The Use of Volunteers in School Health Services

**Position Statement**

**SUMMARY**

It is the position of the National Association of School Nurses (NASN) that quality health care within the school environment can best be attained through the employment of a full-time registered professional school nurse (hereinafter referred to as school nurse) for each school building. The health services needed by students at school continue to evolve in complexity and quantity increasing the need for the advanced knowledge and skills of the school nurse. While volunteers, licensed or unlicensed, may be needed to assist the school nurse, they must never act in the place of the school nurse.

**HISTORY**

Many schools use volunteers to assist the school nurse in providing health services. Volunteers may range from licensed healthcare providers to lay individuals, including parents and senior citizens. As a result of diminishing resources, some schools are utilizing volunteers in the absence of a full-time school nurse to meet the health office needs. Using volunteers as the only staff in the health office decreases the financial burden on the school, but it also increases the school’s liability by providing suboptimal health services that are often outside of the legal parameters defined by each state (American Nurses Association [ANA], 2012).

**DESCRIPTION OF ISSUE**

Using volunteers to provide health services at school requires that school policies and school nurse oversight are in place to ensure the health and safety of the students served and to mitigate potential school liability. The school nurse has specialized knowledge and skills in assessment, communication between the school, medical and family communities, emergency planning and the care of chronic and acute conditions. These are essential to provide health care effectively to those in schools and to ensure coordinated care during school hours (American Academy of Pediatrics [AAP], 2008). When volunteers are utilized to provide care, the school nurse remains accountable for the decision to include a volunteer in providing health services. The school nurse’s responsibilities include training this individual, verifying the competency of the volunteer to complete the assigned tasks (Hootman, 2013) and providing ongoing supervision to ensure continuity of care and appropriate communication between the school, family and healthcare provider (ANA, 2012). Furthermore, when a student’s healthcare needs require special school accommodations, it must be the school nurse (not the volunteer) who is a member of the IEP and/or 504 teams (AAP, 2008).

Confidentiality within the school environment is essential, whether it relates to interactions with healthcare providers or maintaining and protecting health records. Volunteers may inadvertently breach confidentiality. Should this happen, it could prevent or destroy the trusting relationships which are essential to providing health care for students and ensuring their safety while at school. The Family Educational Records and Privacy Act requires that policies and procedures be followed for the distribution of health information and defines who legitimately has an educational interest in the child (U.S. Department of Education, 2011).

If volunteers are utilized to deliver health care in the school setting, the volunteers should:

- Follow the district policies and procedures;
- Meet state requirements for delivery of care;
• Receive an orientation to the health office;
• Complete health trainings required by the school district (e.g., universal precautions, emergency care for students with diabetes);
• Understand the HIPAA and FERPA confidentiality laws;
• Complete and sign a confidentiality agreement;
• Complete CPR/First Aid certification;
• Understand the school’s plan for disaster preparedness; and
• Demonstrate willingness and competence in providing the assigned health tasks.

When making a decision to use volunteers, it is important that school districts, the supervising nurse and those volunteers who hold licensure (RN’s, LPN’s and APRN’s) realize that they are held to the level of their licensure. They cannot volunteer and function as a UAP. They are held and must function to the level of their degree. Licensed volunteers cannot function as a UAP unless they have allowed their license to go inactive. Volunteers may not be covered by the school district’s insurance, and there is serious doubt that malpractice insurance would cover a nurse working outside his/her job description (M.D. Bergren, personal communication, April 9, 2012).

Criminal background checks, finger-printing, immunizations, tuberculosis and drug screenings may be required of volunteers if they are also required of other staff within the school. School districts that utilize nurse volunteers must comply with the Nurse Practice Act for that state. For some states this will mean that they must have an active nursing license even to volunteer. School districts will need to investigate liability protection and Workers’ Compensation for volunteers as well. Safety, nursing practice and liability concerns may ultimately outweigh the advantages of using volunteers.

RATIONALE

The American Academy of Pediatrics (AAP) (2008) notes that a full-time school nurse is associated with better student outcomes and recommends that a school nurse be physically present in the school. This is due, in part, to the increasingly complex health services which require the advanced skills of the school nurse for their implementation in the school setting (Maughan & Adams, 2011). The reality of today’s healthcare/school environment and the resulting demands placed on the school nurse may include using volunteers to provide health services at school. While volunteers may be used to assist in providing health tasks at school if allowed by the nurse practice act of the state, the school nurse remains responsible and accountable for the outcomes (Anthony & Vidal, 2010; ANA, 2012). Therefore, using volunteers ultimately requires the employment of a professional school nurse.

REFERENCES


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