KENTUCKY
BOARD OF NURSING

Objectives

- Provide an Overview of Kentucky Nursing Laws and Advisory Opinions as they Relate to School Nurses

- Provide Guidance Regarding Medication Administration and Delegation

- Discuss Issues of Concern in the School Setting
  - Continuous Glucose Monitoring (CGM)
  - Anti-Choking Devices
  - Field Trips

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Mission Statement

The Kentucky Board of Nursing *protects the public* by development and enforcement of state laws governing the safe practice of nurses, dialysis technicians, and licensed certified professional midwives.

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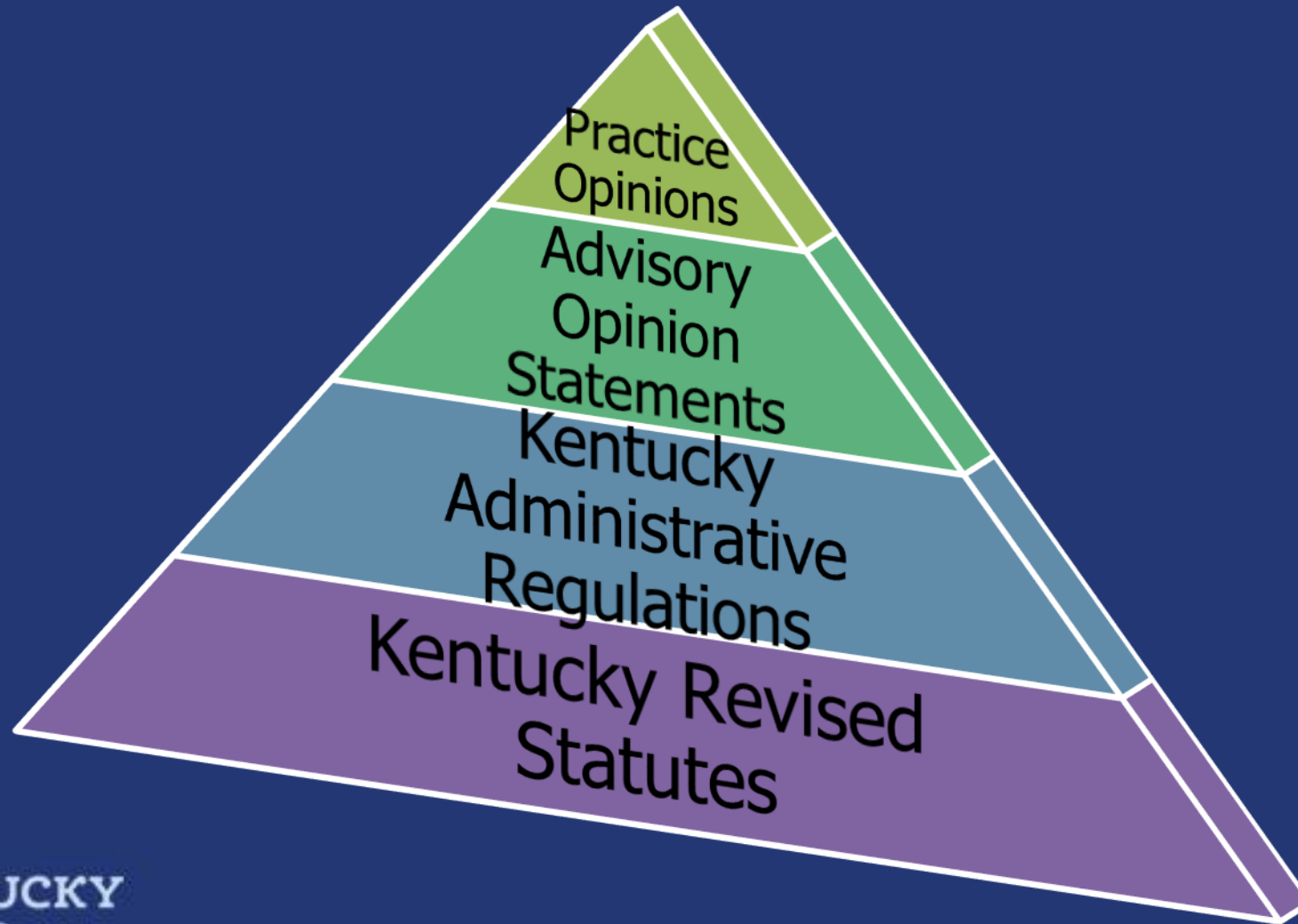NURSING

Who is "The Board"

- Seventeen board members appointed by the Governor and confirmed by the Senate.

- Two (2) from each of the six (6) congressional districts of the Commonwealth.
  - Three (3) Registered Nurse Practice Members
  - Two (2) APRN Members
  - Two (2) Licensed Practical Nurse Members
  - Two (2) Citizens-at-Large
  - One (1) CRNA Member
  - Four (4) Nurse Educators
  - One (1) Nurse Administrator
  - Two (2) Long Term Care
  *Members serve four (4) year terms

KENTUCKY
BOARD OF
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OPEN MEETINGS

- Most meetings of the Board and its advisory councils or committees are open to the public.

  - **Board Meetings**
    - April, June, August, October, December (even months)

  - **Committee Meetings**
    - January, March, May, September, November (odd months)

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Hierarchy of Governing Guidance

Practice Opinions

Advisory Opinion Statements

Kentucky Administrative Regulations

Kentucky Revised Statutes

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Kentucky Nursing Laws

Kentucky Revised Statutes (KRS)

- Body of **laws** that govern the Commonwealth of Kentucky
- "Policy"
- Provides the structure (framework) for Administrative Regulations
- General Assembly
- Location of Nursing Laws for the Commonwealth of Kentucky
    - Kentucky Revised Statutes (KRS) Chapter 314

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Kentucky Revised Statutes Related to School Nurses

- **KRS 314.011** - Definitions for chapter
- **KRS 314.021** - Policy
- **KRS 156.501** - Student health services -- Responsibilities of Department of Education and Department for Public Health -- Filling of position -- Funding.
- **KRS 156.502** - Health services in school setting -- Designated provider – Liability protection

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Kentucky Nursing Laws

- Kentucky Administrative Regulations (KAR)
- Detailed directions developed by KBN to operationalize and implement statutes
- "Procedure"
- Carry the force and effect of law
- Specific in language and construction
- Divided into sections (title, chapter, number)
  - Title 201 Kentucky Administrative Regulation (KAR)
  - Chapter 20
  - Number 056-520

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Kentucky Administrative Regulations Related to School Nursing

- 201 KAR 20:057. Scope and standards of practice of advanced practice registered nurses.

- 201 KAR 20:400. Delegation of nursing tasks.

Advisory Opinion Statements

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guide to licensees who wish to engage in safe nursing practice.
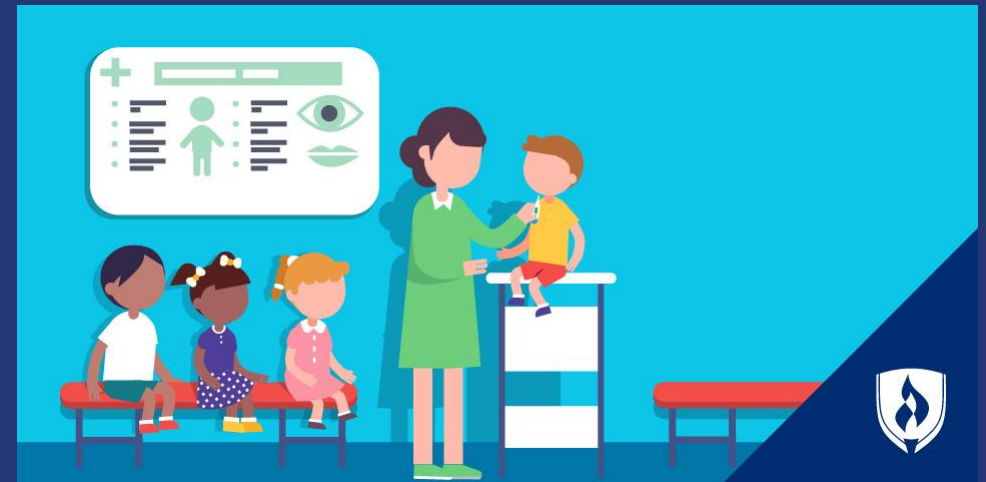

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KBN Advisory Opinions Related to School Nursing

- AOS #15 Supervision and Delegation of Nursing Acts to Unlicensed Personnel
- AOS #16 Roles of Nurses in the Administration of Medication via Various Routes
- AOS #27 Components of Licensed Practical Nursing Practice
- AOS #30 SCHOOL NURSING PRACTICE
- AOS #41 RN/LPN Scope of Practice Determination Guidelines

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KBN Advisory Opinions Related to School Nursing

- **AOS #30 SCHOOL NURSING PRACTICE**

  - Nursing Interventions identified in this Advisory Opinion Statement include:
    - The Role of Nurses in the performance of:
      - School Health Nursing Services
      - Delegation of Administration of Klonopin (Clonazepam)
      - Screenings in School Settings
      - Choking Protocols/Anti-Choking Devices
      - Continuous Glucose Monitoring

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KBN Advisory Opinions Related to School Nursing

- **AOS #30 SCHOOL NURSING PRACTICE**

  Identifies the role of the LPN, RN, and APRN in school nursing practice.

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Question: Can a school nurse from KY provide nursing care to students while traveling through a non-compact state?

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Question: Can a school nurse refuse to administer a treatment without repercussion such as being fired?

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Question: Is a nurse hired by a public or private school required to also have a degree in education as a job requirement?

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Question: Can a Nurse Practitioner licensed in the state of KY perform a school physical and document the physical on any compact state school physical form?

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Question: As a school nurse can I administer supplements or over-the-counter (OTC) medications to students without a physician's order?

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Question: Is an Unlicensed Assistive Personnel (UAP) who has been trained to provide suctioning for a student who has a trach perform this task in the school setting?

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Question: Can the administration of Klonopin (Clonazepam) be delegated to Unlicensed Assistive Personnel for seizure management?

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Question: Should the school nurse use their personal device to monitor a student's CGM?

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Question: Should a school nurse replace a CGM sensor that has become dislodged in the school setting?

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Student Mental Health

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Practice Branch, Kentucky Board of Nursing

Developed in collaboration with the KBN Professional Support Branch

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Objectives

Gain a better understanding of mental health challenges youth face today.

Identify common sign and symptoms of mental health concerns in students.

Incorporate strategies for promoting positive coping mechanisms.

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Overview

- 1 in 10 children are thought to have mental health problems, such as:
  - Depression
  - Anxiety
  - Eating disorders
  - Self-harming
- Parents and children may be reluctant to share information with the school due to stigma

YOUTH MENTAL HEALTH IN THE US

AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

Before the COVID-19 pandemic, **1 in 5 youth** (3 to 17) had a mental, emotional, developmental, or behavioral disorder (CDC)

50% of adolescents (13-18) has **had a mental health disorder** at some point in their lives (NIMH)

Over 1 in 10 youth's **depression** is **severely impairing** their ability to function at school or work, at home, with family, or in their social life (MHA)

8

American Psychiatric Association Foundation, 2025 American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025. Retrieved from https://www.apaf.org/our-programs/schools/notice-talk-act-at-school/program-components/

Bullying

- Children who are bullied and or bully others are more likely to have mental health issues
- Children who bully others often have been bullied
- Bullying can be physical, verbal or psychological
- It can occur face to face or through cyberspace

Adverse Childhood Experiences

Abuse

Physical

Emotional

Sexual

Neglect

Physical

Emotional

Household dysfunction

Incarcerated relative

Substance use

Divorce

Mental disorders

Mother treated violently

Students exposed to trauma

- Peak age of trauma exposure is 16 to 20

- 30% of students reported experiencing a traumatic event.

- Students who had experienced trauma were significantly more likely to have problems with: substance abuse, self-harm, suicidal thoughts, past suicide attempts, thoughts of harming others, anxiety, depression, hostility, and academic distress

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Most common trauma incidents

- Unexpected death of a close friend or family member
- Loved one surviving a life- threatening event
- Motor vehicle or other accidents
- Witnessing family violence
- Unwanted sexual attention/sexual assault

- Sexual assault is associated with highest distress levels followed by events perceived as personally life threatening.

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IMPACTS OF TRAUMA ON ADOLESCENTS AND TEENS

American Psychiatric Association Foundation, 2025

American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025.

Negative thought patterns that have been reinforced throughout childhood

- *"I can't trust anyone."*

Low self-esteem and helplessness

- *"What is the point? "*

Feeling that they are unique or alone in their experiences

- *"No one understands me"*

Altered recognition of danger

- Overestimating: Fear and avoidance
- Underestimating: Increased risk-taking behaviors

Let's Talk About Discipline

- When we overreact to children's behaviors, the results are lifechanging

- If we punish kids for small things, they tend to act out later

- The better we are at addressing racial bias & social stigma the better our responses are for children

Modeling

You can help children develop their own coping skills by modeling your own positive social behavior during times of stress.

Importance of spirituality

- 80% of students reported a religion or spiritual preference

- Of these students, 40% said it played an important role in their life

- Students who strongly endorsed religion/spirituality were significantly less likely to have symptoms of depression, suicide, and substance abuse

Importance of social support

- Students who report higher levels of social support also report significantly lower levels of distress on these subscales:
    - Depression
    - Anxiety
    - Hostility
    - Social Anxiety
    - Academic Distress

Social support

SUPPORT

When does stress become *distress?*

- Criteria is deterioration in daily functioning

- Impairment in one of several areas, including:
  - Social
  - Occupational
  - Academic
  - Emotional

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Typical Versus Atypical Behaviors

You may see

- Mood Swings and Emotional Sensitivity

- Peer Influence and Relationships **"fitting in"**

- Search for Identity

- Competing Demands

We want to focus on behavior that is moving away from their typical individual behavior

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Your role as the trusted adult

- Look for changes in their behavior

- Build a trusting relationship

- Communicate care and concern

- Gather information and assess the situation

- Determine if a referral is needed

You know your student and understand the context of your school and community better than most!

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Role of Support

- Approach student with an attitude of respect and concern

- Meet in a safe and private environment

- Express concern in an honest and direct manner (describe specific behaviors)

- Listen, empathize, and provide non-judgmental support

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Role of Support

- Clearly communicate the limits of your ability to assist (e.g., time, training, objectivity)

- Be prepared for the potential of a defensive response

- Present options/recommendations

- Allow student to make the decision

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Reduce Stressors

GO QUIET: APPROACH SILENTLY, USE NONVERBALS, LIMIT AUDITORY PROCESSING DEMANDS

ASK OPEN-ENDED QUESTIONS: SKIP DIRECTIONS & CORRECTIONS, PAUSE BETWEEN QUESTIONS, AIM TO UNDERSTAND PERSPECTIVE

GIVE VISUAL SUPPORT: WRITE, DRAW OR DISPLAY DIRECTIONS

OFFER BREAKS: GO FOR A WALK, TAKE A BREATH, SIT TOGETHER, GET SOME WATER

GET CREATIVE: PLAY CALM MUSIC, MOVE, DANCE, DRAW, CREATE

Making a Referral

- Contact a counselor to share pertinent information (receive permission from the student)

- Depending on level of involvement:
  - call ahead and make the appointment
  - escort student to the Counseling Center

- Referral tends to be less effective if you merely suggest that the student receive counseling services

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NOTICE. TALK. ACT.® AT SCHOOL

Key Framework

NOTICE	TALK	ACT
NOTICE when a youth is moving away from their individual behavior	TALK with the youth about what you have noticed	ACT to connect them to appropriate support services

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American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025. https://www.apaf.org/our-programs/schools/notice-talk-act-at-school/program-components/

What behaviors to look out for

- Deviates significantly from their typical behavior or from that of their peer group

- Behavior that occurs over a period of time and has become a pattern of behaviors

- Puts themselves or others at risk of harm

The behavior is extreme enough that you notice it, then it warrants an immediate response

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Disrupted Behaviors

Defined as actions by students that interrupt the flow of teaching and learning. Things to look for are:

- Frequent interruptions, Outbursts

- Refusal to follow instructions

- Disrespectful or inappropriate verbal/non-verbal communication

- Tardiness, Avoidance behaviors

- Misuse of technology

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Withdrawn Behaviors

Defined as actions by which the student pulls away from social interactions, avoids engagement with others, or exhibits signs of emotional isolation. Look for :

- Poor concentration or lack of participation in class
- Difficulty making friends
- Decreased hygiene
- Behaviors indicating substance use
- Appearing distant or detached, isolating from others
- Self-harming behavior , Anxiety (e.g excessive nail-biting)

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Symptoms of Distress

- Nervousness
- Agitation
- Increased irritability
- Undue aggressive or abrasive behavior
- Marked change in class participation
- Little or no work completed

- Infrequent class attendance
- Depression
- Lack of energy
- Withdrawal
- Fearfulness
- Indecisiveness
- Confusion

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Other Warning Signs

- Excessive procrastination
- Decrease in the quality of work
- Too frequent office visits (dependency)
- Listlessness, sleeping in class
- Marked change in personal hygiene
- Impaired speech or distorted thoughts
- Threats regarding self or others
- Marked changes in behavior

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TALK.

Use motivational interviewing techniques to talk with students to help you better assess the situation.

American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025. https://www.apaf.org/our-programs/schools/notice-talk-

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Privacy vs. confidentiality

<u>Privacy</u> refers to the student's right to keep personal information, including sensitive details, secure and not shared unnecessarily. This may include protecting the privacy of their educational records or health information.

For example, a family situation should remain private unless the student chooses to share it.

<u>Confidentiality</u>, is the obligation of teachers and school staff to protect any personal information that has been shared with them. When a student discloses personal details, teachers are required to keep that information confidential, **only sharing it with appropriate personnel who need to know (e.g., school counselors, administrators) to provide necessary support.**

For example, a student's health or mental health condition

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Limits to privacy & confidentiality

- **Privacy** is not absolute in schools—certain information (like grades or health conditions) **may need to be shared with relevant parties** (e.g., administration or parents) when necessary.

- **Confidentiality** has limits when there's a **risk of harm** **to self or others.** For instance, if a student reveals suicidal thoughts or abuse, the teacher must break confidentiality to protect the student.

Staff may also break confidentiality if there is reason to suspect harm, abuse, or neglect at home.

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Motivational interviewing

To help navigate difficult and sensitive conversations with students, utilizing the "OARS" is an evidence-based technique to help facilitate communication.

OARS has 4 components to it:

- **O**pen-ended Questions
- **A**ffirmations
- **R**eflective Listening
- **S**ummarizing

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Open-ended questions

This type of questions helps you to:
- Establish a safe environment to build a trusting relationship
- Explore, clarify, and gain an understanding of the student's experiences, thoughts, feelings, and beliefs

For example, you may say:

➢ *'I noticed you seemed to get frustrated when _____, can you tell me more about why?*
➢ *` How can I help you with ___?*
➢ *` How would you like things to be different?*

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Affirmations

Affirming responses help you to

- Affirm and validate the student's strengths and abilities so that you can demonstrate empathy and care.

For example, you may say:

➢ ` *It's not always easy…*
➢ ` *It sounds like you've been really trying hard to…*

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Reflection

Reflection helps you to:

• Pause and reflect on the student's words, behavior and feelings.
For example:

➢ ` Reflecting on words: *"Some of what I heard you say..."*

➢ ` Reflecting on behavior: *"I noticed... [ex: tears in your eyes]"*

➢ ` Reflecting on feelings: *"It sounds like you are very frustrated with..."*

Summarizing

Using summarizing statements will help you:

- Check that you understand the student's goals and preferences. Confirm that they understand the next steps.

For example, you may summarize by saying:

➢ ` *So, you've just described your plan. I am here to help* ➢ ` *in any way if you get stuck*.

➢ ` *So let's go over what we have talked about so far.*

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ACT.

Let's go over some actions you can take.

American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025. https://www.apaf.org/our-programs/schools/notice-talk-

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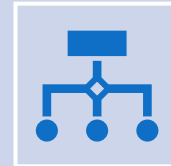FOUNDATION

Referral Pathways

Student shares – staff determines an immediate response is needed

Student shares – staff determines referral is needed

Student shares – staff determines NO referral is needed

Student does not share – staff determines to monitor as needed

American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025. https://www.apaf.org/our-programs/schools/notice-talk-

WHEN AN IMMEDIATE RESPONSE IS REQUIRED

Staff member NOTICES a STUDENT or STAFF member in DANGER

Staff member ACTS to notify Administration/Crisis Response Team IMMEDIATELY

Enact your school's crisis response protocol right away

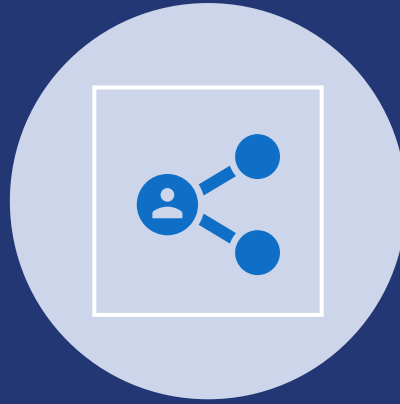**If you or others are in danger, move students to a safe area**

American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025. https://www.apaf.org/our-programs/schools/notice-talk-

Referral Needed

STAFF MEMBER **TALKS WITH STUDENT AND DETERMINES SUPPORT IS NECESSARY**

STAFF MEMBER ACTS TO FOLLOW REFERRAL PROCESS TO LET SUPPORT STAFF KNOW WHAT IS GOING ON.

STUDENT IS CONNECTED TO RESOURCES AND SERVICES

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American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025.
https://www.apaf.org/our-programs/schools/notice-talk-

When a referral is needed

- Follow your school/district referral process or policy

- Share knowledge about school or community resources

- Gauge willingness to engage in services if necessary

- Let them know you'd like to check-in on them and follow through

- Inform the parents or caregivers if appropriate
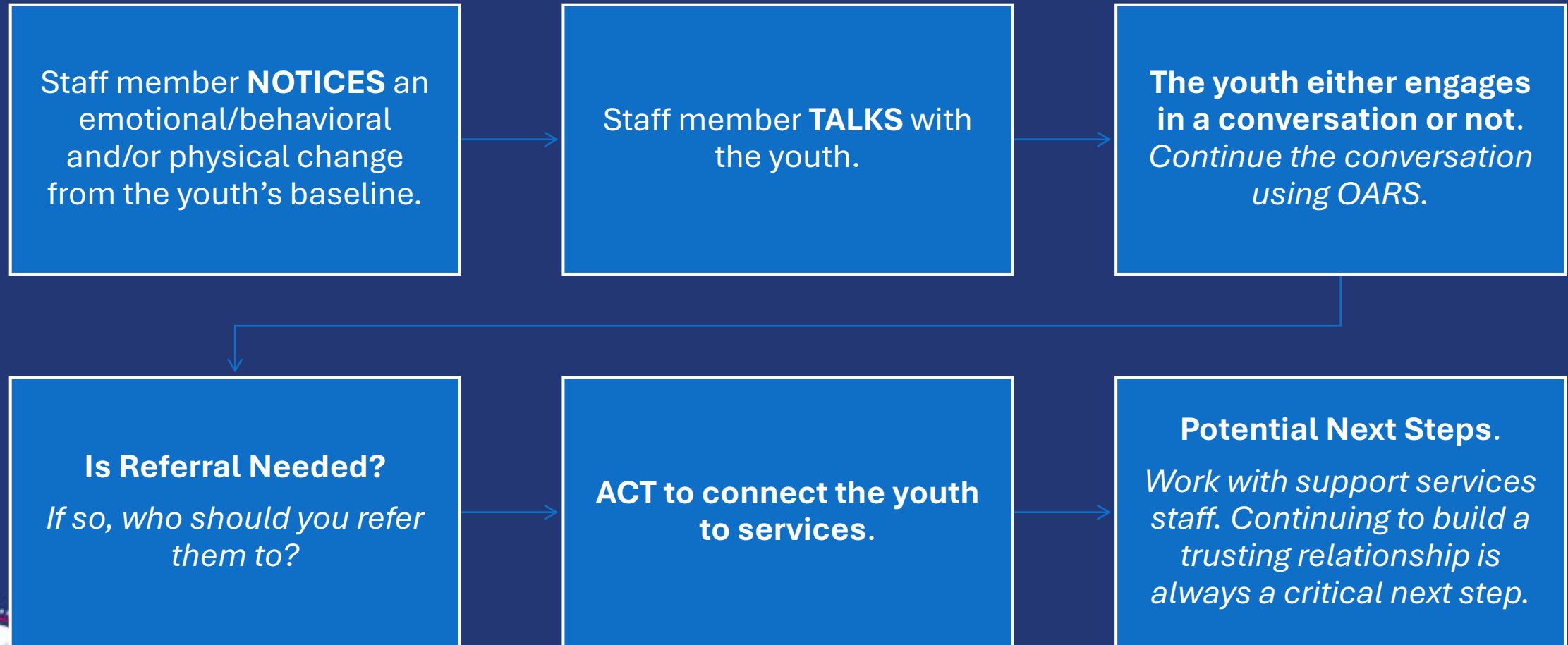
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No referral necessary

- You work with the student and manage the situation using tier one, universal prevention **classroom-based strategies**

- **Remember that there is no magic solution.** Give yourself grace and give the student patience.

- **Thank the student** for talking with you

- **Keep the door open** to further conversations

- Be sure to **continue to check in with this student**, building relationships is crucial to gaining their trust

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The student doesn't open up

- **Be patient:** Building trust takes time. The student may need to feel safe and comfortable before they can share their feelings.

- Keep the door open for future conversations.

- Casual, non-threatening check-ins help the student feel you care and give them multiple opportunities to talk when they're ready.

- Ask if they have another adult at school they would like to talk to.

- Connect with support services to let them know what you noticed when appropriate

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Summary of Notice. Talk. Act.

Staff member **NOTICES** an emotional/behavioral and/or physical change from the youth's baseline.

Staff member **TALKS** with the youth.

The youth either engages in a conversation or not. *Continue the conversation using OARS.*

Is Referral Needed? *If so, who should you refer them to?*

ACT to connect the youth to services.

Potential Next Steps. *Work with support services staff. Continuing to build a trusting relationship is always a critical next step.*

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Case Studies

Mason has always enjoyed your class. He is usually the first to raise his hand. You have noticed in the past few weeks, he has been quiet, disengaged from class discussion and asking to go to the bathroom a lot.

What do you " Notice" ?

Case Studies

After speaking with Aurora, she shares that her best friend, Kayla shared an embarrassing photo of her online. Since then, none of the girls in the friend group will talk with her. Now the photo is getting attention on social media. She tells you she is so embarrassed, and her life is over?

What "Action" should be taken?

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1. American Psychiatric Association Foundation, Notice. Talk. Act at School, Washington, D. C. 2025. https://www.apaf.org/our-programs/schools/notice-talk-act-at-school/program-components/

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Thank you

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