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## SECTION 2 – SCHOOL HEALTH SERVICES

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### Definition

School health services include services provided to appraise, protect and promote student health. These services are designed to ensure access and/or referral to primary health care services, foster appropriate use of primary health care services, and prevent and control communicable disease and other health problems. These services also provide direct care for acute and chronic health conditions, emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family and community health. Qualified professionals such as physicians, nurses, dentists, health educators and other allied health personnel provide these services (CDC, 2005).

### Rationale

School health services support education and health initiatives and promote the health and well-being of students. Research during the past decade has consistently confirmed a direct connection between student health status and achievement. Data demonstrate that school health services positively affect student achievement by:

- ✧ Improving school performance and academic achievement
- ✧ Lowering juvenile crime
- ✧ Increasing school attendance
- ✧ Decreasing drop-out and suspension rates
- ✧ Increasing graduation rates

(McCord, Klein, Foy, & Fothergill, 1993; Reynolds, Temple, Robertson, & Mann, 2001; Walters, 1996).

Multiple data sources also indicate that many students have emerging and emergent health care needs, chronic disease management needs, and concerns about safety and health risks. Schools must have clear medical and nursing policies and procedures to meet the health care needs of all students and to respond to medical emergencies. School health services include (1) services and programs developed and implemented by school nurses and school medical advisers, (2) school-based health centers that enhance services by addressing the immediate primary health care needs without removing students from school, and (3) preventive oral health programs, which provide oral health screening and sealants to reduce the incidence of tooth decay. All of these programs and services are designed to address the multiple health needs of students and reduce barriers to learning.

School nurses address health needs by facilitating positive growth and development; promoting health and safety; developing health care plans to address chronic health needs; intervening for actual and potential health problems; providing case management services; and actively collaborating with families, physicians, administrators and staff to improve student health (NASN, 1999). Schools are required by law to maintain health records and provide health screenings, which school nurses coordinate. School health services are clearly an essential component of the coordinated school health approach.

This section presents policy recommendations, policy rationale, implementation strategies and resources for school health services.

## Policy Recommendations

School health services are composed of a variety of services, functions and programs. These services should be based on current evidence and standards. In addition, nursing and school health practices need to be consistently implemented and promoted throughout the entire school community. The essential functions of school health services include screening, diagnostic, treatment and health counseling services; health promotion, prevention education and preventive services; and referrals to and linkages with other community providers (Marx, Wooley, & Northrop, 1998). The following guidance includes steps to (1) ensure the provision of care by school health professionals, (2) support the delivery of health promotion and health education in collaboration with districtwide health and physical education curriculum, and (3) collaborate within the school and in the community to make certain that the health needs of students are met.

Policy recommendations for school health services address the following seven areas.

1. **Highly qualified professionals.** The district shall employ highly qualified health services professionals.
2. **Adherence to standards of practice.** School nurses shall adhere to the scope and standards of professional school nurse practice.
3. **Evidence-based practices.** School health policies and procedures shall be based on evidence-based practices and standards.
4. **Coordination.** School health services shall be coordinated with other health and wellness programs, services, and recommendations.
5. **Connection to curriculum.** School health services shall connect with existing school-based curriculum that address the health and well-being of students and staff.
6. **Professional development.** School nurses and other health professionals shall receive professional development.
7. **Community collaboration.** School health services providers shall promote collaboration within the school community and with outside community members, including families.

## Policy Rationale and Implementation Strategies

### 1. *Highly qualified professionals.* The district shall employ highly qualified health services professionals.

Connecticut schools should employ highly qualified health professionals to meet school community health needs. School nurses should have proper training and demonstrate skills and competencies as defined by the Connecticut General Statutes (see Page 54) and the National Association of School Nurses (NASN).

School nursing is defined as a specialized practice of professional nursing that advances the well-being, academic success and lifelong achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (NASN, 1999). As a nursing specialty, school nursing requires advanced skills that include the ability to practice independently, supervise others, and delegate care in a community health setting (American Nurses Association, 2001).

According to Connecticut General Statute (CGS) 10-212, each local or regional board of education must employ one or more school nurses or nurse practitioners. State regulations further delineate specific education, experience and licensure requirements. More stringent than Connecticut statutes, NASN recommends the baccalaureate degree from an accredited college or university and licensure by the state as a registered nurse as the minimum requirement for preparing for independent practice, leadership/management and community health nursing. Given the complexity of the role of the school nurse and the growing health needs of students, school nurses today need the skills outlined in a baccalaureate program. Additionally, NASN supports state certification, where required, and promotes national certification of school nurses through the National Board for Certification of School Nurses.



In addition to a baccalaureate education, in order to perform at the highest level, school nurses need to practice in a safe environment which includes safe student to nurse ratios. These ratios should be based on the national requirements which are dependent on the complexity and severity of the students' health needs.

Implementation strategies include:

- ✧ Hire baccalaureate-prepared nurses.
- ✧ Provide educational opportunities for school nurses through the Connecticut State Department of Education, the Association of School Nurses of Connecticut, local hospitals, health departments and universities.

- ✧ Meet the national recommendations for school nurse to student ratios. These ratios are one school nurse to every 750 regular education, healthy students with decreasing ratios depending on the chronic and special health care needs of students (NASN, 2006).

**2. Adherence to standards of practice. School nurses shall adhere to the scope and standards of professional school nurse practice.**

The American Nurses Association (ANA) and NASN have defined school nursing as a specialty area of nursing practice and established the Scope and Standards of Professional School Nursing (ANA & NASN, 2005). The school nurse practices in an ever-changing environment, in terms of both student needs and settings. According to ANA and NASN, the variety of settings in which school nursing occurs include local educational agencies, alternative settings (such as juvenile justice centers, alternative treatment centers, preschools and residential programs), and the community (such as vocational settings, field trips, sporting events and other school-sponsored events). The key roles of the school nurse are clinician, advocate, service coordinator, health educator, liaison and interdisciplinary team member.

The school nurse must demonstrate expertise in pediatric and adolescent health assessments, community health, and adult and child mental health nursing. Strong skills in health promotion, assessment and referral, communication, leadership, organization, and time management are essential. Knowledge of health and education laws that affect students is critical, as are teaching strategies for the delivery of health education to clients and staff, both individually and collectively. School nurses practice autonomously and are often physically isolated from other nursing and healthcare colleagues; therefore they need to be comfortable and skilled with independent management of the health office and client caseload. Adhering to the professional school nurse standards will ensure that the school health services are high quality, evidence-based and safe



Implementation strategies include:

- ✧ Promote the development of continuing education programs based on the standards and competencies of professional practice through institutions of higher education, the professional school nurse organization, the state department of education, and other venues offering professional development for school nurses.
- ✧ Encourage school nurses to participate in pre-service education and continuing education related to the standards and competencies of professional practice.
- ✧ Provide adequate clinical supervision by a nursing supervisor to support adherence to the professional school nurse standards.
- ✧ Encourage the development of informal networks among school nurses within districts, regionally, and statewide through the professional organization in order to promote competencies among school nurses.

The following standards of professional school nursing, as set forth by ANA and NASN, provide the framework for practice and competency.

### ***Standards of School Nursing Practice***

**Standard 1. Assessment:** The school nurse collects comprehensive data pertinent to the client's health or situation.

**Standard 2. Diagnosis:** The school nurse analyzes the assessment data to determine the diagnosis or issues.

**Standard 3. Outcome Identification:** The school nurse identifies expected outcomes for a plan individualized to the client or the situation.

**Standard 4. Planning:** The school nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

**Standard 5. Implementation:** The school nurse implements the identified plan.

**Standard 5A: Coordination of Care:** The school nurse coordinates care delivery.

**Standard 5B: Health Teaching and Health Promotion:** The school nurse provides health education and employs strategies to promote health and a safe environment.

**Standard 5C: Consultation:** The school nurse provides consultation to influence the identified plan, enhance the abilities of others, and effect change.

**Standard 6. Evaluation:** The school nurse evaluates the process towards attainment of outcomes.

**Standard 7. Quality of Practice:** The school nurse systemically enhances the quality and effectiveness of nursing practice.

**Standard 8. Education:** The school nurse attains knowledge and competency that reflects current school nursing practice.

**Standard 9. Professional Practice Evaluation:** The school nurse evaluates one's own nursing practice in relation to professional standards and guidelines, relevant statutes, rules and regulations.

**Standard 10. Collegiality:** The school nurse interacts with, and contributes to the professional development of, peers and school personnel as colleagues.

**Standard 11. Collaboration:** The school nurse collaborates with the client, the family, school staff and others in the conduct of school nursing practice.

**Standard 12. Ethics:** The school nurse integrates ethical provisions in all areas of practice.

**Standard 13. Research:** The school nurse integrates research findings into practice.

**Standard 14. Resource Utilization:** The school nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of school nursing services.

**Standard 15. Leadership:** The school nurse provides leadership in the professional practice setting and the profession.

**Standard 16. Program Management:** The school nurse manages school health services.

Source: ANA & NASN, 2005

**3. Evidence-based practices. School health policies and procedures shall be based on evidence-based practices and standards.**

Each school district should have established written policies and procedures based on federal and state laws, evidence-based practice, and best practices. Such policies and procedures ensure that school nurses are basing their care and programs on regulatory and practice standards and guidelines. School nurses along with other school health staff, such as the school medical adviser, should engage with school administrators regarding the need for policies and procedures that also consider student needs and current research. This collaboration should result in well-established policies and procedures that promote the health and well-being of students and staff. These policies and procedures provide school personnel with sound direction regarding health services and programs. Publication of these policies encourages parental notification, communication and compliance with such policies (Schwab & Gelfman, 2001).

Implementation strategies include:

- ❖ Develop and implement school health policies that support a healthy school environment.
- ❖ Involve the school medical adviser and school nurse supervisor in the development of school health policies.
- ❖ Support a policy development process that is ongoing and includes routine reviews and revisions.
- ❖ Link school health policies with school and district efforts aimed at increasing student achievement.
- ❖ Ensure that school health policies and procedures are readily available to staff for guidance and reference.
- ❖ Disseminate significant school health policies and procedures to parents and staff using newsletters or parent handbooks



**4. Coordination. School health services shall be coordinated with other health and wellness programs, services, and recommendations.**

School health services, as an integral part of a coordinated school health approach, should coordinate health policies, programs and services with other districtwide efforts to promote the health and well-being of students. This coordination should be carried out through an existing coordinated school health team or the establishment of a coordinated school health team as outlined in Chapter 2 of this guide, *Fostering Collaboration and Establishing Local Practices*.

Implementation strategies include:

- ✧ Encourage the establishment or expansion of a coordinated school health team that advances the vision and direction for school health services and other school health activities.
- ✧ Involve the school medical adviser in the development and implementation of the coordinated school health team.
- ✧ Encourage school nurses to become leaders in promoting the link between health and achievement and coordinated school health approaches.
- ✧ Take advantage of the many opportunities to enhance school health services and other health initiatives by linking with the school wellness policies, comprehensive school health education and physical education, healthy snacks and other nutrition initiatives, school-based health centers, and mental health initiatives.
- ✧ Encourage ongoing collaboration between school health services and school-based health centers.

**5. Connection to curriculum. School health services shall connect with existing school-based curriculum that address the health and well-being of students and staff.**

School nurses are often involved in health teaching and health promotion in the course of their daily activities. Health education occurs during individual student visits, during family consultations, and in conjunction with comprehensive school health education and physical education classes.

Implementation strategies include:

- ✧ Ensure that school nurses are familiar with the Connecticut's *Healthy and Balanced Living Curriculum Framework* (<http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf>; also, see Section 1, Comprehensive School Health Education) and their own school district comprehensive school health education and physical education curriculum to ensure consistency across services, interventions, and programs.
- ✧ Include school nurses in the design, implementation, and evaluation of district comprehensive school health education and physical education curriculum.
- ✧ Involve school nurses and other health services professionals as health experts and resources to the comprehensive school health education and physical education professionals in their school. This may range from general health information and resources for classroom lessons to specific health information and adaptations based on individual student needs (e.g., adaptive physical education accommodations).

- ✧ Encourage school nurses to collaborate with other school and district communications, such as posters, displays, newsletters to families and staff, health fairs, and school radio stations.

**6. Professional development. School nurses and other health professionals shall receive professional development.**

School nurses, like other school health team members, need professional development opportunities that build skills necessary to provide innovative and evidence-based health services. Professional development should assist school nurses in evaluating their own practices and implementing new strategies. Professional development programs are most effective if they:

- ✧ Are designed to meet the specific needs of the school nurse and are based on the nurse's level of knowledge and expertise related to coordinated school health and school nursing practice
- ✧ Involve multiple sessions that span across time to allow the school nurse to practice and implement new strategies
- ✧ Provide opportunities for post-training sessions, networking with peers, and mentoring

Other school personnel should participate in professional development on the health needs of students. These opportunities may include topics such as food allergies, nutrition education, first aid, and other health-related topics.

Implementation strategies include:

- ✧ Assess and address school nurses' needs for professional development related to the professional school nurse standards and current health trends.
- ✧ Provide professional development opportunities within the district which may include evidence-based practices, current and emerging health trends, and strategies to link school health services to academic achievement.
- ✧ Encourage local health districts, hospitals, universities, state agencies, and non-profit organizations to develop professional development opportunities for school nurses.
- ✧ Collaborate with university schools of nursing to incorporate school health nursing into pre-service education programs.
- ✧ Encourage school nurses to join relevant state and national professional organizations.
- ✧ Support the development of professional development opportunities within the district for non-health school personnel on health issues and the coordinated approach to school health.
- ✧ Contact the Connecticut State Department of Education for assistance with professional development.

**7. *Community collaboration.* School health services providers shall promote collaboration within the school community and with outside community members including families.**

Addressing the health needs of students requires the efforts of the entire community, including families. School nurses can play an important role in promoting collaboration among the school, community health care providers, school-based health centers, social services, and other community-based programs. As a liaison between the family and the outside community, the school nurse often possesses the skills and knowledge necessary to build this collaboration.

Implementation strategies include:

- ✧ Support innovative efforts to incorporate health and wellness activities throughout the entire school day and across all curriculum areas.
- ✧ Collaborate with existing community programs to promote achievement for all students.
- ✧ Enlist the support of the school medical adviser to serve as a link to outside community efforts and services.
- ✧ Encourage school nurses to engage in health promotion and health teaching activities beyond individual student needs.



## Legislation Pertaining to School Health Services

Connecticut State Statutes, Chapter 169, School Health and Sanitation encompasses several statutes related to the provision of school health services within public schools in Connecticut. These statutes provide the framework for many school health policies regarding health monitoring, screening and the administration of medications. The full text of each statute can be found at <http://www.cga.ct.gov/2005/pub/Chap169.htm>.

Section 10-203. Compliance with public health statutes and regulations.

Section 10-203a. Guidelines re physical health needs of students. Optional adoption of plans by local and regional boards of education

Section 10-204. Vaccination.

Section 10-204a. Required immunizations.

Section 10-204b. Rubella immunization.

Section 10-204c. Immunity from liability.

Section 10-205. Appointment of school medical advisers.

Section 10-206. Health assessments.

Section 10-206a. Free health assessments.

Section 10-206b. Tests for lead levels in Head Start programs.

Section 10-207. Duties of medical advisers.

Section 10-208. Exemption from examination or treatment.

Section 10-208a. Physical activity of student restricted; boards to honor notice.

Section 10-209. Records not to be public. Provision of reports to schools.

Section 10-210. Notice of disease to be given parent or guardian.

Section 10-211. Notice to state board.

Section 10-212. School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history records checks.

Section 10-212a. Administration of medications in schools and at athletic events. Regulations.

Section 10-212b. Policies prohibiting the recommendation of psychotropic drugs by school personnel.

Section 10-212c. Life-threatening food allergies: Guidelines; District plans.

Section 10-213. Dental hygienists.

Section 10-214. Vision, audiometric and postural screenings: When required; notification of parents re defects; record of results.

Section 10-214a. Eye-protective devices.

Section 10-214b. Compliance report by local or regional board of education.

Section 10-215. Lunches, breakfasts and other feeding programs for public school children and employees.

Section 10-215a. Nonpublic school and nonprofit agency participation in feeding programs.

Section 10-215b. Duties of State Board of Education re: feeding programs.

Section 10-215c. Annual report.

Section 10-215d. Regulations re: nutrition standards for school breakfasts and lunches.

Section 10-216. Payment of expenses.

Section 10-217. Penalty.

Section 10-217a. Health services for children in private nonprofit schools. Payments from the state, towns in which children reside and private nonprofit schools.

Section 10-217b. Appropriation.

Section 10-217c. Definitions.

Section 10-217d. Warning labels.

Section 10-217e. Purchase of art or craft materials by local or regional school districts.

Section 10-217f. Availability of lists of carcinogenic substances, potential human carcinogens and certain toxic substances.

Section 10-217g. Exemptions.

## Legislation Pertaining to Development of Guidelines

**Connecticut General Statutes Section 10-203a. Guidelines re physical health needs of students. Optional adoption of plans by local and regional boards of education.** (a) Not later than January 1, 2007, the Department of Education shall (1) develop guidelines for addressing the physical health needs of students in a comprehensive manner that coordinates services, including services provided by municipal parks and recreation departments, and (2) make available to each local and regional board of education a copy of the guidelines. The department shall develop the guidelines after consultation with (A) the chairpersons and ranking members of (i) the joint standing committee of the General Assembly having cognizance of matters relating to education, and (ii) the select committee of the General Assembly having cognizance of matters relating to children, (B) at least one state-wide nonprofit organization with expertise in child wellness or physical exercise, and (C) the Connecticut Recreation and Parks Association. The guidelines shall not be deemed to be regulations, as defined in section 4-166. Local and regional boards of education may establish and implement plans based on the guidelines in accordance with subsection (c) of this section.

(b) The guidelines shall include, but need not be limited to: (1) Plans for engaging students in daily physical exercise during regular school hours and strategies for engaging students in daily physical exercise before and after regular school hours in coordination with municipal parks and recreation departments, (2) strategies for coordinating school-based health education, programs and services, (3) procedures for assessing the need for community-based services such as services provided by school-based health clinics, municipal parks and recreation departments, family resource centers and after-school programs, and (4) procedures for maximizing monetary and other resources from local, state and federal sources to address the physical health needs of students.

(c) Not later than April 1, 2007, each local and regional board of education may (1) establish a comprehensive and coordinated plan to address the physical health needs of students, and (2) base its plan on the guidelines developed pursuant to subsection (a) of this section. The board may implement such plan for the 2007-2008 school year and may have a plan in place for each school year thereafter. <http://www.cga.ct.gov/2007/pub/Chap169.htm#Sec10-203a.htm>

In addition to Chapter 169 School Health and Sanitation, the following legislation is also related to school health.

**Connecticut General Statutes Section 10-220h. Transfer of student records.** When a student enrolls in a school in a new school district, the new school district shall provide written notification of such enrollment to the school district in which the student previously attended school. The school district in which the student previously attended school (1) shall transfer the student's education records to the new school district no later than ten days after receipt of such notification, and (2) if the student's parent or guardian did not give written authorization for the transfer of such records, shall send notification of the transfer to the parent or guardian at the same time that it transfers the records. In the case of a student who transfers from Unified School District #1, the unified school district shall transfer the records of the student to the new school district which shall, not later than thirty days after receiving the student's education records, credit the student for all instruction received in Unified School District #1. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220h.htm>

**Connecticut General Statutes Section 10-220i. Transportation of students carrying cartridge injectors.** No local or regional board of education shall deny a student access to school transportation solely due to such student's need to carry a cartridge injector while traveling on a vehicle used for school transportation. For purposes of this section, "cartridge injector" means an automatic prefilled cartridge injector or similar automatic injectable equipment used to deliver epinephrine in a standard dose for emergency first aid response to allergic reactions. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220i.htm>

**Connecticut General Statutes Section 10-220j. Blood glucose self-testing by children.**

**Guidelines.** (a) No local or regional board of education may prohibit blood glucose self-testing by children with diabetes who have a written order from a physician or an advanced practice registered nurse stating the need and the capability of such child to conduct self-testing.

(b) The Commissioner of Education, in consultation with the Commissioner of Public Health, shall develop guidelines for policies and practices with respect to blood glucose self-testing by children pursuant to subsection (a) of this section. Such guidelines shall not be construed as regulations within the scope of chapter 54. <http://www.cga.ct.gov/2007/pub/Chap170.htm#Sec10-220j.htm>

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## Resources

Action Guide for School Nutrition and Physical Activity Policies: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2626&q=320754#Action>

American Academy of Pediatrics: <http://www.aap.org>

American School Health Association: <http://www.ashaweb.org/>

Association of School Nurses of Connecticut: <http://www.ctschoolnurses.org>

Association of Supervision and Curriculum Development, Healthy School Communities: <http://www.ascd.org/portal/site/ascd/menuitem.187f5eeabf5d4a29a62c2d69e3108a0c/>

Assuring Safe, High Quality Care in Pre-K through 12 Educational Settings, American Nurses Association, <http://www.nursingworld.org/readroom/position/practice/AssuringSafeHealthCarePreK.pdf>

Bright Futures: <http://www.brightfutures.org/>

Centers for Disease Control and Prevention, Division of Adolescent and School Health: <http://www.cdc.gov/HealthyYouth/index.htm>

Centers for Disease Control and Prevention: <http://www.cdc.gov>

Connecticut Board of Examiners for Nurses: [http://www.dph.state.ct.us/Public\\_Health\\_Hearing\\_Office/hearing\\_office/Nursing\\_Board/BOEN.HTM](http://www.dph.state.ct.us/Public_Health_Hearing_Office/hearing_office/Nursing_Board/BOEN.HTM)

Connecticut Healthy and Balanced Living Curriculum Framework: <http://www.sde.ct.gov/sde/LIB/sde/PDF/deps/student/Healthy&BalancedLiving.pdf>

Connecticut State Department of Education Coordinated School Health Partnerships: <http://www.ct.gov/sde/healthyconneCTions>

Connecticut State Department of Education School Health Services Guidelines: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=320768#Publications>

Health, Mental Health and Safety Guidelines for Schools: [http://www.nationalguidelines.org/chapter\\_full.cfm?chapter=overarching](http://www.nationalguidelines.org/chapter_full.cfm?chapter=overarching)

National Association of School Nurses: <http://www.nasn.org>

National Association of State Boards of Education, Center for Safe and Healthy Schools: [http://www.nasbe.org/healthy\\_schools/intro.htm](http://www.nasbe.org/healthy_schools/intro.htm)

National Association of State School Nurse Consultants: <http://www.nassnc.org/>

The Center for Health and Health Care in Schools: <http://www.healthinschools.org/home.asp>