

## A BRIEF HISTORY OF SCHOOL NURSING

“The practice of school nursing began in the United States on October 1, 1902, when a school nurse was hired to reduce absenteeism by intervening with students and families regarding health care needs related to communicable diseases. After one month of successful nursing interventions in the New York City Schools, Lina Rogers, the first school nurse, was able to provide leadership to implement evidence based nursing care across the city. The school nurse’s role has expanded greatly from its original focus, the essence and goals of the practice remains the same.” NASN Position Statement- *Role of the School Nurse* (2011)

<http://www.nasn.org/portals/0/positions/2011psrole.pdf>

An Article *School – Nurse Experiment in New York* was published in *The American Journal of Nursing* in 1902. It begins with “The Nurses’ Settlement of New York is at present conducting the experiment - in cooperation with the Board of Health and the Board of Education - of introducing a trained nurse into the public school system to work in conjunction with the medical inspector of the Health Board who inspects and excludes cases of infectious troubles among children.” <sup>1</sup>

This begins the formal history of school nursing in the United States. However there is much more to the story.

Nearly 12 million immigrants arrived in the United States between 1870 and 1900. In the late 1800s New York City was faced with an increasing immigrant population living in terrible conditions without the benefit of sanitation or the medical technology and pharmacology we take for granted today

Later when immigration appeared to overwhelm the city, authorities believed public education and increased school attendance was a way to lift this population out of poverty and acculturate them to the current America lifestyle and values.

“In 1897, New York City hired 150 physicians to inspect students for contagious disease. They spent one hour each day identifying the various cases of head lice, impetigo and tuberculosis, sending afflicted children home with a note stipulating the pupil could not attend school. However, once home, the children continued to wander the streets and tenements. Their parents may not have received the note, or perhaps could not read it; sometimes they could not afford medical care. On any given day, thousands of children missed school.” <sup>2</sup>

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<sup>1</sup> Dock, L. (1902) *School- Nurse Experiment in New York*. Originally published in the *American Journal of Nursing* (1902) 2 (3), 108-110 Republished in the *Journal of School Nursing*, 18(5), 252

<sup>2</sup> Hanink, E. <http://www.workingnurse.com/articles/Lina-Rogers-the-First-School-Nurse> (retrieved 4/23/2013)

Two women were instrumental in bringing nurses into schools. The first of these is Lillian Wald, the second Lina Rogers. .

From the Henry Street Settlement website – History (About Us)

“In 1892, Lillian Wald, a 25-year-old nurse then enrolled in the Women’s Medical College, volunteered to teach a class on home health care for immigrant women at the Louis Technical School on the Lower East Side. One day, she was approached by a young girl who kept repeating "mommy ... baby ... blood". Wald gathered some sheets from her bed-making lesson and followed the child to her home, a cramped two-room tenement apartment. Inside, she found the child’s mother who had recently given birth and in need of health care. The doctor tending to her had left because she could not afford to pay him. This was Wald’s first experience with poverty; she called the episode her "baptism by fire" and dedicated herself to bringing nursing care, and eventually education and access to the arts, to the immigrant poor on Manhattan’s Lower East Side. The next year she founded the Nurses' Settlement, which later became the Henry Street Settlement.” <http://www.henrystreet.org/about/history/>

She moved into the neighborhood and lived and worked among the poor. She and her fellow nurses offered health care to residents in their homes on a sliding fee scale. Henry Street provided social services and instruction in everything from the English language to music.

Wald championed (and pioneered) public health nursing, housing reform, suffrage, world peace, and the rights of women, children, immigrants and working people and became an influential leader in city, state, and national politics.

*"Our basic idea was that the nurse's peculiar introduction to the patient and her organic relationship with the neighborhood should constitute the starting point for a universal service to the region... We planned to utilize, as well as to be implemented by all agencies and groups of whatever creed which were working for social betterment, private as well as municipal. Our scheme was to be motivated by a vital sense of the interrelation of all these forces... We considered ourselves best described by the term 'public health nurses.'"* (Lillian Wald)<sup>3</sup>

In 1902, Wald pressured the school system to provide school nurses and succeeded in having Lina L. Rogers, a Henry Street nurse, hired as New York City's first public school nurse. The suggestion was made that a nurse should work with the physician; under his orders treat simple cases without needing to exclude a child from school and making home visits to follow-up and ensure compliance with more serious cases. This first effort was introduced as a 30 day

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<sup>3</sup> Jewish Women’s Archive – Women of Valor <http://jwa.org/womenofvalor/wald/public-health-nursing> (retrieved 4/23/2013)

experiment to see if a nurse in the school setting made a difference in the absentee rate. The experiment began on October 1, 1902. In her first month Rogers treated 893 students, made 137 home visits, and helped 25 children who had received no previous medical attention recover and return to school.

The experiment was wildly successful. On November 7, 1902 Lina Rogers was made the first school nurse hired by the New York City Board of Education.

Shortly thereafter, the Board of Health hired its first fleet of twelve school nurses. Within six months, absenteeism fell by 90 percent. <http://jwa.org/womenofvalor/wald>

These first school nurses worked closely with the inspecting physicians responding to referrals, and making home visits to the families who often lived in deplorable conditions. They also worked with charitable organizations to provide the children with food and clothing and assist the parents in finding jobs.

Rogers advocated for wellness and illness-prevention programs, and encouraged teachers to present lessons in hygiene, nutrition and physical development. She also implemented dental and hearing screenings in the schools.

Her work was notable for two important features - formal protocols for individual diseases and rigorous documentation of nursing interventions to bolster evidence that school nurses were effective.

She wrote the first textbook for school nurses in 1917 *The School Nurse: A Survey of the Duties and Responsibilities of the Nurse in Maintenance of Health and Physical Perfection and the Prevention of Disease Among School Children.*

She writes in her introduction:

*“School nursing is still in its infancy, and many changes in methods are to be expected, but the underlying essentials- child love and preservation of child health – will exist as long as child life.”*

By 1914, there were close to 400 nurses in the schools of New York City. Lina Rogers was asked to replicate her school nursing model in other cities and towns across the nation. Los Angeles hired its first school nurse in 1904. School health programs were swiftly replicated in communities across the country. In addition to offering health education and disease prevention in the home, school physicians, nurses, and dentists treated children for illnesses at school well into the 1920s. What we now call school-based clinics was commonplace at that time.

“Around the turn of the century, the role and advantages of school nurses began to be recognized. In 1902, Lillian Wald demonstrated in New York City that nurses working in schools

could reduce absenteeism due to contagious diseases by 50 percent in a matter of weeks (Lynch, 1977). For minor conditions, nurses treated students in school and instructed them in self-care. For major illnesses, nurses visited the homes of children who had been excluded from school because of illness or infection, educated parents on their child's condition, provided information on available medical and financial resources, and urged the parents to have their child treated and returned to school. School nurses began to assume a major role in the daily medical inspection of students, treatment of minor conditions, and referral of major problems to physicians. By 1911, there were 102 cities employing cadres of school nurses. In 1913, New York City alone had 176 school nurses (Means, 1975). This expansion of the role of school nurses freed physicians to spend more time in conducting medical inspections of individual students with recognized needs rather than in inspecting entire classes. “<sup>4</sup>

During the 1920s and the 30s the National Education Association (NEA) and the American Medical Association (AMA) created formal agreements about the parameters of school health programs.

### *Coordinated School Health*

“The NEA had also joined with the American Medical Association (AMA) in 1911 to sponsor what would be for more than a half century one of the most influential groups in the development of school health: the Joint Committee on Health Problems of the National Education Association and the American Medical Association. Prior to 1920, this group published the report *Minimum Health Requirements for Rural Schools*. The Joint Committee strongly promoted the emerging concept of coordinated effort for health in schools. In a 1927 paper, *Health Supervision and Medical Inspection of Schools*, the group declared (Means, 1975):

As yet, states have been slow in providing for coordination between the medical service or supervision, the physical education, and health education programs. Such a step is necessary for the proper functioning of any program of health supervision.”

[http://www.nap.edu/openbook.php?record\\_id=5153&page=40](http://www.nap.edu/openbook.php?record_id=5153&page=40) (Schools & Health)

### *Parameters/Role of Schools in Providing Health Care*

“During this period, the NEA–AMA collaboration defined the role of schools in providing health services. Health services should focus on the prevention of health problems through conducting screening activities, establishing a healthful environment, providing for immediate care in the instance of problems, and referring children to professionals and facilities that could handle more complex health problems. Many school systems

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<sup>4</sup> Schools & Health: Our Nation’s Investment (1997) Institute of Medicine, National Academies Press  
[http://www.nap.edu/openbook.php?record\\_id=5153&page=35](http://www.nap.edu/openbook.php?record_id=5153&page=35) (retrieved 4/25/13)

had physicians coordinating the health service programs. It was assumed that most students had family doctors for primary care services, and the appropriate role of schools was to inform parents of problems and advise them when it was necessary to take their children to the doctor. Although collaboration between the medical and educational sectors occurred throughout this period, clearly boundaries were also being established to limit the range of health services that should be available in schools (Lynch, 1977; Walker et al., 1990).

This philosophy of discouraging the delivery of primary health services in the schools was the basis for the traditional configuration of school health services between the 1920s and the 1970s (Walker et al., 1990). Although health education was considered an important and legitimate function of the school, when it came to providing services the school acted primarily as a link between students and the community's health services resources. Typically, a school nurse and/or aide, sometimes under the supervision of a part-time physician, were responsible for first aid, immunization, screening, referral, recordkeeping, and follow-up. Over the years, these school-based health services became institutionalized into the educational bureaucracy and were often no longer under the purview of the medical community. As a result, school health policy and the responsibilities of school health personnel became increasingly prescribed by those with an education background rather than health training (Lynch, 1977)."

[http://www.nap.edu/openbook.php?record\\_id=5153&page=42](http://www.nap.edu/openbook.php?record_id=5153&page=42) (Schools & Health)

Thus developed a dual system of primary health care and health education/disease prevention. School districts focused on prevention and curriculum. Treatment was provided in the doctor's office.

From 1930 to 1941 America experienced a severe economic depression and despite the poverty and dislocation of families, these years are remembered for significant strides in child health care and social planning.

- Immunizations against diphtheria, tetanus, and pertussis were developed.
- Schools became the sites of mass immunization programs provided by public health nurses and school nurses. Child morbidity and mortality from communicable disease plunged.
- Blue Cross insured workers, thus for the first time families had health insurance. However unemployment was rife and there were many families with no health care.
- School meal programs are launched to feed hungry children.
- The Social Security Act passed funding for Maternal and Child Health Programs and Aid to Families with Dependent Children. The family safety net was born.
- The American School Health Association was founded.

From 1941 to 1945 the world was at war.

- Health aides were hired to replace school nurses who serve in the war.

- Military services found young Americans not physically fit.
- Women went to work out of the home; some schools provided child care.

From 1946 to 1963 the Post War period saw the exponential rise in the birth rate. Schools were being built daily and school nurses were needed. Nurse who worked during the war retired from nursing to become stay at home mothers, creating a nursing shortage. Many other women choose to stay in the workforce while schools expanded childcare and health services.

- The GI bill lifted many into the middle class and they became homeowners.
- Nursing care innovations occurred due to strides made in treating war wounded.
- Antibiotics were now available to the public.
- Nursing and teaching programs were included into the university setting, replacing diploma nursing programs and normal schools.
- Most workers had health benefits; most people had jobs.
- The California School Nurses Organization (CSNO) was organized.
- School nurses and teachers must complete a baccalaureate and a fifth year of preparation to earn a credential in California.

From 1963 to the present, a second school health era developed. The National Association of School Nurse was created. Prevention/education/assessment/referral and treatment services were provided in school once more.

Other governmental, health care, school, and cultural influences on school health during the 1960s-1970s include:

- Influenced by Kaiser Permanente, California opts for Health Maintenance Organizations (HMOs) very early. Many employers only offer workers this form of health insurance.
- The Vietnam War resulted in a huge increase in Vietnamese and Cambodian populations. These refugees received health care and stipends but suffered psychologically from war experiences and culturally from extreme change.
- Medicaid (in California Medi-cal) was created by the Social Security Amendments of 1965 which added Title XIX to the Social Security Act.
- In 1973 California school districts become Child Health and Disability Prevention (CHDP) program providers and drew for the first time on the health-funding stream to reimburse these services. School nurses bring dollars into districts.
- Education for All Handicapped Children Act was enacted in 1975. (Later becoming the Individuals with Disabilities Education Act). Schools become the payer of last resort for related services to children with disabilities. School nurse add the provision and/or supervision of skilled nursing care to developmentally disabled, chronically ill, and technologically dependent children in public schools.

- Title I of the Elementary and Secondary Education Act tripled the number of school nurses, and a new nursing role—the school nurse practitioner—began to emerge in the late 1960s. The introduction of school nurse practitioners into schools resulted in reaching students in need of primary care, an increase in problem resolution rates, and greater accuracy in excluding students from school for illness and injury.

“Why was there such a need for school nurses to become practitioners in the 1970’s? We had entered a new phase of immigration. New federal laws resulted in increased Asian and Middle Eastern immigration. Wars, poverty and/or oppression resulted in many Latinos from Mexico and Central America entering the US through border-states. Living conditions were difficult. Culture and language differences isolated immigrants into ghettoized communities. Undocumented immigrants were not eligible for many services. As it occurred 100 years before, the existing population did not embrace immigrants. School nurse were there to assist these families and gain their trust. It appeared that our client population had come full circle.” Los Angeles County Office of Education *School Nurse Orientation & Review Manual (2000)*:

Sponsored by foundation grants, schools across the country begin once again to treat the under and uninsured for common childhood illnesses and communicable diseases. The Robert Wood Johnson Foundation funded the first modern school-based health clinics. Their studies in 1978 showed that primary care can be given in schools for \$50.00 per student per year.

The new social morbidities of children and young people began to increase in visibility beginning in the 1950s and 1960s. Mental, social, and emotional health became issues, and schools began to attempt to deal with delinquency, drug addiction, and the inability of students to adjust to the regular school environment.

In the 1970s CSNO successfully sponsored legislation to place a definition of school nursing in the Education Code. Language in this statute has been replicated in literature, statute, policy statements across the county.

Proposition 13 passed in California in 1978 which changed the ability to raise taxes from the office holders to the voters. Some local taxes were rolled back and the state becomes the primary revenue source. This resulted in leaner budgets and a reduction in the number of professional nurses, counselors, and music and art teachers. In addition class size increased and school facilities were overcrowded and deteriorating. School nurses who retired were not replaced. The remaining nurses assumed greater workloads. Many school nurses became program managers instead of direct service providers.

#### *The 1980s-1990s:*

In 1981 a task force was convened to draft specialty practice standards for school nurses. The first Standards of School Nursing Practice was published in 1983 (newest edition 2011) by the American

Nurses Association. In 1985 and 1987 companion documents on peer review and administrative evaluation based on these standards were published by the National Association of School Nurses and the American School Health Association (now out of print).

1981 to 1991 was noted for the onset of AIDS and drug prevention programs. School nurses were on the front line of this effort. California and Connecticut were the first states to establish AIDS policies for school districts based on guidelines from the Centers for Disease Control. AIDS curriculum and prevention programs in schools were funded by the Centers for Disease Control and Prevention.

School nursing positions were funded out of Title 1, Special Education, School Improvement and other categorical funding to meet the increasing student health needs. California school districts used these funds to gradually replace and expand school nurse positions.

The medically fragile and technology-dependent school populations increased rapidly, along with the inclusion movement to place disabled students in regular class. In 1990, the California Department of Education published the *Green Book*. The procedure format was taken from original work by school nurses in Orange County. Written by CSNO members from all over the state, this book was circulated and used as a model by nurses across the county. (The revised CSNO Green Book: Guidelines for Specialized Physical Healthcare Services in School Settings, 2nd Edition was published in 2011.)

The recession of the late eighties and early nineties forced private and government service providers to review the escalating costs and inequality of health services available to Americans. Suffering from increasing need and limited resources and believing that the health and social services systems are underfunded, fragmented, duplicative, health and social services agencies, public and private began collaborative integrated services exemplified in California by Healthy Start Collaborative.

In 1993 the National Association of School Nurses published School Nursing Practice: Roles and Standards. This document was based on a 1991 revision of the ANA generic nursing standards and the credential standards for certification in California.

In 1993 school districts began to receive reimbursement from Medicaid (Medi-cal) for assessment and health services to beneficiaries. More school nurses were hired. Also in 1993, the proposed Clinton Health Care Reform Act failed in Congress, but many of its components were adopted by the private and public health systems in states. The health care reform committees also studied the role of school nurse and school health programs in America and made recommendations.

The school nurse credential is amended to authorize teaching of health education courses for student credit in California schools with the addition of the Special Teaching Authorization in Health.

In the late 1990s, federal legislation creates State Child Health Insurance programs (SCHIPs) for families who cannot afford the market rates to insure their children. The California SCHIP initiative was called Healthy Families and administered through the private sector. In spite of outreach efforts, enrollment did not meet expectations.

In 1999 NASN published the revised Standards of School Nursing Practice, again based on the format of ANA generic nursing standards.

In February 1999, the Supreme Court (in a case in Cedar Rapids, Iowa) ruled that school districts must provide one-on-one nursing care if the student requires it.

#### *The 2000s:*

An interdisciplinary group representing the California Department of Education, school nursing, special education, the BRN and parents began working in the late 1990s on administrative guidelines to support the Education Code regulations for the administration of medications at school. In 2003 the California State Board of Education approved a document that evolved out of the work of the group - The Program Advisory on Medication Administration.

<http://www.cde.ca.gov/ls/he/hn/documents/medadvisory.pdf>

In 2004, the Individuals with Disabilities Education Act (IDEA), the Federal Special Education Act were reauthorized adding provisions from President Bush's "No Child Left Behind" initiative.

School nursing services are specifically mentioned in Regulations: Part 300 / A / 300.34 / c / 13

<http://idea.ed.gov/>

The Affordable Care Act of 2010 funding included monies for 2,000 School Based Health Centers

NASN introduced the student to School Nurse Ratio Improvement Act (H.R 2229/S. 2047) (2011/2012)

California – Senate Bill 161 (2011) amended Section 49414.7 of the Education Code – allows the solicitation of and training of volunteer unlicensed school staff to administer emergency medical assistance epilepsy suffering from seizures (as of this writing Diastat (diazepam rectal gel)).

California - Assembly Bill 2109 (2012) effective 1/1/2014 requires parents/guardians who wish to sign a PBE to immunizations to submit a signed statement that they received information

about risks and benefits of vaccines from a health care practitioner. School nurses are specifically named as one of the included health care practitioners.

Some of the current issues facing school nurses include:

- There is a growing number of students with chronic health conditions
  - The prevalence of Type 1 Diabetes in Americans under the age of 20 rose by 23 percent between 2001-2009 <http://jdrf.org/about-jdrf/fact-sheets/type-1-diabetes-facts/>
  - There is an ongoing rise in the prevalence of allergic diseases <http://www.aaaai.org/about-the-aaaai/newsroom/allergy-statistics.aspx>
  - The prevalence of asthma is increasing – 7.6 in 2001 to 8.4 in 2009 (CDC, 2009)
- There is an increase in children with health care needs needing specialized procedures at school and/or one to one nursing care at school (gastrostomy tube feedings, urinary catheterizations, ventilators, insulin administration, etc.)
- There is an increase in parents requesting Personal Beliefs Exemptions (PBE) from immunizations
- There is an increase in antibiotic resistance
- There is an increase in the number of students with mental health concerns
- There continues to be role confusion due to inconsistencies in statutory law (Nurse Practice Act vs. Education Code)
- There is an ongoing fiscal crisis in regards to school funding (and therefore funding for school nurses) in California

### Section Sources/Resources:

Los Angeles County Office of Education - *School Nurse Orientation and Review Manual (2000)*

National Academy of Sciences - national Academies Press *School & Health: Our Nation's Investment (1997)* [http://www.nap.edu/catalog.php?record\\_id=5153](http://www.nap.edu/catalog.php?record_id=5153)

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The Experiment that Endured *School Nurse News* (March 1999)

<http://www.schoolnursenews.org/BackIssues/1999/SNMarch99history.pdf> (No author noted in this retrieval- 4/23/13)

National Association of School Nurses – Policy & Advocacy

<http://www.nasn.org/PolicyAdvocacy>

NASN Position Statement- Role of the School Nurse (2011)

<http://www.nasn.org/portals/0/positions/2011psrole.pdf>

California Law- <http://leginfo.legislature.ca.gov/faces/codes.xhtml>

For more on the history of School Nursing see:

Selekman, J. *School Nursing: A Comprehensive Text*, 2<sup>nd</sup> edition, Philadelphia, PA, Davis Company (Chapter 1)

Struthers, Lina Rogers, *The School Nurse, A Survey of the Duties and Responsibilities of the Nurse in the Maintenance of Health and Physical Perfection and the Prevention of Disease Among School Children*, Lina Rogers Struthers, 1917, New York and London , G.P. Putnam's Sons (available at no charge on Google Books)