Enhancing school health capacity in Missouri



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CATEGORY: Epidemiology and Laboratory Capacity (ELC)

The Missouri Department of Health and Senior Services (DHSS) has used Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funding to support schools as they build capacity for protecting students' health. Initiatives have focused on staff training and technical support, as well as expanding infrastructure.





The "What"

Substantial gaps exist in resources available to school districts for educating staff, parents/guardians, and students to increase the understanding and importance of Infection Prevention Control (IPC) strategies to mitigate and prevent communicable diseases. This includes programs for both Registered Nurses (RNs) and unlicensed personnel. Despite this, RNs, Licensed Practical Nurses (LPN), and health room aides assess, triage, and manage complex acute and chronic conditions. Additionally, RNs delegate care, often to aides who lack formal training. Many unlicensed personnel are called upon to perform nursing tasks, such as suctioning, catheterization, feeding tube care, and medication administration, with limited or inconsistent training and supervision. To address this, DHSS has implemented several training opportunities. These include:

 Facilitating the creation of a school-based IPC training program in school settings throughout the State of Missouri. This training program builds organizational capacity, improves IPC practices in K-12 schools, and facilitates understanding and correct interpretation of state and local IPC recommendations.

- Offering professional development for RNs and just-intime training resources for school nurses and health room aides.
- Establishing the School Nurse Supervision and Support program, which offers a unique opportunity for rural schools with Unlicensed Assistive Personnel (UAP) or a non-credentialed licensed practical nurse to work independently to receive onsite and virtual supervision. The technical assistance includes providing on-site assistance with health room set-up and safety, efficient management of health-related services, using evidence-based procedures and protocols to promote high-quality health practices, and training on equipment its proper use, and adequate health screening and monitoring necessary to ensure that children with infectious diseases, chronic conditions, and acute illnesses are treated and managed within a safe, school environment.
- Providing Poverty Simulation Training to Missouri school nurses and staff. The Community Action Poverty Simulation (CAPS) kit enables participants to role-play, using simulation tools, the day-to-day realities of life when faced with a shortage of money and an abundance of stress. This simulation is widely used throughout the United States to provide a way for people to experience some of the problems associated with poverty and not just read about them.

DHSS also provided resources and funding to K-12 schools to safely keep doors open through the implementation of COVID-19 mitigation measures. This included the opportunity to participate in a preparedness exercise to set the school team and district up for success by assisting with engaging stakeholders, providing an assessment tool, and an online learning course for evaluating the district. It also allowed for in-person introductions to content experts on optimizing indoor air quality, developing and implementing effective infection prevention and control policies, and engaging previous program participants for peer-to-peer collaboration and learning.

K-12 public schools could also participate in a program to improve indoor air quality in an effort to prevent or reduce the spread of COVID-19. Participants could work with a contractor to receive onsite indoor air quality and HVAC assessments. Participating public school districts are eligible for a contract to carry out recommendations identified through the assessment process, up to \$150,000.

The "So What"

The comprehensive training programs provide a curriculum to train school teams to ensure participants are equipped with knowledge and skills to maintain healthy and safe school environments. Participating in the preparedness exercise allowed schools and districts to engage stakeholders and assess current IPC measures to identify and prioritize gaps, develop and implement an action plan to address those gaps, and evaluate the outcomes. Infrastructure support provided additional resources and funding to K-12 schools to safely keep school doors open by implementing mitigation measures recommended by the Centers for Disease Control and Prevention.

These opportunities are open and available for ALL Missouri K-12 (public, private, and charter) school districts to participate in. Currently, information from the Missouri Department of Elementary and Secondary Education shows there are 521 public school districts, 37 charter school districts, and an unknown amount of private and parochial school systems across Missouri.

There are over 100 school districts that take advantage of the various opportunities listed. This does not include the vast number of districts who have accessed the ShowMeSchoolHealth.org website which is available to all school districts and school staff at any given time. This site remains open and freely available 24/7.

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The Missouri School Boards Association was provided \$98,000 for various efforts related to indoor air quality and ventilation in schools.

As of 2023, the school health program has:

- Launched <u>ShowMeSchoolHealth.org</u> to provide children with a higher quality of nursing care in the school setting and improve management of chronic health conditions and acute care needs by providing just-intime training resources for school nurses and health room aids.
- Implemented the School Nurse Supervision and Support program which provides onsite and virtual supervision by a Registered Nurse to unlicensed assistive personnel and licensed practical nurses not credentialed to work independently as well as necessary health office equipment for the management of student health concerns. This program currently supports:
- Number of schools receiving support (public and charter): 64
- Number of students supported through this work: 20,597
- Number of health office staff receiving supervision/support: 91

- Facilitated the MO KIDS TEAMS (Missouri Keeping Infectious Disease Out of Schools through Training Education Assistance Mentorship and Support) with 16 school districts, with another 5 participating in this training starting in February of 2024.
- Provided seven regional Poverty Simulations to Missouri K-12 schools and school professionals.
- Received positive feedback from participants who
 completed the MO KIDS TEAMS project, stating that it
 "opened up communication between the school district
 and their local health department", as well as "the tool
 was super helpful to show admin what we need to do
 to improve all over school infectious disease control."

Through DHSS's work with the school nurse supervision and support contract, a partner identified a student who had significant hearing impairment. Due to their observations and assistance, this young man was able to receive the hearing screenings he needed as well as assistance in being placed in one of Missouri's special schools for the hearing impaired.

Due to the availability of just-in-time learning, school nurses can receive specialized training for students with special healthcare needs as well as use this website as a training tool for those new to the practice of school nursing.

The "Now What"

The long-term goal of these projects is to create an infrastructure of independent and healthy schools with properly trained staff and updated/informed school policies and procedures to be better prepared for any future pandemics.

Additional funding has been requested to continue opportunities to provide stipends for school districts participating in various opportunities as well as funding to continue to support the school nurse supervision and support program to provide RN supervision to schools without stipends.

An absence or change in ELC funding would mean that the school health program would no longer be able to provide stipends to school districts to assist in covering costs associated with participation and addressing issues identified through these projects. The supervision and support program would be unable to continue indefinitely if there was not funding to support these efforts leaving our smaller and more rural schools vulnerable without the input of medically trained professionals.