

Statement Regarding the Essential Role of School Nurses

During the recent board meeting, nurses were described as having “Band-Aid and ice pack” duties. This characterization is not only inaccurate; but it also directly contradicts decades of evidence demonstrating “Band-Aid and ice pack” duties. This characterization is not only inaccurate; but it also directly contradicts decades of evidence demonstrating that school nurses significantly improve student health outcomes, reduce absenteeism, prevent emergencies, and support academic success. It is concerning and does not reflect the medical complexity of the student population we serve or the scope of nursing practice within the school setting.

Current Caseload and Real Events for my school:

At my school, I am managing care for:

- 19 students with asthma care plans
- 10 students with anaphylaxis care plans
- 1 student with a celiac disease plan
- 1 student with diabetes, compounded by genetic metabolic conditions that make glucose management extremely complex
- 1 student with a tracheostomy
- 1 student with a seizure care plan (with another student known to have seizures but without a completed care plan)
- 1 student with hearing loss with hearing aid assistance
- 6 students prescribed psychiatric or stimulant medications

In addition to routine care plans, I have responded to significant medical emergencies. Last year, I cared for a student experiencing an active stroke at school that required emergency ambulance services. This student is currently attending and needs daily medication and monitoring as a potential fall risk which could result in another TBI.

This year, a preschool student partially severed a fingertip, necessitating ambulance transport so it could be reattached. Last year, I also identified early cellulitis in two students’ lower legs—because I recognized the seriousness and alerted their parents; both children received prompt medical treatment before the infection worsened. These examples do not include numerous head injuries later diagnosed as concussions or the early signs of appendicitis in another student that resulted in emergency surgery.

Without a trained nurse present, many of these conditions may not have been identified or addressed appropriately. Expecting teaching staff or administrators—whose primary responsibility is education and school operations—to manage these types of medical situations places students at risk and places an unrealistic burden on staff who are neither trained nor equipped for this level of medical decision-making.

Beyond physical health, school nurses serve as a critical point of trust for students. Building consistent relationships allows students to feel safe discussing concerns that extend

beyond immediate medical needs. I have filed Office of Children’s Services (OCS) reports for situations involving potential abuse or neglect; these reports occurred only because students trusted me enough to disclose what was happening.

On a typical day, I see 30 to 70+ students for office visits, medication administration, medical procedures, and mental health support. At Ptarmigan, this has been the daily reality for the past two years, and there is no indication that this volume will decrease next year. If there is not a permanent nurse in the building, these responsibilities will shift to already overextended staff—putting both students and employees at risk.

Please take the following into consideration regarding the cut to potential regional model for nursing services within the Anchorage School District.

1. Alaska Native Students, CPT1A (Arctic Variant), and the Role of School Nursing Services

Alaska’s public schools serve a unique and diverse student population that includes a significant number of **Alaska Native children**, many of whom come from communities with distinct genetic, cultural, geographic, and health considerations. One health condition relevant to this population is the **CPT1A Arctic Variant**, a metabolic genetic variant identified through Alaska’s newborn screening program and found at higher prevalence among Indigenous Arctic populations, including Alaska Native communities.

However, during **illness, fever, dehydration, or prolonged fasting**, some infants and young children with CPT1A Arctic Variant may be at increased risk for **low blood sugar (hypoketotic hypoglycemia)**, which can lead to symptoms such as lethargy, poor appetite, shakiness, seizures, or—rarely—serious medical emergencies if not promptly addressed.

Role of School Nursing Services

School nurses play an important supportive and educational role for students with CPT1A Arctic Variant and their families. While CPT1A does not typically require daily medical treatment at school, school nurses help ensure a safe and supportive environment by:

- Being familiar with CPT1A Arctic Variant and its potential health implications during illness or fasting.
- Assisting families with the coordination of school health information and communication with teachers and staff as appropriate.
- Recognizing early signs of illness related-related metabolic stress in younger students, such as unusual fatigue, decreased intake, or changes in behavior, and responding promptly.
- Supporting access to food, snacks, and fluids during the school day when needed, particularly during times of illness, long school days, testing, or emergency situations.
- Helping staff understand that most students with CPT1A are healthy and active and should be treated no differently from their peers outside of illness related -related considerations.

Cultural Considerations in Care

Providing nursing services to Alaska Native students with CPT1A requires an understanding of **cultural context, subsistence lifestyles, and family practices**. Research highlights the importance of culturally grounded education that respects traditional knowledge, avoids labeling the variant as a “disease,” and supports family -centered decision--making. School nurses often serve as a bridge between families, schools, and health systems, and may collaborate—when appropriate and with consent—with regional tribal health organizations or primary care providers to support student well-being.

Emergency and Illness Considerations

During school emergencies, natural disasters, or outbreaks of illness, students with CPT1A Arctic Variant may require additional attention to **hydration, caloric intake, and early medical evaluation**. Alaska’s geographic and logistical challenges can delay access to emergency medical services, increasing the importance of early recognition and supportive care within the school setting.

Key Takeaway

CPT1A Arctic Variant is a **common and culturally significant genetic variant** among Alaska Native populations. While most students with this variant are healthy, school nursing services provide essential awareness, early recognition during illness, family education, and culturally responsive support to help ensure student safety and well-being within Alaska’s unique school environments

2. What Independent Evidence Shows About Student Outcomes

Asthma, Attendance, and Academics: Asthma is among the leading causes of disease-related absenteeism in the U.S., accounting for millions of missed school days annually and contributing to lower achievement and higher dropout risk. Nurse-led school programs have demonstrated significant reductions in absenteeism and improved asthma control (e.g., the *Building Bridges* program reduced absenteeism by 22%, with corresponding improvements in control and rescue inhaler use).

Anaphylaxis and Emergency Readiness: Food allergy affects approximately 1 in 20 school aged children; up to 25% of anaphylactic reactions in schools occur in students with no prior diagnosis, meaning rapid clinical assessment and epinephrine administration are essential. Schools with qualified nurses-aged children; up to 25% of anaphylactic reactions in schools occur in students with no prior diagnosis, meaning rapid clinical assessment and epinephrine

administration are essential. Schools with a qualified nurse are more likely to respond promptly and appropriately.

Return on Investment: A cost benefit-benefit analysis of school nursing services found that every \$1 invested yields ~\$2.20 in societal savings through avoided emergency visits, hospitalizations, and reduced parent work loss—while returning instruction time to teachers.

Mental Health Identification and Support: School nurses are frontline identifiers of student mental and behavioral health needs; professional organizations detail their role in screening, early identification, care coordination, crisis response, and medication management. Surveys and position statements note that nurses spend a substantial portion of their time on mental health concerns and are often the first trusted adult to surface risk.

Safe Staffing Standards: Evidence based workload guidance recommends 1 nurse per 750 students in general populations, 1:225 where daily services are needed, 1:125 for complex care, and 1:1 for continuous care—highlighting that a -based workload guidance recommends 1 nurse per 750 students in general populations, 1:225 where daily services are needed, 1:125 for complex care, and 1:1 for continuous care—highlighting that a one size -size ratio is inadequate where acuity is high.

I currently have 370 students, 2 with complex needs, and several others requiring daily services.

3. Alaska Specific-Specific Realities the Board Should Weigh

Chronic Absenteeism is at Crisis Levels in Alaska. In 2022–23, 42.5% of Alaska students were chronically absent (third worst nationally). The state Department of Education reported ~43% chronically absent in 2023–24 as districts deploy MTSS strategies to reverse the trend. Lawmakers, citing >44,000 chronically absent students last year, flagged attendance as a top legislative priority this winter. worst nationally). The state Department of Education reported ~43% chronically absent in 2023–24 as districts deploy MTSS strategies to reverse the trend. Lawmakers, citing >44,000 chronically absent students last year, flagged attendance as a top legislative priority this winter. N-worst nationally). The state Department of Education reported ~43% chronically absent in 2023–24 as districts deploy MTSS strategies to reverse the trend. Lawmakers, citing >44,000 chronically absent students last year, flagged attendance as a top legislative priority this winter. Nurse led chronic disease management is a proven lever to reduce -led chronic disease management is a proven lever to reduce illness driven absences. Youth Mental Health and Suicide Risk are Alarming. Alaska’s 2023 YRBS shows 43% of high schoolers felt persistently sad/hopeless, 23% seriously considered suicide, and 19% attempted suicide in the prior year—worse than a decade ago, with especially high rates among girls. Alaska’s teen suicide mortality rate (ages 15–19) is 32.9 per 100,000 (2021–2023), over three times the U.S. average; statewide dashboards confirm Alaska’s suicide rates remain persistently above national levels.

Asthma and AI/AN Disparities. Alaska Native and American Indian communities experience disproportionate asthma burden, compounding risks for missed school and emergency care—underscoring the importance of on-site nurse-led asthma action plans and trigger management.

Emergency Preparedness is Codified in Alaska Law. Alaska statutes authorize stock (unassigned) epinephrine in K-12 schools and allow trained individuals to obtain and administer epinephrine during emergencies, reflecting the reality that first-time reactions are common.

Health Records and Student Health Services

School nurses shall provide school health services as part of the district’s obligation to ensure students’ health, safety, and access to education under Alaska law (**AS 14.03.130; AS 14.30.191**) and applicable federal requirements. School nurses are responsible for the creation, maintenance, security, and confidentiality of student health records in compliance with the **Family Educational Rights and Privacy Act (FERPA)**, the **Individuals with Disabilities Education Act (IDEA)**, **Section 504 of the Rehabilitation Act**, and relevant guidance from the Alaska Department of Education and Early Development (DEED) and Alaska Department of Health.

Scope of Nursing Practice

School nurses shall practice in accordance with the **Alaska Nurse Practice Act (AS 08.68)** and implementing regulations (**12 AAC 44**). Within this scope, school nurses exercise independent nursing judgment and provide assessment, nursing intervention, medication administration, care coordination, and emergency response services to students and staff during the school day and at school-sponsored activities.

Medication, AED, and Medical Inventory Oversight

School nurses shall oversee the procurement, storage, administration, documentation, and inventory control of prescription medications, over-the-counter medications, and medical supplies in accordance with district policy and Alaska law. School nurses shall also manage the placement, inspection, maintenance, and readiness of **automated external defibrillators (AEDs)** in compliance with Alaska statute **AS 09.65.087**, which establishes Good Samaritan liability protections for AED use in good faith and outlines maintenance and notification requirements.

Emergency Preparedness and Response

In accordance with **AS 14.33.100** (school crisis response planning) and **AS 14.03.140** (emergency and safety drills), school nurses shall serve as designated on-site licensed medical professionals and first responders within the school setting. School nurses provide immediate medical assessment, triage, stabilization, and coordination of care during emergencies, including but not limited to earthquakes, volcanic activity, severe weather, infectious disease outbreaks, and pandemics.

Incident Command and Extended Care Responsibilities

School nurses shall perform emergency response duties in alignment with district Emergency Operations Plans and the **National Incident Management System (NIMS)**, as required for coordination with state and local emergency management systems. Due to Alaska’s geographic and logistical realities, school nurses may be required to deliver sustained medical care and public health oversight for extended periods prior to the arrival or availability of external emergency medical services (EMS).

4. Local Anchorage Context.

- ASD’s Health Services explicitly lists daily medications, anaphylaxis, asthma, diabetes, seizures, and tube feedings among the in-school services—tasks that require clinical competence and immediate availability.
- The Feb 2, 2026, budget proposal would eliminate 25 nurse positions and shift to a regional model, alongside 500+ other staff cuts due to a \$90M deficit—meaning fewer nurses on campus and longer response times.
- Only ~7% of Alaska secondary schools have a school-based health center, so the school nurse is the primary in-building health professionals for most students.

Mandatory Reporting and Student Protection

Alaska law requires school personnel—including nurses, teachers, and administrators—to immediately report suspected abuse/neglect, and districts must train mandatory reporters. A consistent nurse presence is critical for building trust that leads to disclosures and timely OCS reports.

Why a Rotating (Regional) Nurse Model Will Harm Outcomes

- Delays and errors: Rotations increase response times for anaphylaxis, seizures, trach care, and diabetic crises, and raise the risk of medication errors when unlicensed staff are pressed into service. Evidence-based staffing guidance warns against “one-size-fits-all” ratios in high-acuity settings.
- Attendance loss: Without on-site nursing, asthma and other chronic conditions are more likely to result in missed class time and absences—the opposite of what Alaska needs while confronting >40% chronic absenteeism.
- Mental health and safety gaps: Rotations undermine the continuity and trust necessary for early identification of mental health crises and for mandatory reporting of suspected abuse or neglect.
- Lost instructional time & higher costs: Evidence shows school nursing yields net cost savings and returns instructional time to teachers; shifting medical tasks to educators reverses that.

What Our Students Need—and What I'm Asking the Board to Do

1. Commit to a full-time registered nurse in every school with high medical acuity and/or high daily visit volume, using data-driven workload models aligned to NASN/AAP guidance (not a blanket ratio).
2. Protect emergency readiness by maintaining stock epinephrine and nurse-led training/drills for anaphylaxis, seizures, and cardiac/respiratory emergencies (consistent with Alaska law and national clinical guidance).
3. Prioritize attendance through health, funding nurses-led asthma and chronic condition management as a direct strategy to reduce chronic absenteeism.
4. Sustain mental-health identification and care coordination capacity by ensuring a stable, trusted nurse presence tied into school MTSS and crisis response.
5. Reject a rotating nurse model that fragments care, increases risk, and shifts medical responsibility to non-medical staff exactly when Alaska's data show we need more in-building clinical capacity—not less.

Because of Alaska's vast geography, extreme weather, and limited access to nearby healthcare, schools cannot rely on intermittent or shared nursing coverage. A consistently present school nurse is essential to manage chronic conditions, respond immediately to emergencies when evacuation may be delayed, and ensure daily student safety in remote and high-risk environments. Consistent on-site nursing is not a convenience in Alaska—it is a critical component of student health, equity, and school readiness.

School nursing is not ancillary—it is a critical infrastructure that protects student safety, improves attendance and achievement, and delivers measurable value to our community. The lives and learning of Alaska's children depend on it. Removing a consistent nursing presence places students at measurable risk and shifts medical responsibility onto non-medical staff whose responsibility is to manage the education of our students and manage the daily administrative tasks required to maintain a healthy school environment.

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