



# **Nursing services in Utah public schools 2024–2025**

**Annual report based on the School Health Workload Report**

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# Executive summary

This report describes student health needs in Utah public schools and the role school nurses play in supporting student health, attendance, and access to learning. It presents results from the School Health Workload Report, a statewide, required survey completed by local education agency staff to capture information about school health services, student needs, staffing, and emergency response. We found a high demand for school nurse services and that increasing access to school nurses, along with clear training and emergency protocols, can support improved health and education outcomes for students across Utah.

## Key findings and impact

- Utah public schools reported 1,126,208 student health office visits during the 2024–2025 school year.
- Students who were seen by a registered school nurse returned to class nearly 90% of the time, compared to about 78% when seen by non-nurse staff.
- Medication errors and medication-related injuries were reported more frequently when medications were administered by non-nurse staff (90.2%).
- Access to school nursing services varied widely across Utah. The statewide school nurse-to-student ratio was 1:2,318, and staffing data indicate that approximately 82 additional full-time school nurse positions would be needed to meet the recommended ratio.

## Recommendations

We suggest the following actions to support student health and education outcomes in Utah public schools:

- Increase access to registered school nurses to support student health needs, emergency response, and increased instructional time.
- Strengthen training and emergency protocols to support non-nurse staff who respond to student health concerns.
- Support staffing approaches that allow school nurses to provide consistent clinical oversight and care coordination.
- Use data from the School Health Workload Report to inform local and state decisions related to school health services, training, and resource allocation.

# Introduction and background

School nurses support the health, safety, and learning of students across Utah. Their work reaches far beyond first aid. School nurses provide clinical assessment, respond to emergencies, manage chronic conditions, support mental health needs, and train school staff. They also help students return to class safely so they can stay engaged in learning.

The need for this level of care continues to grow. More students live with chronic conditions that require daily treatment, medication, or emergency support during the school day. School nurses help meet these needs while collaborating with families, health care providers, and school teams.

School nurses support student health every day, but access to these services varies across the state. This variation is shaped by Utah's education system and how staffing decisions are made at the local level.

For the purposes of this report, the term *school nurse* refers to a registered nurse (RN) whose primary role is the care of a defined group of students, as defined in Utah Code (2022).

## What is school nursing?

School nursing: a specialized practice of public health nursing, protects and promotes student health, facilitates normal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders that bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potentials (NASN, 2017).

## Utah context: Local control and access to care

Utah is a local control state. Each district and charter decides whether to hire school nurses, how many to hire, and how to staff its health offices. This creates wide variation in access to nursing services across the state. Some schools have full-time school nurses. Others rely on staff without medical training to respond to health concerns. Many schools do not have a nurse in the building each day.

These differences affect student safety, emergency response, chronic condition management, and attendance. Because the decisions about school nursing are made locally, the state needs clear and consistent data to understand how students are supported in different settings.

## School Health Workload Report

The School Health Workload Report is Utah's statewide system for collecting information about student health needs and school health services. Starting in 2024, statewide reporting is required for all local education agencies, including districts and charter systems. The report captures data on health office visits, emergency medication use, chronic health conditions, absenteeism, staffing, training, and emergency response. These data support a statewide understanding of how students are supported during the school day and help inform planning and decision-making.

# Legislative updates: 2025 session

Recent legislative changes reflect increasing attention to student health needs and emergency response in schools. The following updates provide important background for understanding medication access and emergency care during the 2024–25 school year.

The 2025 Utah legislative session introduced new laws that improve access to emergency medications and give schools clearer options for responding when a student has a serious health event. These laws also work with Utah's statewide standing orders, which allow schools to obtain and use certain emergency medications without the need for individual prescriptions.

## **HB434—Stock albuterol**

HB434 allows trained school employees, called qualified adults, to give stock albuterol to any student who has signs of respiratory distress or an asthma emergency. This can be done based on their training, even when the student does not have an asthma action plan on file. Local education agencies may choose whether to stock this medication.

Schools can obtain stock albuterol either through Utah's statewide standing order or through a prescription written by a school physician or a local health department medical director. New emergency protocols were developed with school nurses and medical partners to guide safe assessment, medication use, and follow-up.

<b>Stock albuterol data from 24-25 school year</b>	
Number of schools that carry stock albuterol	85
Times stock albuterol was administered	81

## **SB0146—Stock glucagon**

SB0146 allows LEAs to voluntarily stock glucagon kits beginning July 1, 2025. Glucagon treats severe low blood sugar in students with diabetes and can be used in urgent situations, including when a student's personal medication is missing or not available.

Schools may obtain glucagon through the statewide standing order or through a prescription written by a school physician or a local health department medical director.

## **State standing orders for emergency medications**

Utah has statewide standing orders that give schools permission to obtain and administer certain emergency medications. These standing orders act as the authorizing order, which means schools do not need to find a physician or obtain individual prescriptions to stock these medications. The standing orders cover epinephrine, albuterol, and glucagon.

School nurses train staff, manage storage and documentation, and coordinate follow-up after an emergency event to support the use of these medications. The data in this report show how often these medications were used during the 2024–25 school year and highlight the role of trained responders in keeping students safe.

The state collects school health data each year to understand how these laws and daily health needs appear in schools across Utah. The School Health Workload Report is the statewide system used to gather this information.

# School health workload report results

The following sections present statewide findings from the School Health Workload Report. These results describe the health needs students bring to school and the ways schools support them during the school day.

## Health office encounters and dispositions

Utah schools recorded 1,126,208 health office visits last year. The data also show that most visits were handled by non-nurse staff, such as secretaries, even though this is not part of their job role. This highlights the significant responsibility placed on school staff and the need for more access to school nurses who can provide safe, skilled care.

Yet, the data show a clear difference in outcomes when a school nurse is the one providing care. Students who saw a school nurse returned to class almost 90% of the time, while students who were seen by non-nurse staff returned to class about 78% of the time. School nurses also sent home far fewer students and rarely needed to call emergency services. This suggests that clinical training and nursing assessment help keep students in school and ready to learn.

Student health office visit outcomes by provider <sup>1</sup>		
Dispositions following health office visits		
Outcome	School nurse, n (%)	Non-nurse staff, n (%)
Returned to class	271,599 (88.9%)	643,379 (78.4%)
Sent Home	33,645 (11.0%)	176,947 (21.5%)
EMS (911)	216 (0.1%)	422 (0.1%)

<sup>1</sup>Student health office visits for any health-related reason, including illness, injury, medication administration, mental health concerns, or screenings.

## Medication errors and medication injury

Medication safety remains an important concern in Utah schools. Medication errors include missed doses, wrong medication, wrong student, wrong time, wrong route, or use of expired medication for the purposes of this report. Medication-related injuries include events such as needlestick or sharps injuries that occur during medication handling or administration. The data show a clear pattern: medication errors and medication-related

injuries happen far more often when medications are given by non-nurse school staff and are much less common when a school nurse gives the medication.

This difference highlights the value of clinical training in medication management. Many schools rely on unlicensed staff to give daily medications, especially when a school nurse is assigned to more than one building. In those settings, nurses have limited time to provide the training, supervision, and follow-up that staff need to support medication tasks safely.

Increasing access to full-time school nurses can help reduce preventable errors, improve safety, and support consistent medication practices for students throughout the school day.

<b>Medication errors and injuries</b>	
Total medication errors	482
By non-nurse staff	435 (90.2%)
By school nurses	47 (9.8%)

## Emergency medication administration

School nurses and trained staff respond to life-threatening emergencies in schools each year by giving critical medications. These emergencies include severe allergic reactions, low blood sugar, asthma symptoms, adrenal crisis, and seizures. The emergency medications used in these situations can stabilize a student within minutes and prevent a medical crisis from becoming fatal. The data shown in the table below highlight how often Utah schools rely on these medications and the importance of having trained school health staff ready to act. Timely access to these medications supports student safety and shows the essential role school nurses play during urgent health situations.

<b>Emergency medication administration</b>		
Medication	Used for	Times given
Asthma rescue medication	Breathing difficulty	12,280
Seizure rescue medication	Seizures	97
Epinephrine	Severe allergic reaction (anaphylaxis)	90
Hydrocortisone	Adrenal insufficiency	45
Glucagon	Low blood sugar in diabetes	<11
Naloxone	Opioid overdose	<11

## School-based telehealth

School-based telehealth continued to expand across Utah during the 2024–25 school year. This service allows students to be evaluated by a health care provider without leaving campus. Students can receive an assessment, diagnosis, and treatment plan during the school day, which helps prevent absences and reduces the need for off-site appointments.

During the 2024–25 school year, school-based telehealth preserved more than 15,000 instructional days statewide. Nearly all students (96%) who used the service were able to return to class after their visit. Families report meaningful benefits, especially when a child becomes ill during the school day. One parent shared, “I was able to stay at work, and my daughter stayed at school. The prescription was ready that afternoon—it was a game changer.”

School-based telehealth is especially valuable in rural and under-resourced communities, where students may have fewer local health care options. The service reduces barriers related to transportation, insurance coverage, work schedules, and clinic availability. It also strengthens communication between families, school nurses, and health care providers, which supports early treatment and helps students return to learning more quickly.

<b>Telehealth use in Utah schools</b>	
School to school nurse	11 LEAs
School nurse to health care provider	6 districts 4 charter

## Medical impairments

Students with chronic health conditions vary greatly in the type and amount of care they need during the school day. Students can be grouped into five levels that reflect the complexity of their medical condition and the level of nursing support required to better understand and plan for these needs. These levels range from minimal or occasional concerns, to medically complex or fragile conditions, and all the way up to students who rely on skilled nursing care for daily survival. This framework helps define the level of monitoring, treatment, and planning needed to support each student’s health and safety at school.

Medical impairments (breakdown below total number)	
	Number of students, n (%)
Total medical impairments	87,977
Health concerns	66,167 (75.2%)
Medically complex	19,425 (22.1%)
Medically fragile students	2,231 (2.5%)
Nursing dependent students	154 (0.2%)

## Chronic health conditions

The following data show how many students had chronic health conditions during the 2024–25 school year, along with the level of health planning and support provided in schools. These figures include the number of students with Individualized Healthcare Plans (IHPs) and Emergency Action Plans (EAPs), which guide daily health care and emergency response at school and are shared with relevant staff. In addition, the data highlight how many students receive formal educational support through a 504 Plan or an Individualized Education Program (IEP), which are education plans designed to support access to learning. Together, these data provide a more complete picture of student needs across health and learning.

The number of students with chronic health conditions diagnoses						
	Asthma	Anaphylaxis	Type 1 diabetes	Type 2 diabetes	Seizures	Mental health
Diagnosis by health care provider	18,050	10,744	2,516	74	3,780	23,215
Students with IHP/EAP	6,385	5,489	2,212	65	2,475	3,391
Students with 504/IEP	2,423	1,694	1,632	42	3,417	12,334

## Chronic absenteeism

Chronic absenteeism is a significant issue in Utah schools. In the 2024–25 school year, about 19% of students were chronically absent, meaning they missed 10% or more of the school year. Health conditions can contribute to missed school days, but they make up only a small share of total absences statewide. Of the 39,653 students with chronic conditions, 5,303 (13%) were chronically absent. Some conditions, however, have much higher chronic absenteeism rates. Students with type 1 diabetes, type 2 diabetes, and myalgic encephalomyelitis or chronic fatigue syndrome (ME/CFS) have chronic absenteeism levels far above the state average which shows how some medical needs make regular attendance more difficult. The Utah State Board of Education's Every Day Counts campaign and the 2025 Attendance Toolkit focus on using data, collaboration, and tiered supports to improve attendance. School nurses help students manage chronic health needs, promote safe return to class, and work with families and school teams to support these efforts. Reducing absenteeism takes shared commitment to keep students healthy, engaged, and present for learning.

Chronic absenteeism by chronic condition			
Chronic condition	Total students with condition	Students with condition chronically absent	% of students with condition chronically absent
Adrenal insufficiency	124	24	19.4%
Asthma	18,050	2,611	14.5%
Anaphylaxis	10,744	1,265	11.8%
Diabetes-type 1	2,516	502	20.0%
Diabetes- type 2	74	45	60.8%
ME/CFS	13	11	84.6%
Mental health disorders	23,215	4,228	18.2%
Seizure disorder	3,780	617	16.3%

The table below shows chronic absenteeism rates by condition and highlights how different health needs affect attendance.

## Preventive screenings

School nurses and trained staff play a key role in identifying health needs early and connecting families to care. Each year, hundreds of thousands of students receive vision, hearing, and oral health screenings in Utah schools. These screenings help detect concerns that may affect learning, such as untreated vision problems, hearing difficulties, or dental pain. Thousands of students are referred for follow-up care, and many receive glasses, hearing support, or dental treatment as a result. Nurses reduce barriers to care, support early intervention, and help students stay comfortable, focused, and ready to learn when they provide these services at school.

Vision screenings	Number of students, n (%)
Students received tier 1 distance vision screening	310,646
Vision symptoms questionnaires submitted	17,160 (5.5%)
Students received tier 2 vision screening	23,328 (7.5%)
Students referred to an eye care professional	28,958 (9.3%)
Students received treatment (glasses or contacts)	9,149 (2.9%)
Oral health screenings	
Students received an oral screening	4,352
Students received dental varnishing	2,903 (66.7%)
Students received restorative dental services	477 (11.0%)
Hearing screenings	
Students screened for hearing by school nurse	17,688
Students referred to a hearing professional	222 (1.3%)
Students referred who received treatment	78 (0.4%)

## Head injuries

Schools play an important role in identifying and responding to possible head injuries. When a student bumps their head or shows signs of a possible concussion, staff complete a signs and symptoms checklist and notify the parent or guardian. These checklists help document concerns and guide decisions about next steps. If a health care provider later diagnoses a traumatic brain injury, students benefit from written instructions that outline how to return to the classroom and, when appropriate, how to return to physical activity. School nurses support staff in recognizing symptoms, coordinate follow-up, and implement return-to-learn plans to help guide this process. These steps support a safe recovery and improve communication between schools, families, and medical providers. Only 571 of the 1,015 diagnosed traumatic brain injuries came with provider return instructions which showed a need for stronger communication between providers, schools, and families.

Head injuries	
	number (%)
Signs and symptoms checklists	38,919
Confirmed traumatic brain injuries	1,015 (26.1%)
Provider return instructions	571(56.2%)

The health needs shown in the previous sections are closely tied to the availability of school nursing services. The next section describes Utah's school nursing workforce and the models used across the state to support student health.

# Utah school nursing workforce

## School nurse training and education

To provide a comprehensive understanding of the current educational background of school nurses, the following table details the distribution of education levels among school nurses:

School nurse education levels					
	Training program	Associate's degree	Bachelor's degree	Master's degree	National certification
Nursing programs	12	72	236	35	21
Other degrees	3	4	9	9	0
Total	<b>15</b>	<b>76</b>	<b>245</b>	<b>44</b>	<b>21</b>

## Safety trainings

School safety remains a key priority in Utah, especially as districts work toward the state requirement for placing Stop the Bleed and first aid kits in every classroom by 2029. School nurses play an essential role in this effort as they train staff and students, support emergency preparedness planning, and help schools build capacity for immediate response. This year, thousands of staff received training in Stop the Bleed, CPR, and first aid, strengthening schools' ability to respond quickly during emergencies. These activities demonstrate how school nurses prepare school communities to act when urgent health needs arise which creates safer learning environments.

Safety trainings	
	Staff trained
CPR/AED	11,909
First aid	15,504
Stop the bleed	9,920

## Other school nurse trainings

School nurses also provide many other trainings that help staff and students understand daily health needs, chronic conditions, and basic health skills. These trainings support safe care during the school day and help school communities respond to health needs quickly and confidently. The data below shows how many staff and students received education in key areas during the 2024–2025 school year.

School nurse trainings	
Trainings for staff	
Asthma	22,172
Anaphylaxis	26,255
Diabetes	18,260
Medication policy	11,358
Seizures	22,664
Other	1,569
Trainings for students	
CPR/AED	9,905
Dental care	26,953
First Aid	5,943
Handwashing	42,885
Hygiene	27,912
Maturation	26,343
Sex education	3,148

## School nurse-to-student ratios

Utah's school nurse-to-student ratio continues to fall short of recommended levels. Utah has 155 LEAs, and Utah Code 53G-9-204 encourages each LEA to provide nursing services equivalent to one school nurse for every 2,000 students. In the 2024–25 school year, the statewide ratio was 1:2,318, meaning one nurse served more than two thousand students on average. Of the 155 LEAs, only 39 meet Utah's recommended ratio, while 116 operate above it. Seventy-six LEAs and 90 individual schools have no school nurse at all, leaving 46,712 students without direct nursing coverage. Another 772 schools are above the recommended ratio, affecting 523,970 students. To meet the 1:2,000 benchmark, the state would need about 82 additional full-time school nurse positions, including 23.36 FTEs just to make sure that every school has at least some level of nursing support. These gaps show how uneven access to school nurses remains across Utah and highlight the need for

sustained investment in a qualified school health workforce. The addition of trained health aides can help manage daily student needs, but this model is effective only after LEAs first meet recommended nurse-to-student ratios, since health aides require active supervision, care coordination, and delegation from a licensed school nurse.

2024-2025 school nurse-to-student ratios by district				
District	Student enrollment (2024 Oct)	Total school nurse FTE	School nurse to-student ratio	Additional FTE needed to meet state recommended ratio
<b>Alpine</b>	87,051	31.8	1 to 2,741.8	11.78
<b>Beaver</b>	1,468	0.6	1 to 2,488.1	0.14
<b>Box Elder</b>	12,242	6	1 to 2,040.3	0.12
<b>Cache</b>	20,364	2	1 to 10,182	8.18
<b>Canyons</b>	32,790	24.6	1 to 1,331.6	0.00
<b>Carbon</b>	3,186	1.5	1 to 2,124	0.09
<b>Daggett</b>	201	0.5	1 to 402	0.00
<b>Davis</b>	63,724	23.9	1 to 2,666.3	7.96
<b>Duchesne</b>	5,133	0.8	1 to 6,844	1.82
<b>Emery</b>	1,983	0.4	1 to 4,957.5	0.59
<b>Garfield</b>	1,026	0.5	1 to 2,052	0.01
<b>Grand</b>	1,373	1	1 to 1,373	0.00
<b>Granite</b>	58,202	23	1 to 2,530.5	6.10
<b>Iron</b>	14,332	15.5	1 to 924.6	0.00
<b>Jordan</b>	57,083	24.8	1 to 2,301.7	3.74
<b>Juab</b>	2,730	2	1 to 1,365	0.00
<b>Kane</b>	1,451	1	1 to 1,451	0.00
<b>Logan</b>	5,290	1	1 to 5,290	1.65
<b>Millard</b>	3,162	0.9	1 to 3,613.7	0.71

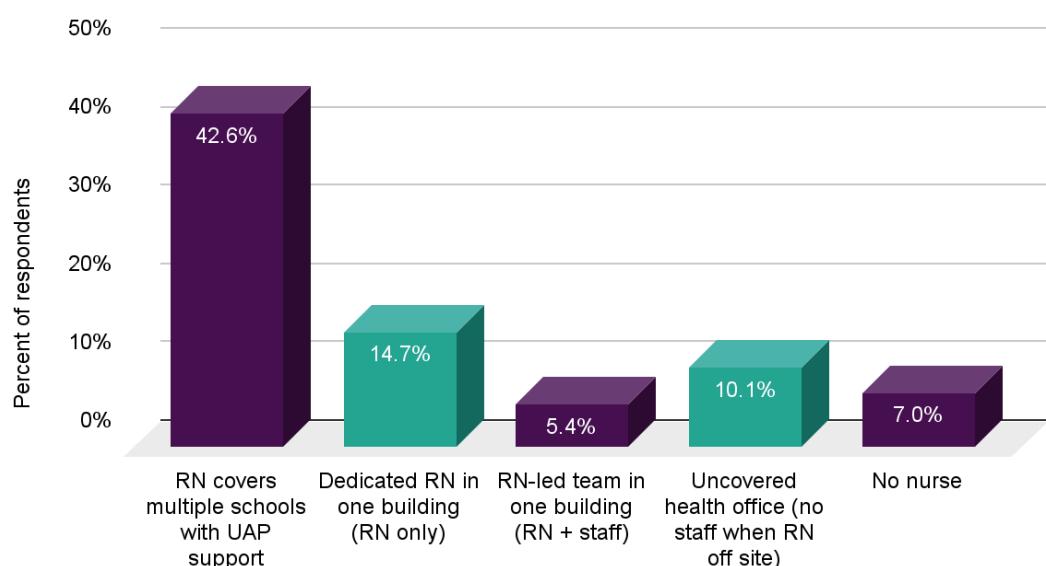
<b>Morgan</b>	3,185	1.5	1 to 2,123.3	0.09
<b>Murray</b>	5,682	2.7	1 to 2,136.1	0.18
<b>Nebo</b>	34,235	13	1 to 2,633.5	4.12
<b>North Sanpete</b>	2,665	2.5	1 to 1,066	0.00
<b>North Summit</b>	1,063	1	1 to 1,063	0.00
<b>Ogden</b>	10,180	4	1 to 2,545	1.09
<b>Park City</b>	4,115	6.4	1 to 643	0.00
<b>Piute</b>	286	0.2	1 to 1,430	0.00
<b>Provo</b>	13,956	7	1 to 1,993.7	0.00
<b>Rich</b>	503	0	0	0.25
<b>Salt Lake City</b>	19,329	14	1 to 1,380.6	0.00
<b>San Juan</b>	2,776	3	1 to 925.3	0.00
<b>Sevier</b>	4,414	1.3	1 to 3,318.8	0.88
<b>South Sanpete</b>	3,305	2	1 to 1,652.5	0.00
<b>South Summit</b>	1,625	3	1 to 541.7	0.00
<b>Tintic</b>	284	0.5	1 to 568	0.00
<b>Tooele</b>	16,123	7	1 to 2,303.3	1.06
<b>Uintah</b>	6,443	3	1 to 2,147.7	0.22
<b>Wasatch</b>	9,197	4	1 to 2,299.3	0.60
<b>Washington</b>	36,006	13.8	1 to 2,609.1	4.20
<b>Wayne</b>	451	0.2	1 to 2,255	0.03
<b>Weber</b>	31,392	15.8	1 to 1,986.8	0.00

## School nurse coverage in Utah, 2024-25

- Total local education agencies (LEAs): 155
- Statewide school nurse-to-student ratio: 1:2,318
- LEAs meeting Utah's 1:2,000 recommendation: 39
- LEAs above the recommended ratio: 116 (highlighted in the table above)
- LEAs with no school nurse: 76
- Schools with no school nurse: 90
- Students without any nurse coverage: 46,712
- Schools above recommended ratio: 772
- Students in schools above recommended ratio: 523,970
- Additional school nurse full-time equivalents needed to meet Utah's 1:2,000 goal: 82
- Full-time equivalents needed for schools with no nurse coverage: 23.36

## Model of practice and safety implications

Based on information reported in the School Health Workload Report, several school nursing models of practice are currently used across Utah schools. LEAs could report more than one model of practice, reflecting how health services may be delivered differently across schools within the same LEA. These models reflect varying levels of access to professional nursing support and differ in how health services are provided during the school day.



Model of practice for school nursing services reported by LEAs (select all that apply)

The most common model, used by 42.6% of respondents, places one school nurse (RN) over several school buildings. In this model, the school nurse trains and supervises unlicensed assistive personnel or health aides and provides clinical oversight. This approach helps extend services to more schools but can increase safety concerns because students do not always have direct access to the school nurse, and daily care often depends on staff who are not licensed medical professionals.

A dedicated school nurse assigned to one school building was reported by 14.7% of respondents. In this model, the school nurse provides nursing care within a single building, giving students consistent access to clinical assessment, emergency response, and support for chronic health needs.

Another approach, reported by 5.4% of respondents, involves a school nurse who leads a team within one building. In this structure, the school nurse is present daily and works with trained support staff, such as an LPN or health aide, who assist with care under the school nurse's supervision.

Other staffing models reported in the survey reflect limited access to on-site clinical support. Several reported models involve situations where students do not have consistent access to a school nurse during the school day, including uncovered health offices where a school nurse serves multiple buildings and no licensed nurse or trained health aide is present when the school nurse is off site. Because LEAs could report more than one model of practice, these approaches may occur alongside other staffing models within the same LEA. These approaches create gaps in care for students with both routine and complex medical needs.

Outside the reported models, the highest risk occurs in schools with no nurse coverage at all. During the 2024–25 school year, 46,712 students attended schools with no school nurse coverage. In these settings, nursing coordination of care, clinical oversight of health plans, and nursing-led training to support staff during medical emergencies are not available.

Research and professional standards consistently show that student safety improves when a qualified health care professional is consistently available in the school building. Schools benefit from staffing approaches that provide reliable access to professional nursing expertise. These findings highlight both strengths and gaps in current practice and help inform recommendations that follow to support safe care, reduce risk, and improve student health outcomes across Utah schools.

# Policy recommendations and summary

Data from the 2024–25 school year show that students benefit when a school nurse is part of the school health team. When students were seen by a school nurse, nearly 9 out of 10 returned to class, compared to about 8 out of 10 when seen by office staff or unlicensed assistive personnel (UAPs). This difference helps protect instructional time and supports student learning.

Emergency response data show a similar pattern. Of the 638 emergency calls made from schools, most were placed by non-nurse staff, who often must make urgent decisions without clinical training. School nurses are trained to assess, triage, and manage health emergencies, which can reduce preventable 911 calls and support timely and appropriate emergency response.

Recent research also shows that school nursing services provide a positive return on investment. A 2024 cost-benefit analysis found that both rotating and full-time school nurse coverage resulted in measurable cost savings for schools and communities. Schools with full-time RN coverage consistently showed higher returns due to improved attendance, increased staff productivity, reduced early dismissals, and fewer unnecessary health care visits (Ohneck et al., 2024).

Together, these findings, including higher return-to-class rates, more appropriate emergency response, and demonstrated cost savings, support policies that expand access to registered nurses in schools. Policies that prioritize school nurse staffing, promote safe and sustainable staffing models, and strengthen school health systems help reduce risk and support better health and academic outcomes for students.

# Appendix:

## Definition of school nurse

During the 2022 general Utah legislative session, a definition for school nurses was established:

*"School nurse means a registered nurse . . . whose primary role is the care of a defined group of students"* ([Utah code, 2022](#)).

According to Utah law, the following licensed professionals may provide school nursing services:

- Registered nurses (RN): Utah law permits school districts to hire RNs to deliver school nursing services.
- Licensed practical nurses (LPN): Under Utah law, LPNs must practice under the supervision of a registered nurse or licensed physician ([Utah Code, 2023](#)).

## NASN definition of school nurse

The National Association of School Nurses (NASN) defines school nursing as follows:

*"School nursing: a specialized practice of public health nursing, protects and promotes student health, facilitates normal development, and advances academic success.*

*School nurses, grounded in ethical and evidence-based practice, are the leaders that bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potentials"* (NASN, 2017).

# National School Nursing Practice Framework

## School Nursing Practice Framework™ Supporting Students to be Healthy, Safe and Ready to Learn



### Care Coordination

- Provide direct care for emergent, episodic, and chronic mental and physical health needs.
- Connect student and family to available resources.
- Collaborate with families, school community, mental health team (including school counselors, social workers, and psychologists), and medical home.
- Develop and implement plans of care.
- Foster developmentally appropriate independence and self-advocacy.
- Provide evidence-based health counseling.
- Facilitate continuity of care with family during transitions.

### Leadership

- Direct health services in school, district, or state.
- Interpret school health information and educate students, families, school staff, and policymakers.
- Advocate for district or state policies, procedures, programs, and services that promote health, reduce risk, improve equitable access, and support culturally appropriate care.
- Engage in and influence decision-making within education and health systems.
- Participate in development and coordinate implementation of school emergency or disaster plans.
- Champion health and academic equity.
- Share expertise through mentorship/ preceptorship.
- Practice and model self-care.

### Quality Improvement

- Participate in data collection for local, state, and national standardized data sets and initiatives.
- Transform practice and make decisions using data, technology, and standardized documentation.
- Use data to identify individual and population level student needs, monitor student health and academic outcomes, and communicate outcomes.
- Engage in ongoing evaluation, performance appraisal, goal setting, and learning to professionalize practice.
- Identify questions in practice that may be resolved through research and evidence-based practice processes.

### Community/Public Health

- Provide culturally sensitive, inclusive, holistic care.
- Conduct health screenings, surveillance, outreach, and immunization compliance activities.
- Collaborate with community partners to develop and implement plans that address the needs of school communities and diverse student populations.
- Teach health promotion, health literacy, and disease prevention.
- Provide health expertise in key roles in school, work, and community committees/ councils/coalitions.
- Assess school and community for social and environmental determinants of health.

### Standards of Practice

- Ensure practice consistent with the scope and standards of school nursing practice, health and education laws (consider the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, Nurse Practice Act, state laws regarding school nursing practice and delegation), federal/state/local policies and regulations, and NASN position statements and code of ethics.
- Employ clinical judgment and critical thinking outlined in nursing process and prioritization.
- Integrate evidence and best/promising practices (consider multi-tiered systems of support, clinical practice guidelines).
- Safeguard privacy of students and data (consider Health Insurance Portability & Accountability Act, Family Educational Rights and Privacy Act).



The National School Nursing Practice Framework, updated by NASN in 2024, outlines the core elements that guide school nursing and highlight the impact nurses have on student health and learning. The framework is built on professional standards of practice and centers on the student, family, and school community. It emphasizes four key areas of nursing practice, care coordination, community and public health, quality improvement, and leadership. These areas reflect the daily work of school nurses, from providing direct care and developing health plans to supporting mental health needs, promoting equity, and collaborating with families, educators, and health care partners. The framework also reinforces the use of data, clinical judgment, and evidence-based practices to improve health outcomes and support a safe, healthy school environment.

# School nurse job description

## Required qualifications

- RN licensed by the state board of nursing.
- Accountable to practice within current state laws, rules, and regulations.
- Expertise in several areas, including pediatric, public health, and mental health nursing; education; and child health laws.
- Ability to work independently.
- Basic Life Support (BLS)/CPR certification.

## Recommended qualifications

- Bachelor's degree in nursing (BSN).
- School nurse certification through the National Board of Certification of School Nurses.

**Primary responsibilities:** School nurses strive to advance the well-being of students and staff within the school environment. They promote student health and safety by providing the following services:

- Ensure compliance with national and state laws.
- Assess illness and injury.
- Identify, assess, plan, intervene, and evaluate student health concerns.
- Provide activities and education about health as needed.
- Manage chronic diseases.
- Participate in developing and implementing Individualized Education Plans (IEPs) and Section 504 Plans for students whose health needs interfere with learning.
- Implement Individualized Healthcare Plans (IHPs) and Emergency Action Plans (EAPs).
- Obtain medication and procedure orders from parents/guardians.
- Provide pediatric nursing procedures, such as ventilator care, gastrostomy feedings, tracheostomy care, and catheterization.
- Delegate, supervise, and evaluate lay staff.
- Administer medication.
- Monitor student immunization records.
- Complete vision screenings and provide other screenings as needed.
- Assess and provide intervention for student mental health needs.
- Participate on crisis teams.

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