Key Principle: Leadership

Definition: *Leadership is the capacity to guide someone or something along a way, not a particular position (Merriam-Webster, 2015). School nurses are natural leaders as they are often the only health care professional employed in an educational setting and provide guidance to oversee school health policies, programs, and the provision of health services (NASN, 2016a). Leadership is a mindset, not a formal position. School nurses are well positioned to lead in the development of school health policies, programs, and procedures for the provision of health services, as they often represent the only health care professional in the education setting (NASN, 2016a). Leadership is a standard of professional performance for school nursing practice (NASN, 2016a).*

PRACTICE COMPONENTS	DEFINITION*
ADVOCACY	The ability to successfully support a cause or interest on one's own behalf or that of another, and it requires skill in problem solving, communication, influence, and collaboration (ANA, 2015). As advocates for students, the school nurse provides skills and education that support self-management, problem solving, effective communication, and collaboration with others (ANA, 2015). As an advocate for the profession, the school nurse engages in the deliberate process of influencing those who make decisions, including school administration and local and state political leaders (ANA, 2015).
CHANGE AGENTS	As advocates for changes, school nurses become change agents. When school nurses participate on interdisciplinary teams, their perspectives on health promotion, disease prevention, and care coordination for students and the school community bring about change in policy development and implementation related to plans and protocols that address children's health issues within the school and community setting (ANA & NASN, 2017; Institute of Medicine, 2011; Robert Wood Johnson Foundation, 2010).
EDUCATION REFORM	As leaders, change agents and full partners shaping the future health and academic success of young people, school nurses need to be aware and involved with healthcare and education reform (Duncan, 2013, August 25,; Institute of Medicine, 2011; Needleman & Hassmiller, 2009; Robert Wood Johnson Foundation, 2010). Understanding current reforms (e.g. Affordable Care Act of 2010), affords opportunities for school nurses to advocate for changes that best serve students, articulate how school nursing fits into the reform, and validate their role so that it is not lost (American Public Health Association, 2013).

FUNDING AND REIMBURSEMENT	Traditional funding depends on school district budgets to pay for school nursing services. Innovative methods of funding are emerging, including support from health care systems, public health, community care organizations, community clinics, and/or reimbursement for services. Reimbursement can come from Medicaid or private insurance. As budgets tighten and health reform looks to more community-based care models, school nurses can step up, lead, and define how the role of the school nurse will look in new models of practice.
HEALTHCARE REFORM	As leaders, change agents and full partners shaping the future health and academic success of young people, school nurses need to be aware and involved with healthcare and education reform (Duncan, 2013, August 25,; Institute of Medicine, 2011; Needleman & Hassmiller, 2009; Robert Wood Johnson Foundation, 2010). Understanding current reforms (e.g. Affordable Care Act of 2010), affords opportunities for school nurses to advocate for changes that best serve students, articulate how school nursing fits into the reform, and validate their role wo that it is not lost (American Public Health Association, 2013).
LIFELONG LEARNER	The school nurse shows commitment to lifelong learning when engaging in advanced academic education, certification, and activities that supports competent professional practice, knowledge development, and skills acquisition (ANA, 2015; ANA & NASN,2017).
MODELS OF PRACTICE	Models of practice means the various ways the delivery of school health services occurs in the U.S. For example, some school nurses oversee the students in one building; some have responsibility for students in several buildings; some have health aides or others to whom they can delegate specific tasks. Often the model of practice is influenced by the perspective of the employer (e.g., school district, health department, hospital, health care system, community groups), although school nurses can use the framework to articulate the breadth and scope of school nursing practice and influence changes in models, as needed. Nurse Practice Acts and state laws regulating nursing practice also influence models of practice.

TECHNOLOGY	Professional growth also involves staying current with both medical and information technology. In school nursing, technology encompasses telehealth, computer skills, and the use of web-based resources to collect and manage data (e.g., electronic health records, immunization information systems), overlapping with the Quality Improvement principle and data collection practice component. Technology allows for retrieving evidence-based education, communicating through social media, and using practice applications (i.e., apps) (Anderson & Enge, 2012; National Association of School Nurses, 2017).
POLICY DEVELOPMENT AND IMPLEMENTATION	As advocates for changes, school nurses become change agents. When school nurses participate on interdisciplinary teams, their perspectives on health promotion, disease prevention, and care coordination for students and the school community bring about change in policy development and implementation related to plans and protocols that address children's health issues within the school and community setting (ANA & NASN, 2017; Institute of Medicine, 2011; Needleman & Hassmiller, 2009).
PROFESSIONALISM	School nurses must exhibit professionalism (Campbell & Taylor, n.d.). Professionalism includes the attributes of accountability, maturity, problem solving, collaboration, proactivity, positivity, professional speech, appropriate dress, and activities that align with current, evidence-based, student-centered practice. Professional behaviors were identified by principals, educators, and others as the most influential factor when school nurses were seen and understood as valuable members of the educational team (Maughan & Adams, 2011).
SYSTEMS-LEVEL LEADERSHIP	Systems-level leadership targets a health care system or education system level. School nurses, often in partnership with public health, lead efforts that align emerging systems of care for population health improvement (American Public Health Association. Public Health Nursing Section, 2013). System level leaders understand the strategic interconnection between and among organizations, policies, processes, and systems (Madrazo & Senge, 2013; Weismuller, Willgerodt, McClanahan, & Helm-Remund, 2016).

*Definitions of the framework principles and components were taken from the original articles that developed the Framework for 21st Century School Nursing Practice™ (NASN, 2016a; Maughan, Duff, et al., 2016). Where applicable the original source is cited. Permission to use granted by the National Association of School Nurses. Reprinted with permission by the National Association of School Nurses.

- **Advocacy:** Adequate staffing based upon student health needs. Supports quadruple aim to provide safe, quality care; and maintains healthy work environment that promotes school nurse self-care.

- **Change agent:** Implement a "Safe Routes to School" Program. Engages multiple community partners and stakeholders that benefits the whole community, whole school and whole child.

- **Funding and reimbursement:** How to find and obtain grants to improve or benefit school nurse practice. Demonstrates school nurse ability as leader in understanding integration between education and health. Validates role as school nurse who goes beyond task-oriented responsibilities to facilitate enriched school health environment.

- **Policy development:** Implement a Narcan (naloxone) policy in the high school setting. Evidence-based community demographic research demonstrates need for emergency intervention medication for drug overdose.

- **Systems-level leadership:** Nurses will be evaluated and supervised by nurses. Consistent with best practices of ANA and NASN to ensure clinical and professional competency.

- **Technology:** Provide district-paid cell phones for school nurses who cover more than one school (e.g. preschool program with free-standing community preschool providers). Supports safety and quality of care. Enhances support of school nurse role to improve efficiency and ability to respond to emergencies.

QUICK START FACT SHEET
KEY PRINCIPLE: LEADERSHIP

TOPIC: Policy Development and Implementation
IDEA: Opioid/Naloxone Policy and Procedures

THE IDEA	GOALS	ACTION STEPS	RESOURCES	MEASURE OUTCOMES
What areas do you want to focus on for improvement? Increasing numbers of individuals are using opioids and heroin-type substances. Naloxone is a life-saving medication that temporarily reverses the action of the opioid substance. Making the medication available at school by developing and implementing a school policy will save lives. The students and school community will benefit from targeted interventions that increase knowledge, awareness and prevention regarding substance abuse.	**What exactly is it that you want to achieve?** • Implement a policy for naloxone administration in school. • Implement targeted interventions and learning opportunities for students and the school community. • Promote awareness and screening for substance abuse and referral to appropriate resources when necessary. • Enhance collaboration between school/district student support services and community support. For example: health, access to resources, addressing other issues that may be present. • Contribute to needs assessment of school community regarding resources required in the school and community	• Consider who will be affected and how? • Get buy-in for your initiative. Who are the individuals who must be involved and engaged in your initiative? • Who can lead the initiative? What partners/stakeholders should be involved? • What resources will be needed? (i.e. types of staff and required time; supplies and materials, equipment, other resources; estimated costs). • What are possible challenges and barriers? Reflect on these and think about possible solutions and strategies. • What is your timeline? • Do you have a short-term outcome to demonstrate early visible improvements? • How will you share/ communicate your proposed initiative and with whom? • Have you thought about sustainability for your project? Will this be a project you can continue annually?	• What resources can guide this project using evidence-based, best-practices? • Are there templates, information, guides already in place? • What are others doing? Find out about other initiatives. What are other schools, districts, states doing? Do not limit yourself to nursing-related initiatives. Be sure to ask what were the lessons learned. • Are there funding sources and grants that can help off set costs?	• How will you measure progress and success? • What are your outcome measures? • How often will you check and measure your progress? • Who will be responsible for collecting and reporting the information/data? • How will you evaluate your initiative to determine success?

For more details on this project, see Chapter 3, Idea 1.

SOCIAL MEDIA			
#behavioralhealth	@reachnj	@schoolnurses	
@CDCgov	@drugfreeNJ	@NJSSNA1	
@NIMHgov	@drugFreeAmerica	#NJSchoolNurseLeadership	
@samhsagov	#substanceabuse		

Idea:

Chronic disease management: The student will have an attendance rate of less than 10 days absence (less than 6% - measurement of attendance based upon New Jersey State ESSA measure) or better related to the chronic disease. Enhances understanding of complexity of attendance when associated with a chronic disease. Contributes to awareness of relationship between school attendance and student health and learning outcomes. Adds to student-centered care and student self-empowerment.

The Story:

School nurse Mayur believes there is a need for the life-saving medication, Narcan (naloxone), in schools. This medication can potentially save the lives of individuals who may overdose on opioids. The school nurse identifies through a needs assessment that substance abuse in the community is increasing, and a need to improve knowledge about substance abuse prevention and treatment in both students and community members.

Objectives:

- *Study the requirements. (What does your policy need to address, be specific. How do the federal and state laws, codes and regulations impact the policy? Utilize school attorney).*
- *Consider the results of your risk assessment. (Community needs assessment).*
- *Optimize and align your document(s). (Check policies from other districts in NJ).*
- *Structure your document.*
- *Write your document. (In collaboration with all stakeholders, including school attorney. Revise as necessary)*
- *Get your document approved. (Sent to school board).*
- *(Adapted from http://www.oecd.org/unitedstates/)*
- *Develop systematic approach to community awareness and education of substance abuse.*
- *Implement targeted interventions and learning opportunities for students and the school community.*
- *Promote awareness and screening for substance abuse and referral to appropriate resources when necessary.*
- *Enhance collaboration between school/district student support services and community support. For example: health, access to resources, addressing other issues that may be present.*
- *Contribute to needs assessment of school community regarding resources required in the school and community.*

Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007). See Making Change Happen (p.7:

1. Establish sense of urgency.

- ***Motivating statement (often communicated to key school administrative decision maker(s)):***

    Dear Mr. /Ms. Administrator:

    I am proposing developing and implementing a school policy for the emergency administration of naloxone in our school and/or district. Opioid and drug abuse continues to rise. In our own community, the use of heroin and a more dangerous drug, fentanyl has increased (cite your own statistics: you can find them HERE or at https://www26.state.nj.us/doh-shad/home/ Welcome.html). This is a problem that crosses all spectrums of our school community including students, staff and parents (Apa-Hall, Schwartz-Bloom, & McConnell, 2008; Clark, 2014). While there has not been a known need for this life-saving medication in our school to date, we know that when we prepare for emergencies, the outcomes improve. Having naloxone available will provide life-saving emergency medication available should a student, staff member, or school visitor require it (Friedman & Manini, 2016; King, 2016). Other school districts in New Jersey have implemented policies and procedures for naloxone. I have researched the issue and have located several policies that we can use to guide our decisions about this important medication becoming available in our district. I would like to develop a team of school and community partners to review and develop our own policy (Dwyer, Osher, Maughan, Tuck, & Patrick, 2015). As the school nurse, I think it would be logical for me to be one of the team leaders on this project. I am ready to start.

- **Examine the literature and community assessment:** In addition, the following areas related to this are:

School Community Health Problem/Needs Assessment:
- Obtain district and school-based obesity data, need benchmark.
- Start here for data: Obtain county and community local health assessment data at New Jersey State Health Assessment Data (https://www26.state.nj.us/doh-shad /home/Welcome.html) See Essex County Community Health Improvement Plan (CHIP) Example
- Identify available resources that may already have templates, guides, resources.

- **Identify potential solution based upon scan of literature and relevant sources of information.**

  Utilize national toolkit resources:
  - Community in Crisis. (2017). *Helping communities tackle the opioid epidemic-opioid toolkit.* Retrieved from http://www.communityincrisis.org/
  - Rutgers Ernest Mario School of Pharmacy. (2017). Resources for New Jersey Communities – *2017. Opioid abuse toolkit: Resources for New Jersey communities – 2017 supplementary materials.* Retrieved from https://pharmacy.rutgers.edu/info-for/opioid-abuse-toolkit/
    Example: High School Outreach Presentation
    Available at: https://pharmacy.rutgers.edu/wp-content/uploads/20.-High-School-Outreach-Presentation-Template.pptx

2. Form a powerful guiding coalition.

- **Who are my partners:** Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example, the individuals would be school district administrators, principals, school counselors, school psychologists, student groups, parents, local community health organizations, child advocacy groups, mental/behavioral health organizations, community volunteer groups, parent associations, local universities, local hospitals, and police.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Plan-Do-Check-Act cycle, a four step model for carrying out change (https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/workflow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)
- Include as part of annual professional development goals, or Student Growth Objectives.

4. Communicate the vision.

- Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, school nurse and district website, school newsletters, professional organizations, social media.

5. Empower others to act on the vision.

  Remove or alter systems or structures undermining the vision.
  - Will I need any policy changes in other policies related to drug use at school?
  - Collaborate with school and community partners.
  - Enlist the help of parent supporters/community champions.
  - Create interest/buy-in that supports drug-free community.

6. Plan for and create short-term wins.

Define and set a visible performance improvement.
- Set a date early in the initiative that creates excitement. Example: 88 parents attended a FAQ session on substance abuse. Parents reported that starting a conversation about substance abuse with their children became easier and felt more confident identifying potential indicators of substance abuse. Policies and procedures were approved by the school board and implemented at the end of the school year.

7. Consolidate improvements and produce more change.

Use your success and improvements (yes! this project is going to work and the guiding coalition is behind the initiative) to further change systems, structures, etc.
- Evaluate and plan for changes/improvements for the following/year. For example, add additional programs and outreach.
- Address policy changes as needed.
- Do you need additional support resources (i.e. Staff) to further understand or support the issue? Is there a need for differing approaches to mental and behavioral health in school?

8. Institutionalize new approaches.

Articulate connections between new behaviors and success of the program. Share the successes and your results.
- For example, benchmarking the data from this school year with the previous year indicates that there was a decrease by 52% in students sent out district wide for possible substance abuse. It was clear that parents/guardians were more aware of the impact substance abuse has on school performance and student behaviors. Coordination and communication between the school nurse and school counselors was identified as an area that could be improved. A district-wide team was implemented. A possible next step for the following year may include middle-school students.

What are the naloxone requirements in NJ schools?

State of New Jersey. Department of Education. (2016, May 24). *Information for schools regarding opioid overdose prevention.* Retrieved from https://homeroom5.doe.state.nj.us/broadcasts/2016/MAY/24/14963/Information%20for%20Schools%20Regarding%20Opioid%20Overdose%20Prevention.pdf

What are my resources?

State of New Jersey. Department of Health. (n.d.). *Division of mental health and addiction services.* Retrieved from http://nj.gov/health/integratedhealth/

National Association of School Psychologists. (2017). *Professional development: PREPaRE training curriculum.* Retrieved from https://www.nasponline.org/professional-development/prepare-training-curriculum

Partnership for Drug-Free New Jersey. (2017). *Resources*. Retrieved from http://www.talknownj.com/signs-symptoms/

Partnership for Drug-Free New Jersey. (2017). *School-based programs.* Retrieved from http://www.talknownj.com/signs-symptoms/

Community in Crisis. (2017). *Helping communities tackle the opioid epidemic-opioid toolkit.* Retrieved from http://www.communityincrisis.org/

Partnership for Drug-Free Kids. (2014). *The power of grandparents.* Retrieved from https://drugfree.org/wp-content/uploads/pdfs/partnership_grandparents_guide_2014.pdf

Harm Reduction Coalition. (2012). *Sample standing orders for Naloxone.* http://harmreduction.org/wp-content/uploads/2012/02/Standing-Order-IN.pdf

National:

NASN. (2017). *Opioid overdose awareness and prevention program: A model for school health.* Retrieved from https://www.pathlms.com/nasn/courses/5270

U.S. Department of Education. (n.d.). *Office of safe and drug-free schools.* Retrieved from https://www2.ed.gov/about/offices/list/osdfs/programs.html#national **Archived information only, Congress eliminated this office in 2011.

Centers for Disease Control and Prevention. (2017). *Registries of programs effective in reducing youth risk behaviors.* Retrieved from https://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm

State of New Jersey, Department of Education

State of New Jersey. Department of Education. (2016, May 24). *Information for schools regarding opioid overdose prevention.* Retrieved from https://homeroom5.doe.state.nj.us/broadcasts/2016/MAY/24/14963/Information%20for%20Schools%20Regarding%20Opioid%20Overdose%20Prevention.pdf

Potential Funding Sources:

SAMHSA. (n.d.). *Substance abuse and mental health services grants.* Retrieved from https://www.samhsa.gov/grants

Social Media:
@drugfreeNJ
@samhsagov
@drugFreeAmerica
#substanceabuse
@schoolnurses
@NJSSNA1
#NJSchoolNurse Leadership

POTENTIAL INDICATORS/ MEASUREMENT ITEMS/	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
Number of students attending substance abuse outreach session.	Attendance count	(Dwyer et al., 2015) (Gold, Realmuto, Scherer, Kamler, & Weiss, 2017)
Number of parents attending substance abuse outreach session.	Attendance count	
Policies and procedures for naloxone administration approved and implemented.	Policy handbook	
School district team on mental/behavioral health and substance abuse	Team meetings	
Longer term – decreases in students sent out for suspected substance abuse.	Public health data	
Decrease in numbers of deaths related to substance abuse overdose.		
For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685		

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians? Do I need parental permission to use the services?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). *Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects.* Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index. html#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:
Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

U.S. Department of Education
U.S. Department of Education. (2017). *School Climate and Discipline.* Retrieved from https://www2.ed.gov/policy/gen/guid/school-discipline/index.html

NJ Department of Education
State of New Jersey Department of Education. (n.d.). New Jersey tiered system of supports. Retrieved from http://www.state.nj.us/education/njtss/comp/

State of New Jersey Department of Education. (n.d.). N.J.A.C. 6A:9, *Professional Standards.* Retrieved from http://www.state.nj.us/education/code/current/title6a/chap9.pdf

State of New Jersey Department of Education. (n.d.). *School health services.* Retrieved from http://www.nj.gov/education/students/safety/health/services/

State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy and in school: Student support services.* Retrieved from http://www.nj.gov/education/students/safety/behavior/support/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement(s)

National Association of School Nurses. (2017). *Chronic health conditions (students with): The role of the school nurse* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/07/28/chronic-health-conditions-students-with-the-role-of-the-school-nurse

NASN. (2014). *Emergency preparedness and response in the school setting: The role of the school nurse* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/emergency-preparedness-and-response-in-the-school-setting-the-role-of-the-school-nurse

NASN. (2015). *Naloxone use in the school setting: The role of the school nurse* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/naloxone-use-in-the-school-setting-the-role-of-the-school-nurse

American Nurses Association (ANA) Position Statement(s)

ANA. (2014). *Position statement: Professional role competence.* Retrieved from: http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html

ANA. (2007). *Assuring safe, high quality health care in Pre-K through 12 educational settings.* (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District

Job Description

Performance Appraisal Rubric

Student Growth Objective (SGOs are not a required component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for school nurse exemplar example: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf

Annual Professional Development Goals/Objectives

District policies and procedures

School nurse district policies and procedures

THE IDEA	GOALS	ACTION STEPS	RESOURCES	MEASURE OUTCOMES
What areas do you want to focus on for improvement? • Areas around the school are safe for biking and walking. • Regulations for cars and speed are enforced. • Increase the number of students who walk or ride bikes to school. • Understand community safety awareness and find partners to address issues.	**What exactly is it that you want to achieve?** • Implement the Safe Routes to School (SR2S) program in one elementary school as pilot project. • Community assessment to understand why children are not walking or biking to school. This defines the problem to allow for prioritizing and targeting initial interventions through the SR2S program. • Increase the number of students who walk and/or ride bikes to school. Parents and students learn and understand how to walk and bike to school safely. • Improve safety issues (physical, environmental, traffic) around the school in collaboration with local municipal, community partners, and police assistance. • Encourage healthy lifestyle behaviors.	• Consider who will be affected and how? • Get buy-in for your initiative. Who are the individuals who must be involved and engaged in your initiative? • Who can lead the initiative? What partners/stakeholders should be involved? • What resources will be needed? (i.e. types of staff and required time; supplies and materials, equipment, other resources; estimated costs). • What are possible challenges and barriers? Reflect on these and think about possible solutions and strategies. • What is your timeline? • Do you have a short-term outcome to demonstrate early visible improvements? • How will you share/communicate your proposed initiative and with whom? • Have you thought about sustainability for your project? Will this be a project you can continue annually?	• What resources can guide this project using evidence-based, best-practices? • Are there templates, information, guides already in place? • What are others doing? Find out about other initiatives. What are other schools, districts, states doing? Do not limit yourself to nursing-related initiatives. Be sure to ask what were the lessons learned. • Are there funding sources and grants that can help off set costs?	• How will you measure progress and success? • What are your outcome measures? • How often will you check and measure your progress? • Who will be responsible for collecting and reporting the information/data? • How will you evaluate your initiative to determine success?

For more details on this project, see Chapter 3, Idea 2.

Idea:

Change agent. Program for all districts no matter location (urban or suburban) or size. Implement a "Safe Routes to School" Program. Engages multiple community partners and stakeholders that benefits the whole community, whole school and whole child. Contributes to community/public health, environmental health, student behavioral and mental health. May also improve attendance.

The Story:

School nurse Taylor worked in a suburban school district where there was no public school bus transportation unless you lived greater than one mile from the school building. School drop off and pick up times at school were alarming. The local high school was also located on the same street and high school students were often speeding down the street at dismissal time. There were no sidewalks in the neighborhood. A large apartment complex nearby had a path to the school that was riddled with broken bottles, overgrown bracken, and was just plain "scary" in the words of several young students.

One afternoon, at dismissal time, Taylor was called to attend to a student who was found unresponsive lying in the road less than one block from the school. Fortunately, the student recovered from the injuries, but Taylor was disturbed and decided to do something to change the environment around the school. At a recent professional development workshop, she had picked up a brochure on a federal transportation initiative "Safe Routes to School." It was time to be the change.

Objectives:

- *Implement the Safe Routes to School (SR2S) program in one elementary school as pilot project.*
- *Community assessment to understand why children are not walking or biking to school. This defines the problem to allow for prioritizing and targeting initial interventions through the SR2S program.*
- *Increase the number of students who walk and/or ride bikes to school.*
- *Parents and students learn and understand how to walk and bike to school safely.*
- *Improve safety issues (physical, environmental, traffic) around the school in collaboration with local municipal, community partners, and police assistance.*
- *Encourage healthy lifestyle behaviors.*
- *SR2S Objectives and Outcomes. Link for more objectives and outcomes: http://guide.saferoutesinfo.org/evaluation/step2_write_objectives.cfm*

**Steps to Gaining Buy-in and Leading Change and Transformation (Kotter, 2007).
See Making Change Happen (p.11):**

1. Establish sense of urgency.

- **Motivating statement (often communicated to key school administrative decision maker(s)):**

  Dear Mr./Ms. Administrator:

  Preventable accidents and injuries have occurred and will continue unless we [school community] put into action a plan to prevent further accidents and potential deaths. Our district is at risk for liability and potential lawsuits. I know you value, as do I, the safety of all students and staff. I am proposing that we investigate a federally funded program that can help us with this issue - Safe Routes to School. It is a win-win for the school and our surrounding community (Chriqui et al., 2012; DiMaggio, Frangos, & Li, 2016). This program will help us look at underlying issues, such as sidewalks and traffic patterns and facilitate implementing changes that will enhance safety. In the bigger picture, the research supports improved student classroom behaviors and learning outcomes, related to exercise. Even better – this program engages multiple partners in our community from the police, the mayor's office, parent groups, and local businesses (Ragland, Pande, Bigham, & Cooper, 2014; Rodriguez & Vogt, 2009). I would like to co-lead this initiative with our local county Safe Routes to School coordinator. I already had an initial conversation with the county Safe Routes to School coordinator and they are ready to begin. Let's start today."

- **Examine the literature and community assessment:** In addition, the following areas related to this incident are:

School Community Health Problem/Needs Assessment:
- No bus transportation leads to increased traffic, congestion, and safety concerns around the school at arrival and dismissal times.
- 67% of students have BMIs greater than 95th percentile.
- No crossing guards at major intersections.
- No sidewalks on most streets in school walking distance area leads to parent concerns about walking or riding bicycles to school.
- Neighborhood safety concerns for elementary-aged students walking to school without adult supervision.
- Physical education classes cut back from 3 days/week to 2 days/week.
- Idling traffic from cars increases environmental health air quality concerns.
- No bicycle rack to lock/safeguard bicycles.
- School policy states no bicycles allowed/riding to school.

- **Identify potential solution based upon scan of literature and relevant sources of information.**

What is Safe Routes to School?

- Safe Routes to School (SRTS) is a federal, state and local effort to improve the health and well-being of children by enabling and encouraging children, including those with disabilities, to walk and bicycle to school; make bicycling and walking to school a safer and more appealing transportation alternative, thereby encouraging a healthy and active lifestyle from an early age; and to facilitate the planning, development and implementation of projects and activities that will improve safety and reduce traffic, fuel consumption and air pollution in the vicinity of schools.
- NJ Safe Routes to School (SRTS) is a statewide initiative to enable and encourage students to safely walk and bicycle to school.
- NJ SRTS Mission: Empower and assist communities with identifying issues, creating partnerships and implementing projects and programs to encourage walking and biking to and from school as a safe, daily activity.
- NJ SRTS Vision: Develop a culture and environment where walking and bicycling to school is safer, more appealing and a part of daily life for students throughout New Jersey.

How it works

- The NJ Safe Routes to School (SRTS) Resource Center and New Jersey Bicycle and Pedestrian Resource Center assist public officials, transportation and health professionals, and the public in creating a safer and more accessible walking and bicycling environment through primary research, education and dissemination of information about best practices in policy and design. The Centers are supported by the New Jersey Department of Transportation through funds provided by the Federal Highway Administration.

2. Form a powerful guiding coalition.

- ***Who are my partners?:*** Establish your team and get buy-in for the project. These are individuals with shared commitment and power to lead. For this example the individuals would be school district administrators [superintendent, bus transportation administrator/manager, principals], other school colleagues such as physical education teachers, school guidance counselor, PTA, police officers (many communities have a dedicated traffic officer), local county or state Safe Routes to School coordinator, mayor, local state legislators, school board members, faith-based organizations, school neighborhood representatives, school neighborhood businesses. Team leader should be an individual with senior line management.

3. Create a vision.

- Use SMART (Specific, Measurable, Attainable, Realistic/Relevant and Time Bound Goals) goals to develop performance and measurable objectives and outcomes. The who, what, where, when, why. See Appendix B for SMART goals development template.
- Plan-Do-Check-Act cycle, a four step model for carrying out change (https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/work-flow-assessment-health-it-toolkit/all-workflow-tools/plan-do-check-act-cycle#h=plan-do-check-act)

4. Communicate the vision.

- Use every avenue/vehicle possible to communicate: PTA meetings, Robocalls, flyers, student poster contest, involve the art teacher, access tools through the SRTS program.

5. Empower others to act on the vision.

Remove or alter systems or structures undermining the vision.
- Example: policy changes that allow students to bike to school, purchasing a bike rack. NJ Safe Routes to School (SRTS) evaluation of school traffic safety initiatives; changing a street to a one-way street, traffic calming "speed bumps", staggering school start and dismissal times to decrease traffic from both schools. Involving parents/guardians and high school students in a SRTS "walking school bus" initiative; community cleanup of path behind school.

6. Plan for and create short-term wins.

- Define and set a visible performance improvement – set a date early in the initiative to have a "Walking School Bus" one-time date. Create excitement around this date through utilizing your partners and stakeholders. See the SR2S literature for idea on how to do this. Use your local SR2S representative to help coordinate. Have a measurable outcome such as percentage of students who walked to school that day versus those that would normally be dropped off. Subjective comments and statements from teachers and students support this objective – for example, a teacher comments that the classroom students were more engaged and less fidgety before lunch that day; a parent reports that it was invigorating to walk to school, felt safe, and got to work on time despite walking that day.

7. Consolidate improvements and produce more change.

- Use the evaluations and assessments to further change systems, structures, etc. For example – the local municipality repairs existing paths and puts in sidewalks on the streets within two blocks of the school. The PTA buys a bicycle rack for the school. Volunteers to work as crossing guards are trained and placed. A local business is excited for more foot traffic to their business due to the sidewalk expansion. A high school Girl Scout uses the program as a Gold Award project called "Safety Ambassadors" and develops a system of walking school buses with local high school students as the walking route leaders.

8. Institutionalize new approaches.

- Articulate connections between new behaviors and success of the program. Share the successes and your results. For example – measurement objectives reveal less traffic around the school, no injuries took place, funding for more sidewalks in the area was put in the municipalities budget for next year, 50% of those students who live less than 1 mile from school increased the number of walked days to school in the last marking period as compared to the previous marking period. High school students have developed a "safety ambassador" program that comes to the elementary school at dismissal to walk students home.

What are my resources?

National:

Safe routes: National center for Safe Routes to School. (2017). Retrieved from http://www.saferoutesinfo.org/

National Highway Traffic Safety Administration. (n.d.). Safe Routes to School: Practice and promise. Retrieved from https://one.nhtsa.gov/people/injury/pedbimot/bike/Safe-Routes-2004/index.html

New Jersey:

New Jersey Safe Routes to School. (2017). Retrieved from http://www.saferoutesnj.org/

New Jersey Safe Routes to School. (2017). *Find your Safe Routes to School regional coordinator.* http://www.saferoutesnj.org/about/regional-coordinator-tmas/

New Jersey Safe Routes to School. (2017). *New Jersey Safe Routes to School info sheet.* Retrieved from http://www.saferoutesnj.org/wp-content/uploads/2012/04/SRTS-Resource-Center-Info-Sheet.pdf

New Jersey Safe Routes to School. (2017). *Tools, tips and more.* Retrieved from http://www.saferoutesnj.org/resources/tools-tips-and-more-2/

Potential Funding Sources:

Transportation Alternatives Program Grants:
New Jersey Safe Routes to School. (n.d.). T*ips on applying for TAP: Transportation Alternatives Program Grants.* Retrieved from http://www.saferoutesnj.org/wp-content/uploads/2011/12/FINAL-TAP-Grant-Strategies-and-Tips.pdf

New Jersey Safe Routes to School. (n.d.). *Safe Routes to School grant strategies & tips.* Retrieved from http://www.saferoutesnj.org/wp-content/uploads/2012/04/SRTS-Grant-Strategies-and-Tips1.pdf

Social Media:
#srts
#NJSRTS
@SafeRoutesNJ
@SafeRoutesNow
#MoveEquity
@schoolnurses
@NJSSNA1
#NJSchoolNurseLeadership

POTENTIAL INDICATORS/ MEASUREMENT ITEMS/	DATA SOURCE	RELEVANT LITERATURE/ RESEARCH IN ACTION
SR2S Program Evaluation Measurement and Outcomes Student numbers walking, biking to school. Local community crash data. Traffic law infractions near school. Air pollution caused by cars/private traffic to school	Student surveys Parent surveys Police department data Health department data Observations regarding the smell of the air or mechanical device to record pollutants	Safe Routes to School Program Evaluation: http://guide. saferoutesinfo.org/evaluation/ index.cfm (Chriqui et al., 2012) (DiMaggio et al., 2016) (Khan & Iqbal, 2013) (Napier, Brown, Werner, &Gallimore, 2011) (Ragland et al., 2014) (Rodriguez & Vogt, 2009)

For more examples of Data: Indicators and Sources visit Table 1 of Jameson, et al., 2017 at https://www.ncbi.nlm.nih.gov/pubmed/28681685

What Else Do I Need to Do?

Will I need an Institutional Review Board (IRB)? See the U.S. Department of Health & Human Services, Office for Human Research Protections below. If you will have contact with human subjects, plan to publish this as research in a peer-reviewed journal, you need an IRB. You also need to check with your own district about their guidelines. For example: Do I need permission from the school district to survey students and parents/guardians?

U.S. Department of Health & Human Services, Office for Human Research Protections. (2009). *Code of Federal Regulations, Title 45, Public Welfare Part 46 Protection of human subjects.* Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index. html#46.102

How does this impact Standards of Practice?

NASN Scope and Standards of Practice:
Competency in leadership skills demonstrated in the professional practice setting and the profession. The school nurse collects comprehensive data pertinent to the situation. Assesses the effect of interactions among individuals, school community and social systems. Partners with public health partners and interdisciplinary teams. Identifies expected and appropriate outcomes through the planned intervention(s) and strategies. Serves as lead in the implementation and coordinates the plan. Actively employs strategies to promote health and a safe environment through health teaching and health promotion. Seeks consultation and collaboration with other healthcare professionals and stakeholders. Evaluates process towards attainment of the stated measurement items/outcomes. Practices ethically to provide evidence-based quality and safe care that recognizes the individual's autonomy, dignity, rights, values and beliefs. Demonstrates life-long learning through self-reflection and inquiry. Communicates effectively in a variety of formats that promote understanding. Evaluates and maintains professional responsibility, accountability and behavior (ANA & NASN, 2017).

NJ DEPARTMENT OF EDUCATION
State of New Jersey Department of Education. (n.d.). *Keeping our kids safe, healthy & in school. Physical activity and obesity prevention.* Retrieved from http://www.state.nj.us/education/students/safety/health/pa/

Position Statements from NASN and ANA: Position on the subject. Not practice standards.

National Association of School Nurses (NASN) Position Statement
National Association of School Nurses. (2013). *Overweight and obesity in youth in schools - The role of the school nurse* (Position Statement). Retrieved from https://schoolnursenet.nasn.org/blogs/nasn-profile/2017/03/13/overweight-and-obesity-in-youth-in-schools-the-role-of-the-school-nurse

American Nurses Association (ANA) Position Statement(s)
ANA. (2014). *Position statement: Professional role competence.* Retrieved from: http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Professional-Role-Competence.html

ANA. (2007). *Assuring safe, high quality health care in Pre-K through 12 educational settings.* (Position Statement). Retrieved from http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Assuring-Safe-High-Quality-Health-Care-in-Pre-K-Through-12-Educational-Settings.html

Local School District
Job Description
Performance Appraisal Rubric
Student Growth Objective (SGOs are not a *required* component of the evaluation of Educational Service Professionals but the NJ Department of Education encourages their use as a valuable professional practice). Visit website below for more examples: http://www.state.nj.us/education/AchieveNJ/teacher/esp/SchoolNurseVisionScreeningReferralsGrade4.pdf
Annual Professional Development Goals/Objectives