



ECHO IDAHO: **K12 School Nurses**

Legislative Updates

Amy White, General Counsel

The Role of a School Nurse: Delegation, Monitoring & More

Tracey Garner, RN, Health Services Supervisor

West Ada School District

9/11/24



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Disclosures

Please understand that this is informational only. This is not individual legal advice and does not create an attorney-client relationship between myself, AJH and/or your entity.

Learning Objectives

- Review of the requirements of Idaho law relating to parental rights in the school setting with regard to health care.
- Exceptions to parental permission in emergency medical situations in the school situation.

Governance of Schools

33-512. Governance of Schools. The board of trustees of each school district shall have the following powers and duties: . . .

(4) To protect the morals and health of the pupils; . . .

(7) To exclude from school pupils with contagious or infectious diseases who are diagnosed or suspected as having a contagious or infectious disease or those who are not immune and have been exposed to a contagious or infectious disease; and to close school if the board determines that conditions warrant such closure, based on consultation with the district health department of the public health district in which the school district is located; . . .

(11) To prohibit entrance to each schoolhouse or school grounds, to prohibit loitering in schoolhouses or on school grounds and to provide for the removal from each schoolhouse or school grounds of any individual or individuals who disrupt the educational processes or whose presence is detrimental to the morals, health, safety, academic learning or discipline of the pupils. A person who disrupts the educational process or whose presence is detrimental to the morals, health, safety, academic learning or discipline of the pupils, or who loiters in schoolhouses or on school grounds, is guilty of a misdemeanor;

Parental Rights Act

Education Code

33-6001. PARENTAL RIGHTS.

(1) A student's parent or guardian has the right to reasonable academic accommodation from the child's public school. "Reasonable accommodation" means the school shall make its best effort to enable parents or guardians to exercise their rights without substantial impact to staff and resources, including employee working conditions, safety and supervision on school premises for school activities and the efficient allocation of expenditures, while balancing the parental rights of parents and guardians, the educational needs of other students, the academic and behavioral impacts to a classroom, a teacher's workload and the assurance of the safe and efficient operations of the school.

(2) School districts and the boards of directors of public charter schools, in consultation with parents, teachers and administrators, shall develop and adopt a policy to promote the involvement of parents and guardians of children enrolled in the schools within the school district or the charter school, including:

- (a) A plan for parent participation in the schools that is designed to improve parent and teacher cooperation in such areas as homework, attendance and discipline;
- (b) A process by which parents may learn about the course of study for their children and review learning materials, including the source of any supplemental educational materials;
- (c) A process by which parents who object to any learning material or activity on the basis that it harms the child or impairs the parents' firmly held beliefs, values or principles may withdraw their child from the activity, class or program in which the material is used;
- (d) The public school's responsibility for notifying a student's parent or legal guardian regarding known changes in the student's mental, emotional, or physical health or well-being;**
- (e) The reinforcement of the fundamental rights and responsibilities of parents as primary stakeholders to make decisions regarding the upbringing and control of the parent's child; and**
- (f) A process for staff to encourage students to discuss issues related to the student's well-being with the student's parent or legal guardian and, if necessary, to facilitate discussion of the issues with the parent or legal guardian.**

(3) A policy shall not prohibit parents or legal guardians from accessing any of their children's education and health records created, maintained, or used by the public school unless such documentation relates to physical abuse, abandonment, or neglect by the parent or legal guardian. Unless a timeline is otherwise delineated in a specific applicable state or federal law, records shall be provided to the parent or legal guardian within five (5) school days after a request to access such records is made.

(4) A public school shall not adopt procedures, policies, or student support forms that prohibit public school personnel from notifying a parent or legal guardian about a student's mental, emotional, or physical health or well-being or a change in related services or monitoring or that encourage or have the effect of encouraging a student to withhold from a parent or legal guardian such information. This subsection does not prohibit a public school from adopting procedures that permit public school personnel to withhold information from a parent or legal guardian if ordered by a court of competent jurisdiction.

(5) At the start of the school year, each public school shall notify parents and legal guardians of health services offered or made available through the school or by private organizations, including preventative health and wellness services, screenings, medication administration, first aid and emergency care, and appropriate management of all health conditions with parental consent. Parental consent to any health or wellness service does not waive parents' or legal guardians' right to access their children's educational or associated health records or to be notified about their children's health status or monitoring as provided in this section.

(6) A public school shall notify a student's parent or legal guardian if a student has been or may be questioned by a school resource officer or other law enforcement official, unless the child is a victim or suspected victim of physical child abuse. School districts and public charter schools shall develop and adopt policies to ensure compliance with this subsection.

(7) Before any public school employee administers any noncurricular-related student survey, well-being questionnaire, or health screening to any student, the employee must first obtain consent from the school's superintendent or designee. If the content of any such survey, questionnaire, or screening regards an individual student's sexuality, sex, religion, personal political beliefs, mental or psychological problems, personal family information, or individual or family financial information, the public school shall provide the survey, questionnaire, or screening form to the student's parent or legal guardian in advance and obtain the permission of the parent or legal guardian.

(8) A parent or legal guardian of a child enrolled in an Idaho public school shall have reasonable access to observe all school activities during school hours in which the child is enrolled, except for those who are otherwise legally prohibited. Observations of individual classrooms during instructional time shall be permitted with the principal's and teacher's pre-approval. Visits shall not be permitted if their occurrence, duration, frequency, or conduct on campus interferes with the delivery of instruction or disrupts the normal school environment. Nothing in this section shall prevent a reasonable denial of entry due to emergency or safety drills, situations outlined in school safety plans, an emergency lockdown, periods of statewide testing, school officials' enforcement of the provisions of section 33-512, Idaho Code, or other specific situations enumerated by the school.

(9) A parent or legal guardian whose rights, as provided by this section, are violated by a public school may file a complaint with the school. Public schools shall implement policies and procedures to accept, evaluate, and remedy complaints.

(10) If a complaint is not satisfactorily remedied by the public school, a parent shall have a private cause of action for injunctive relief, damages, and any other relief available under law against the school.

Parental Rights in Medical Decision Making

Domestic Relations

32-1015. Parental Rights in Medical decision-making.

- (2) Parents have the fundamental right and duty to make decisions concerning the furnishing of health care services to the minor child.
- (3) Except as otherwise provided by court order, an individual shall not furnish a health care service or solicit to furnish a health care service to a minor child without obtaining the prior consent of the minor child's parent.
- (4) Subsection (3) of this section shall not apply, and a health care provider may authorize or furnish a health care service without obtaining the informed consent of the minor child's parent, if:
 - (a) A parent of the minor child has given blanket consent authorizing the health care provider to furnish the health care service; or
 - (b) The health care provider reasonably determines that a medical emergency exists and:
 - (i) Furnishing the health care service is necessary in order to prevent death or imminent, irreparable physical injury to the minor child; or
 - (ii) After a reasonably diligent effort, the health care provider cannot locate or contact a parent of the minor child and the minor child's life or health would be seriously endangered by further delay in the furnishing of health care services.

(1) As used in this section:

(a) "Governmental entity" means the state and its political subdivisions.

(b) "Health care provider" means:

(i) A physician, health care practitioner, or other individual licensed, accredited, or certified to perform health care services or provide counseling consistent with state law, or any agent or third-party representative thereof; or

(ii) A health care facility or its agent.

(c) "Health care service" means a service for the diagnosis, screening, examination, prevention, treatment, cure, care, or relief of any physical or mental health condition, illness, injury, defect, or disease.

(d) "Health information" means information or data, collected or recorded in any form or medium, and personal facts of information about events or relationships that relates to:

(i) The past, present, or future physical, mental, or behavioral health or condition of an individual or member of the individual's family;

(ii) The provision of health care services to an individual; or

(iii) Payment for the provision of health care services to an individual.

(e) "Minor child" means an individual under eighteen (18) years of age but does not include an individual who is an emancipated minor.

(f) "Parent" means a biological parent of a child, an adoptive parent of a child, or an individual who has been granted exclusive right and authority over the welfare of a child under state law.

(5) No health care provider or governmental entity shall deny a minor child's parent access to health information that is:

(a) In such health care provider's or governmental entity's control; and

(b) Requested by the minor child's parent.

(6) Subsection (5) of this section shall not apply if:

(a) Parent's access to the requested health information is prohibited by a court order; or

(b) The parent is a subject of an investigation related to a crime committed against the child, and a law enforcement officer requests that the information not be released to the parent.

(7) This section shall be **construed** in favor of a **broad** protection of parents' fundamental right to make decisions concerning the furnishing of health care services to minor children.

(8) This section does not make legal and in no way condones any abuse, abandonment, or neglect, including any act or omission described in section 16-1602, Idaho Code.

(9) This section does not make legal and in no way condones euthanasia, mercy killing, or assisted suicide, or permit an affirmative or deliberate act or omission to end life, including any act or omission described in section 18-4017, Idaho Code, other than to allow the natural process of dying.

(10) If a minor child does not have an affirmative right of access to a specific treatment, service, or procedure, this section shall not be construed to grant the parent a right to access such treatment, service, or procedure.

(11) This section shall not be construed to prohibit a court from issuing an order that is otherwise permitted by law.

(12)(a) Subject to the limitations of chapter 9, title 6, Idaho Code, any parent who is deprived of a right as a result of a violation of this section shall have a private right of action against the individual, health care provider, or governmental entity.

(b) A parent may raise this section as a defense in any judicial or administrative proceeding without regard to whether the proceeding is brought by or in the name of the state, any private person, or any other party.

(c) A parent who successfully asserts a claim or defense under this section may recover declaratory relief, injunctive relief, compensatory damages, reasonable attorney's fees, and any other relief available under law.

(d) All civil actions shall be initiated within two (2) years after the harm occurred.

Parental Rights Act

Domestic Relations

32-1010. Idaho PARENTAL RIGHTS act.

(1) This section through section 32-1014, Idaho Code, shall be known and may be cited as the "Idaho Parental Rights Act."

(2) The interests and role of parents in the care, custody and control of their children are both implicit in the concept of ordered liberty and deeply rooted in our nation's history and tradition. They are also among the unalienable rights retained by the people under the ninth amendment to the constitution of the United States.

(3) The interests of the parents include the high duty and right to nurture and direct their children's destiny, including their upbringing and education.

(4) The state of Idaho has independent authority to protect its parents' fundamental right to nurture and direct their children's destiny, upbringing and education.

(5) The protections and rights recognized in sections 32-1011 through 32-1014, Idaho Code, are rooted in the due process of law guaranteed pursuant to section 13, article I, of the constitution of the state of Idaho.

(6) Governmental efforts that restrict or interfere with these fundamental rights are only permitted if that restriction or interference satisfies the strict scrutiny standard provided in section 32-1013, Idaho Code.

(7) Nothing in this act shall be construed as altering the established presumption in favor of the constitutionality of statutes and regulations.

(8) The provisions of the Idaho parental rights act are hereby declared to be severable, and if any provision of the act or the application of such provision to any person or circumstance is declared invalid for any reason, such declaration shall not affect the validity of the remaining portions of the act.

Key Points

- Parental notice and involvement in decision making.
- Parental Consents are required . . . absent the enumerated emergency situations.
- This is likely to change again in the next legislative session.

References

- Idaho Code 33-6001
- Idaho Code 32-1010
- Idaho Code 33-1015



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Learning Objectives

School nursing Care functions as the solo healthcare provider and rarely with physician oversight. *NASN Scope and Standards of Practice*

- Understand role of School Nurse within the context of the Board of Nursing :
 - Statutes – minimal change
 - Rules – comprehensive updates 3/28/23
 - Guidance – information continually being added
- School Nursing - Scope & Standards of Practice (NASN 4th Edition)
- Case Management vs Walkin Clinic

Case Management

School Nurses are uniquely positioned to enhance the quality of care and foster a national and local culture that supports the health and wellness of their school communities. *NASN Scope & Standards of Practice*

Effective removal of the Health (medical/mental condition) barrier rather than Health Services being the barrier:

- Collaboration with medical professionals to ensure well managed health conditions.
 - Discussion: Waiving absences for chronic health condition.
- Intentional delivery of services – what is needed to access education rather than replacing services from public or private sectors (screenings).
Use of Health Fairs outside of educational time
- Mindful scheduling of treatment/procedures

Scope & Standard of Practice

School Nurses continue to adapt their practices to an ever-changing world.

There must be a greater alignment, integration, and collaboration between education and health to improve each child's cognitive, physical, social, and emotional development for successful learning outcomes.

NASN Scope and Standards of Practice

Scope & Standard of Practice

Standards:

1. *Assessment*
2. *Diagnosis*
3. *Outcomes Identification*
4. *Planning*
5. *Implementation*
 - 5a. *Coordination of Care*
 - 5b. *Health Teaching and Health Promotion*
6. *Evaluation*

BON - Link

[Board of Nursing | Division of Occupational and Professional Licenses \(idaho.gov\)](https://www.idaho.gov/boards-of-nursing)

Board of Nursing



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Welcome to the Board of Nursing

Phase 1 of DOPL's new licensing system is now online. [See details here.](#)

Please direct any questions via email HP-Licensing@dopl.idaho.gov or phone (208)577-2476.

Questions regarding Certified Nursing Assistants visit [HERE](#) or contact Health & Welfare-Idaho State Nurse Aide Registry at (800) 748-2480



Apply for or Renew a License



Search for a License or Registration



File a Complaint Against a Licensee



Statutes, Rules and Guidance



Military Service Members & Spouses



Meeting Minutes



Statutes - BON



DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

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Statutes, Rules and Guidance

▲ Statutes



[Title 54 – Professions, Vocations & Businesses: Chapter 14 – Nursing Practice Act](#)

[Title 54 – Professions, Vocation, and Businesses: Chapter 57 – Idaho Virtual Care Access Act](#)

[Title 37 – Food Drugs & Oil: Chapter 27 – Uniform Controlled Substance Act](#)

[Title 67 – State Government & State Affairs Chapter: 26 – Department of Self Governing Agencies](#)

Statutes - BON

TITLE 54 PROFESSIONS, VOCATIONS, AND

CHAPTER 14 NURSES

54-1401	PURPOSE — LICENSE REQUIRED — REPRESENTATION TO THE PUBLIC.
54-1402	DEFINITIONS.
54-1403	BOARD OF NURSING.
54-1404	BOARD OF NURSING — POWERS AND DUTIES.
54-1405	OCCUPATIONAL LICENSES FUND — RECEIPTS AND DISBURSEMENTS.
54-1406	NURSING EDUCATION PROGRAMS.
54-1406A	CERTIFIED MEDICATION ASSISTANT.
54-1407	LICENSE FOR PRACTICAL NURSING.
54-1408	LICENSE FOR REGISTERED NURSING.
54-1409	LICENSE FOR ADVANCED PRACTICE REGISTERED NURSING.
54-1410	NURSE EMERITUS LICENSE.
54-1410A	TEMPORARY LICENSE.
54-1411	RENEWAL AND REINSTATEMENT OF LICENSE.
54-1412	EXCEPTIONS TO LICENSE REQUIREMENTS.
54-1413	DISCIPLINARY ACTION.
54-1414	UNLAWFUL CONDUCT — PENALTIES.
54-1415	EXISTING LICENSES.
54-1416	INJUNCTION.
54-1418	NURSE LICENSURE COMPACT.
54-1419	ADVANCED PRACTICE REGISTERED NURSE COMPACT.
54-1420	AUTHORITY TO SIGN OR VERIFY.

Rules - IDAPA



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Statutes, Rules and Guidance

▶ Statutes

▲ Rules



[PDF](#) [IDAPA 24.34.01 – Rules of the Idaho Board of Nursing](#)

Rules

IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

IDAHO BOARD OF NURSING

24.34.01 – Rules of the Idaho Board of Nursing

Who does this rule apply to?

These rules apply to registrants and licensees of the Idaho Board of Nursing.

What is the purpose of this rule?

These rules include, but are not limited to the minimum standards of nursing practice, licensure, educational programs and discipline.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statute passed by the Idaho Legislature:

Professions, Vocations, and Businesses -

- [54-1404\(13\), Idaho Code](#) – Nurses: Board of Nursing – Powers and Duties

Who do I contact for more information on this rule?

Idaho Board of Nursing

Office Hours: 8:00 am – 5:00 pm, M-F

Mailing: PO Box 83720 Boise, ID 83720-0061

Physical: 11351 W Chinden Blvd, Bldg 6, Boise, ID 83714

Phone: (208) 577-2476

Fax: (208) 577-2490

Email: IBN-info@dopl.idaho.gov

Website: <https://ibn.idaho.gov/>

Rules - Definitions

04. Assistance With Medication. The process whereby a non-licensed care provider is delegated tasks by a licensed nurse to aid a patient who cannot independently self-administer medications. (3-28-23)

10. Charge Nurse. A licensed nurse who bears primary responsibility for assessing, planning, prioritizing and evaluating care for the patients on a unit, as well as the overall supervision of the licensed and unlicensed staff delivering the nursing care. (3-28-23)

15. Licensed Practical Nurse (LPN). In addition to the definition set forth in Section 54-1402, Idaho Code, licensed practical nurses function in dependent roles. The stability of the patient's environment, the patient's clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the licensed practical nurse. (3-28-23)

16. Licensed Registered Nurse (RN). In addition to the definition set forth in Section 54-1402, Idaho Code, licensed registered nurses are expected to exercise competency in judgment, decision making, implementation of nursing interventions, delegation of functions or responsibilities, and administration of medications and treatments

24. Practice Standards. General guidelines that identify roles and responsibilities for a particular category of licensure and used in conjunction with the decision-making model, define a nurse's relationship with other care providers. (3-28-23)

30. Supervision. Designating or prescribing a course of action, or giving procedural guidance, direction, and periodic evaluation. (3-28-23)

Rules – Practice Standards

200. PRACTICE STANDARDS.

01. Decision-Making Model. The decision-making model is the process by which a licensed nurse evaluates whether a particular act is within the legal scope of that nurse's practice and determines whether to delegate the performance of a particular nursing task in a given setting. This model applies to all licensure categories permitting active practice, regardless of practice setting. (3-28-23)

a. Determining Scope of Practice. To evaluate whether a specific act is within the legal scope of nursing practice, a licensed nurse shall determine whether: (3-28-23)

i. The act is expressly prohibited by the Nursing Practice Act, or the act is limited to the scope of practice of advanced practice registered nurses or to licensed registered nurses, or the act is prohibited by other laws; (3-28-23)

ii. The act was taught as a part of the nurse's educational institution's required curriculum and the nurse possesses current clinical skills; (3-28-23)

iii. The act is consistent with standards of practice published by a national specialty nursing organization or supported by recognized nursing literature or reputable published research and the nurse can document successful completion of additional education through an organized program of study including supervised clinical practice or equivalent demonstrated competency; (3-28-23)

iv. Performance of the act is within the accepted standard of care that would be provided in a similar situation by a reasonable and prudent nurse with similar education and experience and the nurse is prepared to accept the consequences of the act. (3-28-23)

Rules - Delegation

- b. Deciding to Delegate. When delegating nursing care, the licensed nurse retains accountability for the delegated acts and the consequences of delegation. Before delegating any task the nurse shall: (3-28-23)
 - i. Determine that the acts to be delegated are not expressly prohibited by the Nursing Practice Act or Board rules and that the activities are consistent with job descriptions or policies of the practice setting; (3-28-23)

ii. Assess the patient's status and health care needs prior to delegation, taking into consideration the complexity of assessments, monitoring required and the degree of physiological or psychological instability; (3-28-23)

iii. Exercise professional judgment to determine the safety of the delegated activities, to whom the acts may be delegated, and the potential for harm; (3-28-23)

iv. Consider the nature of the act, the complexity of the care needed, the degree of critical thinking required and the predictability of the outcome of the act to be performed; (3-28-23)

v. Consider the impact of timeliness of care, continuity of care, and the level of interaction required with the patient and family; (3-28-23)

vi. Consider the type of technology employed in providing care and the knowledge and skills required to effectively use the technology, including relevant infection control and safety issues; (3-28-23)

vii. Determine that the person to whom the act is being delegated has documented education or training to perform the activity and is currently competent to perform the act; and (3-28-23)

viii. Provide appropriate instruction for performance of the act. (3-28-23)

c. Delegating to UAPs. (3-28-23)

i. The nursing care tasks that may be delegated to UAPs shall be stated in writing in the practice setting. Decisions concerning delegation will be determined in accordance with the provisions of Section 200 of these rules. UAPs may complement the licensed nurse in the performance of nursing functions, but cannot substitute for the licensed nurse; UAPs cannot redelegate a delegated act. (3-28-23)

ii. Where permitted by law, after completion of a Board-approved training program, UAPs in care settings may assist patients who cannot independently self-administer medications, provided that a plan of care has been developed by a licensed registered nurse, and the act has been delegated by a licensed nurse. Assistance with medication may include: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories. (3-28-23)

d. Monitoring Delegation. Subsequent to delegation, the licensed nurse shall: (3-28-23)

i. Evaluate the patient's response and the outcome of the delegated act, and take such further action as necessary; and (3-28-23)

ii. Determine the degree of supervision required and evaluate whether the activity is completed in a manner that meets acceptable outcomes. The degree of supervision shall be based upon the health status and stability of the patient, the complexity of the care and the knowledge and competence of the individual to whom the activity is delegated. (3-28-23)




Delegation

i. Delegate activities only to persons who are competent and qualified to undertake and perform the delegated activities and will not delegate to non-licensed persons functions that are to be performed only by licensed nurses. The nurse delegating functions is to supervise the persons to whom the functions have been assigned or delegated. (3-28-23)


Guidance – RN/LPN Functions


▲ Guidance

 Education Policy

 Advanced Practice Professional Nurses Policy

 Guidance for Lifestyle Injectable Treatments

 Licensure Policy

 Practice Policy

 Delegated Authority

 Complaint Resolution Process



Common Errors in Schools

Collaboration with medical community.

- Administer prescription meds without complete or valid prescription and at the parent direction.
- Parents provide training as to the specific treatments or procedure for their child. Parents do not provide nursing training as to how to properly perform a procedure or treatment. NG tube placement assessment.

Lack written guidelines for nursing practice.

Lack written training protocol with return demonstration competency.

Lack of use of virtual platforms for supervision and monitoring.

Key Points

- Understand Role of School Nurse as a case manager with the goal to improve overall academic success.
- Understand the importance of NASN Scope and Standards as a framework for guiding school nurse practice.
- Understand the BON Statutes and rules governing Nurse practice in the educational setting.
- Use this information to provide the lens and framework for the upcoming Project ECHO School Nurse educational sessions.

References

- NASA Scope and Standards of Practice 4th edition
- BON Statutes, Rules & Guidance