

 *NEW HAMPSHIRE SCHOOL NURSES’ ASSOCIATION*

 LEADING ~ ADVOCATING ~ EDUCATING

New Hampshire’s first school nurse was Elizabeth Murphy. She worked for the city of Concord. She became the Director of School Health Services in the Department of Education for 23 years starting in 1919 and retiring in 1947. Under her leadership, she helped to unite small districts so that they could hire a full-time school nurse with a salary commensurate of teachers in that same district. School nurses were considered as much a part of the team as the teacher. She was also influential in revising the Health and Sanitation Statutes under the laws of public schools in 1921. The motivation for these changes was partially based on the number of “physical rejects” that was at an all-time high during WW1. These statutes remained in effect until they were revised in 1971.

 In the 1920’s, even though vaccines decreased the number of people who contracted communicable disease, the list of duties for the school nurse grew. School nurses started to deal with vision and hearing issues, nutrition, dental issues, child growth and development, and handicapped children.

 In the 1930’s, all meetings and conferences were held with the New Hampshire State Teacher’s Association where nurses had break out session of their own. In 1934, the first available written record of meetings of NH school nurses were recorded by Secretary Zephryne E. Hasham with Edna Smith presiding. She is considered to be the first president of the NH School Nurses’ Association. They called the president, chairperson. In 1935, Miss Mabel Brown spoke at the teacher’s association meeting and said, “The school nurse of today has to keep abreast of the rapidly changing ideas and methods.”

 In the 1940’s, Dr. Dorothy Nyswauder, Director of the District Health Demonstration of the City of NY said, “Try to understand why children are afraid, why they tell fibs, why they are dirty, why they are not eating breakfast, why they are ill in school. What are the causes, what are the motives? The little things (interventions) are probably the effective ones.” In 1942-43, there were no state conferences due to World War 2. Annual dues started to be collected in 1944 at .50 cents per year and was used to pay for speakers or annual programs. In 1945, school nurses worked on nurses’ retirement committee, and in 1946, school nurses started working the federal school lunch program. In 1947, the retirement system began for NH school nurses. In 1947, the NH Board of Education voted unanimously that school nurses who care for children’s health in the public schools are teachers of public health and are eligible to join the state teacher’s retirement. In the last 40’s and early 50’s, school nurses were included in the Department of Education certification system after completing 30 hours of education above their diploma. Unfortunately, the “label” provided for these state licensed registered nurses was “provisional” certification. This vague and misunderstood term caused many employment issues at the local level and seemed to indicate that the school nurse was improperly or less than prepared for her responsibilities in the school setting.

 In the 1950’s, school nurses were not accepted on par with the BA prepared staff at this time. The first school immunization program came with the Salk polio immunizations. The first written records of regional meeting for school nurses were recorded in the 50’s. In 1954, Annette Eveleth, the director of School Health Services, wrote a “Guideline for School Health Programs”. In the 1950’s, children were excluded from school with a temperature of 99.4 or greater, vomiting, sore throat, swollen glands, persistent cough, inflamed watery eyes, and pain. This exclusion was done by the principal. The family needed to get permission for readmission to school from the MD, nurse-teacher, or principal (provided the child was free of symptoms and that they had been out of school for the minimum amount of time). 1958 salary reports showed a median salary of $3835 and the median pupil load was 2215.

 In the 1960’s, it was pointed out the continuity was needed for the school nurse programs because there were some places in the state who were replacing well trained school nurse-teachers with untrained hospital nurses in the interest of saving money. On July 4, 1968, the National Education Association established the Department of School Nurses. The DSN became a separate entity known as NASN. NHSNA affiliated with NASN by 1980. The first secretary-treasurer of NASN was Barbara French from New Hampshire. The first meeting of NASN was held in 1969 in Philadelphia, PA.

 In the 1970’s, the School Health Services Manual was published after 2 years of work by a committee of school nurses. There was collaboration with the Division of Public Health, the Division of Mental Health, and other state and voluntary agencies. School health services was very concerned about the dehumanized approach of many agencies (including schools) to the basic needs of people. School nurses started to make the shift from “crisis” health care to “preventative” health care. In 1971, the first New England Regional Conference was held. Partnerships were formed with educational facilities like the New England College and the University of NH for continuing education. There were also many state level workshops offered. In 1975, the University of NH offered a semester course in Advanced School Nursing. 126 school nurses were in programs or earned their baccalaureate degree. In the late 70’s and early 80’s, the board worked to develop a program of continuing education pertinent to school nursing. They worded with the Professional Standards board at the Department of Education to develop standards for entry into practice.

 In 1981, the Department of Education approved the inclusion of the school nurses in the Certification Standards for Educational Personnel. Regional meetings started to happen regularly and actions plans were in place throughout the state. In 1980, the Board of Nursing was dissolved due to legislative action. This impacted school nurse certification. In 1982, the Department of Education asked for school nurses to be a part of the special education teams when the child is handicapped. In 1983, the Standards of School Nursing Practice was published by the American Nurses’ Association. In 1989, Barbara Ward, president of NHSNA, filed an Amicus Brief on behalf of individual members documenting the legal and professional basis for the role of the school nurse. This went to the NH Supreme Court and it was ruled that school nurses can be a part of the teacher’s bargaining unit. Statewide committee working and collaboration with state and community agencies was happening regularly in the 80’s.

 In the 1990’s, NHSNA was part of a committee to study Rural Mobile Healthcare Units. HIV/AIDS education, care of pregnant teens, and substance abuse programs were a common part of school health programs. In the 2000’s, NHSNA became more organized as an entity. NHSNA became a 501 c-3 non-profit organization. An Operation’s Guideline Manual was created for board members. NHSNA has been asked to work on Legislative Committees, have co-sponsored “Day of Discussion” meetings with the NH Board of Nursing to discuss issues solely related to school nursing. There have been documents such as a model Job Description and Role of the School Nurse position statement (NH), Naloxone in the school setting as well as a document on Delegation in School Nursing. About half of NH’s approximately 550 school nurses are on the teacher’s contract and in their bargaining units. NHSNA works closely with the Department of Education’s School Nursing Coordinator to promote health information that is beneficial for all schools. NHSNA collaborates with a variety of organizations to advocate for children’s health in the state of New Hampshire. On a federal level, school nurses are now included in the Every School Succeeds Act legislation (replaced No Child Left Behind Act) since December 2015. In this act, school nurses are the basic infrastructure for the health of students in schools and provide a critical link to student success, ensuring that they are safe, healthy, and ready to learn.