

The National Institutes of Health (NIH) recognizes the key role school nurses play in supporting students who face social and economic challenges. Social Determinants of Health (SDOH) can significantly impact children's health. School nurses address these factors in their daily practice by assisting families to access healthcare services, translating health information, and addressing literacy barriers.

| Social Determinants of Health Demographics | Project Before Cheesequake | Project Before Selover | Arleth Elementary School | Eisenhower Elementary School | Truman Elementary School | Wilson Elementary School | Samsel Upper Elementary School | Sayreville Middle School | Sayreville War Memorial High School |
|---|---|---|---|---|---|---|---|---|---|
| Number of enrolled students | 261 | 238 | 478 | 516 | 399 | 372 | 883 | 1309 | 1699 |
| Students receiving free and reduced lunch | 108 | 55 | 192 | 212 | 163 | 174 | 363 | 515 | 663 |
| Students identified as being homeless / displaced | 1 | 0 | 2 | 1 | 5 | 2 | 4 | 2 | 4 |
| Students whose primary language is not English | 55 | 35 | 86 | 111 | 62 | 46 | 172 | 240 | 409 |

## Part IV Description of How Nursing Services will be Provided in all Emergency Situations

**Instructions for completing this section**

This is a description of how health services will be provided in all emergency situations for the school district. This may be reflected in district policy or procedure. Pursuant to N.J.A.C. 6A:16-2.1, each district board of education shall develop and adopt written policies, procedures, and mechanisms for providing health, safety, and medical emergency services and shall ensure staff are informed as appropriate.

Suggested information may include:

Acute / Crisis Plan:

- Creation and maintenance of an Emergency Management Kit ("Go-box") for utilization in crisis, emergency evacuations, or/and shelter-In-place situations.
- Cardiac or Respiratory Distress Action Plan.
- Number of AED's (Automatic External Defibrillators) deployment and delegates trained.
- Number of CPR trained school nurses/ coaches/athletic trainers/teachers/staff.
- Opioid antidote (Narcan) availability and staff training.
- Epinephrine availability and trained staff.

District Crisis Management Plan:

- Description of how student health needs are addressed during a lock down.
- Description of how student health needs are addressed during a shelter in place.
- Description of evacuation procedures for students with physical disabilities.
- Description of how care and support are provided in a traumatic incident.
- Description of district policy in response to a bus accident.

Community Rescue Squad and Emergency Paramedic Services:

- Identification of emergency response services provided to district schools.

| Description of How Nursing Services will be Provided in all Emergency Situations: |
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| |

Acute/Crisis Plan

- Each health office has a “go-bag” prepared for all emergency situations.
- Every school has a “code blue” team that consists of multiple staff members who are CPR certified and Epi-Pen delegates. The school will be instructed to remain in a shelter in place during a code blue event.
- Every building is equipped with AEDs to cover their building. The number of AEDs in each building varies depending on the size of the building. Our staff members are provided with the opportunity to receive CPR training on various days throughout the year.
- Every nurse, athletic trainer and coach in the school district are CPR certified. There are many teachers and volunteers who have received certification as well.
- Narcan is available in every school.
- There are EpiPens available in every school and training is provided to staff members who volunteer to be a delegate.

District Crisis Management Plan:

- During a lockdown: Every year staff members review training videos that instruct on ways to manage a seizure and asthma. Staff members are also provided with a packet that addresses asthma, allergies, diabetes, seizures, bloodborne pathogens, concussions and choking. Staff will assist student in their classroom until they receive the “all clear” from law enforcement. At that time the nurse and emergency medical services will be escorted by law enforcement to the areas of the school that require immediate medical attention.

- During a shelter in place: Nurses will be able to move through the building and provide care with the approval of administration depending on the situation.
- Evacuation Procedures for students with physical disabilities: Each school has a specific evacuation plan for their students with disabilities. Most of the schools who have a second floor are equipped with an evacuation chair.
- Care and support during a traumatic incident: The school nurses and emergency medical services will provide care to anyone injured. School counselors and/or outside professionals will provide support during a traumatic incident.
- District Policy on Bus Accident: The bus driver will contact the police immediately following an accident. The school principal and the business administrator may also be called in to the accident if necessary. The school nurse will assess any student who was in a bus accident who is displaying or feeling any symptom of an injury. If the accident occurred on the way to school the nurse would assess when the students arrived at the school, if it occurred on the way home the nurses would assess these students the next day.

Identification of emergency response services provided to district schools:

- Every school has a police officer in the school every day. They assist in requesting emergency response services when needed.

## Part V. Narrative for Nursing Services and Additional Health Services Provided to Non-Public Schools

**Instructions for completing this section**

N.J.A.C. 6A:16-2.5 Requires the district board of education having nonpublic schools within school district boundaries to provide nursing services to students enrolled in a nonpublic school, pursuant to N.J.S.A. 18A:40-23. Include a narrative regarding services provided to non-public schools. This may include a statement verifying that the required conference was held with the nonpublic school and a description of the type and number of services provided during the previous school year. If the district does not serve any non-public schools include that statement in this section.

| Narrative for Nursing Services and Additional Health Services Provided to Non-Public Schools: |
| --- |
| Non-public nursing services are provided in accordance with New Jersey requirements through a non-public nursing services agreement with the Educational Services Commission of New Jersey (ESCNJ) for St. Stanislaus Kostka School located at 221 MacArthur Ave, Sayreville, NJ 08872. |

## Part VI End of Year Data

**Instructions for completing this section**

The end-of-year data reflects work performed during the year. This information identifies health trends, nursing interventions, emergency response data and the school nurse's ability to complete clerical tasks and screening assignments.

This data should be gathered all year and populated by July 1 of the current calendar year (i.e., school year 2024-2025 data should be populated by July 1, 2025).

| End of Year Data (2025-2026) | Project Before Cheesequake | Project Before Selover | Arleth Elementary School | Eisenhower Elementary School | Truman Elementary School | Wilson Elementary School | Samsel Upper Elementary School | Sayreville Middle School | Sayreville War Memorial High School |
|---|---|---|---|---|---|---|---|---|---|
| Number of students on home instruction | 1 | 0 | 3 | 2 | 1 | 0 | 1 | 6 | 42 |
| Number of students chronically absent | 92 | 42 | 41 | 35 | 30 | 25 | 50 | 183 | 234 |
| Number of students chronically absent with a known health condition | 1 | 0 | 6 | 6 | 1 | 0 | 5 | 8 | 11 |
| Number of students chronically late | 31 | 60 | 22 | 16 | 16 | 14 | 12 | 52 | 151 |
| Number of students | 0 | 0 | 1 | 3 | 0 | 0 | 1 | 11 | 67 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| chronically late with a known health condition | | | | | | | | | |

The role and responsibilities of the school nurse extend beyond direct student contact. Supporting student health and wellness often occurs when students are not physically present in the health office. This may include building-based meetings as well as communication with parents and health care providers. School nurses should document communications that support specific student health concerns.

| **Meetings** | **Project Before Cheesequake** | **Project Before Selover** | **Arleth Elementary School** | **Eisenhower Elementary School** | **Truman Elementary School** | **Wilson Elementary School** | **Samsel Upper Elementary School** | **Sayreville Middle School** | **Sayreville War Memorial High School** |
|---|---|---|---|---|---|---|---|---|---|
| District or Building Based (504, I&RS, CST, admin.) | 1 | 4 | 2 | 22 | 2 | 1 | 5 | 9 | 3 |
| Re-entry (after student returns from prolonged illness or hospitalization | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 0 |
| Parent meetings | 0 | 0 | 2 | 5 | 2 | 2 | 0 | 1 | 0 |
| Direct contact with Health Care Providers | 1 | 1 | 1 | 6 | 3 | 2 | 4 | 1 | 15 |

The number of screenings completed may be different than the number of screenings expected or required to be completed. This may be due to

several factors including scheduling difficulties, other job responsibilities or emergencies not allowing time for screenings to be conducted. Pursuant to N.J.A.C.6A:16-2.2(l)6, the school district shall notify the parent of any student suspected of deviation from the recommended standard. Districts should identify accepted standard results and procedures for addressing results deviating from the recommended standard. Care coordination includes collaboration with families to connect students with available needed health resources. Districts may consider tracking the outcome of referrals to include any needed medical intervention. This data collection may be used to identify student and community health needs.

| Administrative | Project Before Cheesequake | Project Before Selover | Arleth Elementary School | Eisenhower Elementary School | Truman Elementary School | Wilson Elementary School | Samsel Upper Elementary School | Sayreville Middle School | Sayreville War Memorial High School |
|---|---|---|---|---|---|---|---|---|---|
| Number of completed height, weight, and BP screenings (annually) | 156 | 153 | 446 | 489 | 405 | 251 | 850 | 1,659 | 1750 |
| Number of referrals for deviation from expected standard | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 296 | 1 |
| Number of completed vision screenings | 268 | 253 | 183 | 229 | 405 | 142 | 420 | 850 | 435 |
| Number of referrals for deviation from expected standard | 0 | 3 | 8 | 20 | 6 | 9 | 33 | 96 | 25 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| vision results | | | | | | | | | |
| Number of referrals resulting in healthcare provider intervention related to vision screening | 0 | 3 | 8 | 1 | 2 | 9 | 7 | 3 | 5 |
| Number of completed hearing screenings | 0 | 153 | 371 | 489 | 405 | 307 | 2 | 417 | 420 |
| Number of referrals for deviation from expected hearing screening results | 0 | 0 | 4 | 5 | 0 | 6 | 0 | 17 | 6 |
| Number of referrals resulting in healthcare provider intervention related to hearing screening | 0 | 0 | 2 | 1 | 0 | 2 | 0 | 1 | 2 |
| Number of completed | 0 | 0 | 0 | 0 | 0 | 0 | 430 | 413 | 840 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| scoliosis screenings | | | | | | | | | |
| Number of referrals for deviation from expected scoliosis screening results | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
| Number of referrals resulting in healthcare provider intervention related to scoliosis screening | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of referrals for suicide ideation | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of referrals for under suspicion (under the influence) | **WE DO NOT REFER THESE STUDENTS** | **WE DO NOT REFER THESE STUDENTS** | **WE DO NOT REFER THESE STUDENTS** | **WE DO NOT REFER THESE STUDENTS** | **WE DO NOT REFER THESE STUDENTS** | **WE DO NOT REFER THESE STUDENTS** | **WE DO NOT REFER THESE STUDENTS** | **WE DO NOT REFER THESE STUDENTS** | **WE DO NOT REFER THESE STUDENTS** |
| Number of students with pregnancy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Number of new students (registrations) | 57 | 42 | 17 | 32 | 40 | 14 | 32 | 265 | 133 |
| Number of sports physicals reviewed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 601 | 1419 |
| Number of 90-day updates reviewed (athletics) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 601 | 1063 |
| Number of field trips | 0 | 0 | 3 | 0 | 2 | 3 | 26 | 44 | 102 |
| Reported communicable disease outbreaks | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 |

| **Student Care** | **Project Before Cheesequake** | **Project Before Selover** | **Arleth Elementary School** | **Eisenhower Elementary School** | **Truman Elementary School** | **Wilson Elementary School** | **Samsel Upper Elementary School** | **Sayreville Middle School** | **Sayreville War Memorial High School** |
|---|---|---|---|---|---|---|---|---|---|
| PE / recess excuse or limitation. | 3 | 4 | 26 | 49 | 14 | 34 | 105 | 218 | 225 |
| Number of students diagnosed with a concussion | 0 | 1 | 0 | 1 | 0 | 1 | 4 | 5 | 31 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Number of health office visits for injury | 855 | 556 | 1383 | 1535 | 1247 | 2482 | 1823 | 1333 | 1098 |
| Number of health office visits for illness | 1,094 | 1,015 | 1852 | 2158 | 1474 | 1823 | 4250 | 3010 | 2454 |
| Number of mental health office visits | 0 | 0 | 0 | 13 | 21 | 0 | 20 | 52 | 43 |
| Total number of health office visits (only include the number of students seen by an RN) | 2,304 | 1,571 | 3698 | 5308 | 3369 | 4305 | 6073 | 4,743 | 5484 |
| Number of students returned to class after being seen in the health office (only include students seen by the RN) | 2,012 | 1,403 | 3093 | 5003 | 1371 | 4037 | 7250 | 4221 | 2793 |
| Number of students sent home (only include students seen by the RN) | 292 | 168 | 309 | 382 | 350 | 268 | 665 | 250 | 611 |
| Number of student health office visits requiring a 911 call (only include students seen by | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 2 | 6 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| the RN) | | | | | | | | | |
| The number of students referred to urgent care | 0 | 3 | 2 | 10 | 2 | 2 | 34 | 0 | 0 |
| Number of students referred to a healthcare provider | 9 | 12 | 148 | 156 | 148 | 582 | 34 | 161 | 67 |
| Number of times epinephrine administered | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Number of times naloxone administered | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of times hydrocortisone sodium succinate administered | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of times glucagon administered | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of AED events | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of airway obstructions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## References

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