Response to the use of EMT’s in the Manchester School District
May 10, 2023

Last week, there was an article on WMUR about the Manchester School District using EMT’s as substitute school nurses. The Manchester Fire Department has signed a contract with the school district from April to June to fill the slots for missing nurses if they cannot hire a sub or an agency nurse. The Manchester school district has a lot of health needs in their city. While locally, and nationally we are struggling with a nursing shortage, it is dramatically felt in larger cities. Manchester has 21 schools and employs approximately 60 full time nurses (approximately 27 in the schools and 32 1:1 nurses). They contract with many different nursing agencies to try to fill open holes, which are frequent. This is truly a small band aid on a gaping wound, but they believed that some coverage was better than nothing. It is important to note that the Manchester school nurses have been working with administration on ways to retain their nurses and to attract new nurses to the field. These talks have been ongoing all year.
The role of school nursing is a complex specialty practice that encompasses the overlapping principles of care coordination, leadership, quality improvement, and community and public health. These principles are guided by nursing standards of practice. The American Academy of Pediatrics recognizes that the “school nurse has a crucial role in the seamless provision of comprehensive health services to children and youth. Increasing numbers of students enter schools with chronic health conditions that require management during the school day” (Council on School Health, 2016). The school nursing practice is guided by very different rules, codes, and scopes of practices. The NH School Nurses’ Association believes that the practice of using an EMT as a nurse substitute minimizes and disrespects the role of both the school nurse and the very important role of the EMT/Paramedic. Most nurses would not be qualified or prepared to jump in an ambulance today and respond to a crash on 93 or a house fire even though they could do some tasks that EMT’s would do. Similarly, the EMT's and Paramedics would not be prepared to titrate insulin, administer tube feedings, or address the "frequent" often psychosocial complaints of our students using the school team. A very small percentage of the school nurse's role is emergency care, and certainly the EMT’s and Paramedics could handle that with ease. There are many other roles that utilize more time which include management of chronic conditions, mental health, health education, care coordination, and documentation as well as a long list of all the ways school nurses keep students safe, in school, and ready to learn.

Even though this incident is specific to Manchester, other school districts may try to copy that model and so it may affect all nurses who worked for years to attain their licensure, and to practice in the specialty of school nursing. There are some things that are important to note about this occurrence. First, an EMT cannot be called a school nurse by law. (RSA. 200:29). Second, EMT’s and Paramedics cannot practice outside their scope of practice. In the school setting, they must follow the instructions of their medical director, and follow the protocol set up for their practice. If a medication or treatment is not within their
protocols, they cannot do the treatment. This will not allow them to give regular medications such as Ritalin, insulin, or even participate in tube feeds. Even many routine medications are outside of their scope of practice. Additionally, EMT’s and Paramedics must document their visits like they would in their field of practice. If a student does not go to the hospital as a result of the visit, there must be some type of signature refusing transport.

The New Hampshire School Nurses’ Association would first like to thank the Manchester Fire Department for offering their support to a difficult situation which we believe is not meant to diminish the important partnership we have always had with our first responders. We do believe, however, that there needs to be better options to provide schools with a full-time school nurse every day, all day, and a robust sub pool that is willing to fill the gaps when nurses must be out due to sickness or unexpected family needs. We advocate utilizing better compensation options for both the nursing staff and the sub pool, actively recruiting eligible nurses with incentives, and working on making the school environment more respectful, supportive, and team oriented to help retain school nurses committed to keeping their students safe, in school, and ready to learn.

As the need for nurses grows and the nursing shortage gets worse, NHSNA will be continuing to monitor the vacancies in school nursing. The problem in Manchester is not a new one due to their great need for school nurses, and the number of students with complex medical needs.

NHSNA also worked on SB 215 that would allow a school nurse to start with an associate’s degree as long as they progress toward a bachelor’s degree within a 6 year time frame. If passed, we believe this will open the opportunity for more nurses to be eligible to consider the specialty of school nursing while maintaining the quality and specialized knowledge needed for the practice of school nursing.
Sincerely,
The Board of the NH School Nurses’ Association

Resources:
National Association of School Nurses. (2017). *Definition of School Nursing*. Silver Spring, MD: National Association of School Nurses; Available at: https://www.nasn.org/about-nasn/about