Graphical user interface, text, application

Description automatically generated

Graphical user interface, text, application

Description automatically generated

By Diane Nicoll | Special to The Tribune  | Oct. 1, 2021, 1:00 p.m.

I’ve taught middle/high school students since 2003. A few years ago, I was asked to read a student’s 504 plan (medical information) the night before a school year started. It was the most intense plan I’d ever seen. It detailed a child’s paralytic seizures and what I was required to do if an emergency occurred.

I felt woefully unprepared to meet this child’s medical needs. The thought that they might die while in my classroom had me panic stricken — especially because the school had no nurse on staff.

By virtue of proximity, teachers are often the first adults to assess emergency situations in school buildings. A few examples from my own experiences include a 4th-grade boy who had an asthma attack on the playground, a 7th-grade athlete who had a seizure on a volleyball court and a 10th-grade girl who had a convulsive panic attack mid-class.

In Utah, nurses are asked to train staff in schools when an enrolled student has a chronic health condition. Yet, in my nearly 20 years, I have never received training from an actual medical professional beyond mandated CPR training. My experience highlights large gaps between this mandate and the actual need.

Like all teachers, I balance state standards, student skill scaffolding, learning styles, special education accommodations, differentiated instruction, data-driven assessments and academic rigor, all while making less than $45,000 a year for the majority of my career.

Teachers can feel overwhelmed when these tasks are combined with student mental health needs, mandated reporting, active shooter training, trauma-informed teaching, asynchronous learning and student advocacy. Our jobs are even more precarious when high-conflict community issues occur with intense political backlash.

With so many moving parts, it’s dangerous to rely on teachers to make important emergency medical decisions that occur daily. And yet, this universally agreeable tenant is disregarded when nursing staff is cut to trim school budgets. A look at the Utah Department of Health’s 2020-2021 annual report, [Nursing Services in Utah Public Schools](https://choosehealth.utah.gov/documents/pdfs/school-nurses/2021_annual_report_7-30-21_ada.pdf), shows this plainly. Medical care at schools is defaulting to staff with inadequate training.

In the 2020-2021 school year, Utah had a state-wide K-12 ratio of 1 nurse for every 2,789 students. Trained school nurses should be on staff at every school site, yet only 27 of more than 1,000 Utah public schools meet this national recommendation in 2020. To put it another way, for each public school building in Utah to have one full-time nurse, an additional 844 school nurses would need to be hired.

Registered nurses do more than attend to students’ medical needs, administer rescue medications and provide health screenings. Sites with fully staffed RNs see measurable increases in overall student health, positive gains in school safety, reductions in absences, fewer infectious school outbreaks and, according to the National Association of School Nurses, improved learning outcomes in classrooms. In short, school nurses keep students healthy and ready to learn.

Utahns are divided on many issues these days. If there’s one we can agree on, it’s the comfort that comes when help is present during an emergency. Our children deserve to feel safe. Medically trained, registered nurses should be available in all school buildings.

Legislation proposed by Utah state Sen. Kathleen Riebe would take pressure off untrained school staff members by requiring 1 nurse for every 2,000 students (with exceptions for small and rural sites). It doesn’t come close to the additional 844 nurses needed, but it’s a start.

***Diane Nicoll****, Murray, has been an educator since 2003 and is studying for a Master of Public Policy degree at the University of Utah. Utah state Sen.****Kathleen Riebe****, D-Cottonwood Heights, and****William Cosgrove****, M.D., Murray, a pediatrics specialist, reviewed and agreed to co-sign this commentary.*