



# STATE OF IOWA

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Governor Kim Reynolds  
Lt. Governor Adam Gregg

BOARD OF NURSING  
Kathleen R. Weinberg, MSN, RN  
Executive Director

## Memorandum

To: Iowa School Nurses

From: Jimmy A. Reyes, Associate Director of Practice and Education

Date: April 13, 2021

Re: Practice and Regulation of School Nurses

The Iowa Board of Nursing has adopted new rules regarding Nursing Practice for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), which are applicable to all Iowa licensed nurses. Changes to Iowa Administrative Code (IAC) 655 Chapter 6, Nursing Practice for Registered Nurses and Licensed Nurses were effective on March 31, 2021. The new rules may be found at this link:

<https://www.legis.iowa.gov/docs/iac/chapter/03-24-2021.655.6.pdf>

In summary, the school nurse shall be a Registered Nurse. The Licensed Practical Nurse may not be employed or practice as an independent school nurse. However, an LPN may practice nursing in the school setting under the supervision and direction of an RN or physician in the same building. The LPN may also provide nursing care to a specific student under the supervision and delegation of an RN employed by the school district.

### **The School Nurse**

A school nurse is an individual who has successfully passed the National Council Licensure Examination (NCLEX), is licensed by the Iowa Board of Nursing, and holds the title of Registered Nurse (RN).

Pursuant to 655IAC, chapter 6.2(3), the RN shall use the nursing process in the practice of nursing, consistent with accepted and prevailing practice. The nursing process is ongoing and includes the following:

- a. Conducting a thorough nursing assessment based on the patient's needs and the practice setting.
- b. Applying nursing knowledge based on the biological, psychological, and sociocultural aspects of the patient's condition.
- c. Detecting inaccurate or missing patient information.
- d. Receiving a physician's, ARNP's, or other health care provider's orders and seeking clarification of orders when needed.

- e. Formulating independent nursing decisions and nursing diagnoses by using critical thinking, objective findings, and clinical judgment.
- f. Planning nursing care and nursing interventions by establishing measurable and achievable outcomes, consistent with the patient's overall health care plan.
- g. Obtaining education and ensuring competence when encountering new equipment, technology, medication, procedures or any other unfamiliar care situations.
- h. Implementing treatment and therapy as identified by the patient's overall health care plan.
- i. Monitoring patients and attending to patients' health care needs.
- j. Identifying changes in the patient's health status, as indicated by pertinent signs and symptoms, and comprehending the clinical implications of those changes.
- k. Evaluating continuously the patient's response to nursing care and other therapies, including:
  - (1) Patient's response to interventions.
  - (2) Need for alternative interventions.
  - (3) Need to communicate and consult with other health team members.
  - (4) Need to revise the plan of care.
- l. Documenting nursing care accurately, thoroughly, and in a timely manner.
- m. Communicating and consulting with other health team members regarding the following:
  - (1) Patient concerns and special needs.
  - (2) Patient status and progress.
  - (3) Patient response or lack of response to interventions.
  - (4) Significant changes in patient condition.
  - (5) Interventions which are not implemented, based on the registered nurse's professional judgment, and providing:
    - 1. A timely notification to the physician, ARNP, or other health care provider who prescribed the intervention that the order was not executed and reason(s) for not executing the order;
    - 2. Documentation in the medical record that the physician, ARNP, or other health care provider was notified and reason(s) for not implementing the order; and
    - 3. If appropriate, a timely notification to other persons who, based on the patient's circumstances, should be notified of any orders which were not implemented.
- n. Revising plan of care as needed.
- o. Providing a safe environment for the patient.
- p. Providing comprehensive health care education to the patient and others, according to nursing standards and evidence-based practices

### **The Licensed Practical Nurse in the School Setting**

The LPN may not be employed or practice as an independent school nurse. An LPN may practice nursing in the school setting under the supervision and direction of an RN or physician. The RN or physician shall be in the proximate area, pursuant to 655 IAC, chapter 6.3(11)b. The proximate area is defined as the RN being close in time and space, within the same building, to provide timely in-person assistance.

The LPN shall be permitted to provide supportive and restorative care to a specific student in the school setting in accordance with the student's health plan when under the supervision of, and as delegated by, the registered nurse employed by the school district, pursuant to 655 IAC, Chapter 6.3(11)b(1). That said, the LPN may not perform the initiation of an assessment related to procedures/therapies requiring the knowledge or skill level ascribed to the registered nurse.

### **The Health Paraprofessional in the School Setting**

An individual who holds an active LPN license or who has been licensed as an LPN may be hired in the position of a Health Paraprofessional. This employee must specifically and exclusively work under the job description of the Health Paraprofessional, which would never extend into the role of the LPN.

The following guidelines shall be followed for the LPN hired in the Health Paraprofessional role:

- The LPN shall not use the title LPN after their name.
- The LPN shall not practice nursing, including, but not limited to, performing an assessment, using nursing judgment, providing education and counseling.
- The LPN shall meet the requirements for the position of the Health Paraprofessional.
- The LPN shall work specifically and exclusively under the job description of the Health Paraprofessional.
- The LPN is held accountable under his or her licensure should they practice nursing.

At this time, there are not laws or Iowa Board of Nursing rules that would prohibit an LPN from working in a position that is below the level of her/his licensure. However, the Board has previously determined that the nurse who does is held to the highest level of her/his education. If a nurse is working in a position lower than the nurse's licensure and fails to act prudently based on education preparation, the nurse's license would be subject to sanction by the Board.

### **The Unlicensed Assistive Personnel in the School Setting**

The Unlicensed Assistive Personnel (UAP) refers to an individual who is trained to function in an assistive role with the RN and LPN in the provision of nursing care activities as delegated by the RN or LPN.

### **The Delegation Process**

Individuals licensed or non-licensed do not work under another individual's licensure. That said, accountability does come into play with the act of delegation. It is the responsibility of the delegating RN to use the delegation process. The delegating RN must ensure the task/function is appropriate to delegate, the individual student is appropriate under the right circumstance, the individual being delegated the task is educated and competent, and supervision, communication, and evaluation are

being carried out. Additionally, there must be School District policies and procedures and the documentation of personnel's education and competency.

If the delegating RN has carried out the delegation process correctly and makes the decision to delegate, then the next step would be that the nurse or unlicensed personnel would be able to carry out the task/function following proper technique and following facility policy and procedure. Activities and functions which are beyond the scope of practice of the LPN may not be delegated to UAP.

### **The Educational Preparation of Nurses**

The education and competency of an LPN, RN, and Advanced Registered Nurse Practitioner (ARNP) varies. The LPN is educated at the community college setting with an estimated graduation period of one year. The RN is educated at the community college, college, or university setting. The RN who graduates from a community college has attended school for at least two years and receives an Associate Degree in Nursing (ADN). The RN with a Bachelor's of Science in Nursing (BSN) has at least four years of education and training. The ARNP is a Master's or Doctorate prepared advanced practice degree. ARNPs have at least 7 to 8 years of education and training.

### **The Licensure of Nurses and Advanced Practice Nurses**

To sit for licensure, the LPN, RN, and ARNP must graduate from a nursing education program whose status has been recognized by the Iowa Board of Nursing or by a similar board in another jurisdiction, which prepares individuals for licensure.

The board shall issue a license by examination for a 36-month period. Expiration shall be on the fifteenth day of the birth month.

Board approval of an applicant with a criminal conviction history or a record of prior disciplinary action is also required prior to licensure.