

**Testimony of Donna Mazyck, MS, RN, NCSN, CAE, FNASN  
On behalf of the National Association of School Nurses  
Before the House Committee on Oversight and Accountability  
Select Subcommittee on Coronavirus Pandemic  
On The Consequences of School Closures: Intended and Unintended  
March 28, 2023**

Chairman Wenstrup and Ranking Member Ruiz, thank you for inviting me to testify before the Select Subcommittee on the Coronavirus Pandemic to discuss “The Consequences of School Closures: Intended and Unintended.” I am Donna Mazyck, executive director of the National Association of School Nurses (NASN).

I offer testimony on behalf of the 95,000 school nurses across the country who work to support student learning and academic success by making sure students are healthy and safe. School nurses are critical members of student support teams, serving at the nexus of education and public health. In 2020, the U.S. Census Bureau reported 5.6 % of children under 19 (4.3 million), were uninsured. For many children living in or near poverty, the school nurse may be the only healthcare professional they access regularly, and access to a school nurse advances health equity.

NASN’s *Framework for 21<sup>st</sup> Century School Nursing*™ (NASN, 2016) outlines the full scope of school nursing practice which includes care coordination, community public health, quality improvement, leadership and policy development, implemented with the standards of practice foundational to providing evidence-based, clinically competent, quality care. At the center of school nursing practice is student-centered nursing care that occurs in the context of a student’s family and school community.

Health and learning are linked, which is why all students should have their health needs met during school hours. In addition to education, schools are places where health care happens, and an essential part of our nation’s public health infrastructure. In addition to medication administration, providing nutritious meals, mental health counseling services for students, advising school administrators on health related concerns in emergency recovery planning or caring for the one in four students with a chronic condition, school health services personnel are providing care that supports classroom learning to the 14% of public school children who have special health care needs, including those with chronic physical, developmental, behavioral or emotional conditions. (National Center for Education Statistics, 2022).

## **Consequences Intended and Unintended of School Closures During the Coronavirus Pandemic**

The coronavirus pandemic wasn't the first time that schools and school nurses responded to infectious disease outbreaks that included school closures. In fact, in April 2009, a school nurse identified the first cluster of respiratory illness among students that was diagnosed as H1N1 (Pappas, 2011). In those situations, schools and local health authorities collaborated on the need to close schools due to infectious disease outbreaks. The H1N1 pandemic resulted in episodic school closures that were informed by federal, state, and local public health guidance.

At that time, the Centers for Disease Control and Prevention (CDC) guidance to state and local community decision-makers (including school nurses) emphasized balancing goals for responses to an outbreak of respiratory illnesses, including:

- Protecting the health of the public by reducing community transmission;
- Reducing transmissions in students and staff; and
- Protecting people at higher risk of complications from the flu.

Additionally, the guidelines emphasized considering unintended consequences to school dismissals, which could include:

- Providing a means for students to continue learning;
- Providing a school environment that is emotionally and physically safe for students; and
- Reducing demands on local healthcare services.

*Lessons Learned During H1N1:* A qualitative review of school dismissals related to H1N1 notes improvements to the use of school closure as a public health response to epidemic disease, such as clarifying the goals of closure and aligning the decisions to close based on those goals and expecting and planning for uncertainty as disease emergencies progress (Klaiman et al., 2011). However, schools and communities had limited experience with K-12 schools being closed for more than four days for respiratory illnesses (Wong et al., 2014).

A two-year study reported unplanned school closures (USC) of >4 days due to infectious diseases (4%) were not as common as school closures for weather (79%), natural disasters (14%), and problems with school buildings, or utilities (4%) (Wong et al., 2014). In that study, of the infectious diseases that caused USCs, 59% of the closures were due to respiratory illness and demonstrated seasonal peaks in February one year and January the second year (Wong et al., 2014).

## **Coronavirus Pandemic and School Closures**

During the Coronavirus Pandemic, schools and local health authorities were called upon once again to evaluate the need to close schools due to infectious disease outbreaks. It was a novel coronavirus, rapidly shifting. The first school to shut down because of COVID-19, Bothell High School in Washington state, closed for two days on February 27, 2020. On March 11, 2020, the World Health Organization declared coronavirus a global pandemic, and by month's end, principals, superintendents and then governors acted to stop the virus' spread and close schools across the nation.

The intended consequences of the nation's school closures were to minimize the spread of COVID-19. Just as with H1N1, and as with any infectious disease outbreak, at the time of the coronavirus pandemic, the National Association of School Nurses emphasized the need for localities to monitor community transmission, vaccination coverage, screening, testing and occurrence of outbreaks, to guide their decisions on the level of layered prevention strategies to employ during the school year, including school closures.

## **Use of Layered Mitigation Strategies**

Layered mitigation can be and has been used to keep schools open while minimizing risk to school communities. Layering mitigation strategies to minimize COVID-19 transmission in schools are addressed in three areas – person, administrative, and environmental (CDC, 2022). Evidence of the effectiveness of these strategies is documented in the scientific literature. An analysis of the increases in pediatric COVID-19 case rates during the start of the 2021–22 school year were smaller in U.S. counties with school mask requirements than in those without school mask requirements (Budzyn et al., 2021). A modeling study on transmission of COVID-19 in schools noted when the net effectiveness of mitigation strategies was 69% or greater, in-school transmission was mostly prevented, yet importation of cases from the surrounding community could result in nearly 20% of the school's population becoming infected within 180 days (Miller et al., 2022).

The combined effects of mitigation strategies and contact tracing prevented transmission; and low impact and effectiveness of mitigation strategies (net effectiveness 27%) results in approximately 40% of exposed staff and students contracting COVID-19 (Miller et al., 2022). The modeling study results show that the use of multiple mitigation strategies along with contact tracing by school leaders, staff, and parents would reduce COVID-19 transmission by at least 69% (Miller et al., 2022). School nurses are critical members of the student health services team, led in training, reinforcing adherence to mitigation strategies and continue to be the public health experts in their schools.

School closures as a result of the coronavirus pandemic highlighted the essential role that schools play for students and their communities. We know that students learn best in school and have best access to the supports they need to be healthy, safe and ready to learn. And families and school communities also need the supports that schools provide including referrals and access to social services.

As the novel coronavirus caused schools to shut down, school nurses continued to serve students and families in schools and in communities. During the COVID-19 pandemic, school nurses checked in on students with chronic conditions and their families, either by phone or through virtual means; school nurses contacted their students letting them know they were missed and encouraging them to practice self-care; and dropped by teachers' remote classrooms to connect with students and collaborate with teachers to identify students at risk for chronic absenteeism (NASN, 2020). Some school nurses collaborated with school staff to facilitate students receiving meals that students usually received in schools (NASN, 2020). Other school nurses worked at COVID-19 testing centers and as contact tracers to support local and state public health departments (NASN, 2021). School nurses created informational websites and held virtual office hours to support students and families. During the school shut down, an innovative school nurse leader led a school district in using [CARES Act funds to refurbish an RV](#) to go into the communities where students and families lived. The RV, named FLO, after Florence Nightingale, was staffed by school nurses and public health nurses, bringing to students backpacks, school meals, and routine immunizations, and addressing some of the unmet health care needs of the community.

### **Supporting Safe Return to Schools**

In the future, as schools and communities look to make data and science-driven decisions in the face of future pandemics, school nurses can and will provide experience and expertise that are critical in interprofessional and collaborative planning and implementation of prevention strategies.

NASN places a priority on equitable in person learning, located in healthy and safe school environments. In the last spring and summer of 2020 NASN called on Congress and the President to safely re-open schools (NASN 2020b). Decisions to return to in-person learning need to be based on public health data, including data at the community level, because community transmission rates vary. And, adequate resources and plans need to be available, including PPE, cleaning and disinfecting supplies, testing strategies and contact tracing, as well as adequate staffing to support the implementation of these measures.

During the pandemic, NASN called for funding 10,000 new school nurses to be present as children returned to school to ameliorate other pandemic related health issues, as well as the full complement of school health services that school nurses were providing before school closures, as NASN places a priority on equitable, in person learning, located in healthy and safe school environments.

## Healthy, Safe and Ready to Learn?

While NASN's vision is that all students are healthy, safe and ready to learn, the reality is a bit different. It is estimated that one in four students in United States may have a chronic health condition (Jackson, Vann, Kotch, Pahel, & Lee, 2011; Van Cleave, Gortmaker, & Perrin, 2010); and approximately 6% of those students have multiple chronic conditions. These students have both health and academic challenges.

A recent study in *JAMA Pediatrics* found that schools are “the de facto mental health system” providing services to 57% of adolescents who needed care before the pandemic. The COVID-19 pandemic impeded student learning and undermined their physical and mental health. Prior to the pandemic, schools were already understaffed with school support personnel, including student mental health support. In 25% of schools, students did not have school nursing services.

School closures due to the COVID-19 pandemic highlighted these “cracks in the foundation” that have now grown to be large fissures. We know that our students have suffered from isolation, anxiety, and depression but far too many were already silently suffering pre-pandemic. According to CDC Division of Adolescent and School Health, youth mental health continues to decrease or worsen, especially from 2019 to 2021 (CDC, 2023). In 2021, the Centers for Disease Control and Prevention found 42% of high school students reported persistent feelings of sadness or hopelessness; 22% having seriously considered suicide; and 10% having attempted suicide. From April to October 2021, the proportion of pediatric emergency room visits that were mental health-related increased nearly a third for ages 12 to 17 and 24% for children aged 5 to 11 (CDC, 2023).

School nurses have always been involved in the mental health of their students. Pre-pandemic, school nurses spent one-third of their time addressing students' mental health issues including responding to behavioral/mental issues that may present as physical health issues, having their office serve as a “safe harbor” from bullying, or noticing children engaged in behaviors such as cutting.

In addition to education, schools are a place for relationships, routine, stability and hope for children and adolescents. When schools are open for in person learning, opportunities to connect and engage with students are enhanced and foster school connectedness. In 2021, 61% of high school students felt a sense of school connectedness, measured by agreeing or strongly agreeing that they felt close to people at school (CDC, 2023). School connectedness promotes positive health behaviors and can be a protective factor against emotional distress, suicidality, violence, and substance use (Resnick et al., 1997).

## **Looking Forward**

The COVID-19 pandemic highlighted the interdependence of health and learning. It also created a historic opportunity to build systems that better support the whole child and their communities. The coronavirus pandemic and its resulting impact on the health and safety of our nation's children highlight the need to invest in the public health infrastructure that supports their health and learning. Besides calling for more school nurses in schools, NASN also calls for more investments in Specialized Instructional Support Personnel (SISP) such as school counselors, school psychologists, school social workers to support students who have social, emotional, and mental health needs as they returned to in-person school.

NASN reiterates the need for more school nurses through the NURSE Act (Nurses for Under-Resourced Schools Everywhere Act) by Representative Titus and Senator Tester and the One School, One Nurse Act by Representative Wilson. Both would fund school nurses at the local and district level through grant programs. We look forward to these bills being reintroduced in the 118<sup>th</sup> Congress. Again, NASN calls for more federal investments for Specialized Instructional Support Personnel to provide those other supports for children that are so needed (and were before) the Pandemic.

When businesses and schools closed in 2020 due to the pandemic, well visits for preventive and health and routine vaccinations decreased for child and adolescents (Ota et al., 2021). Catching up on missed vaccinations will help students avoid vaccine preventable diseases, e.g., measles. School nurses collaborate with families and local health departments to help students get immunized, including through collaboration on school located vaccine clinics.

As schools reopened, school nurses played a critical role in schools effectively addressing issues related to the health and well-being of children, including the immediate and long-term impacts of COVID-19 on youth. All students deserve to have their health care needs met while at school and especially during a pandemic. NASN calls for federal investments to support the health and safety of our children and school communities.

Thank you. I will take any questions you have.

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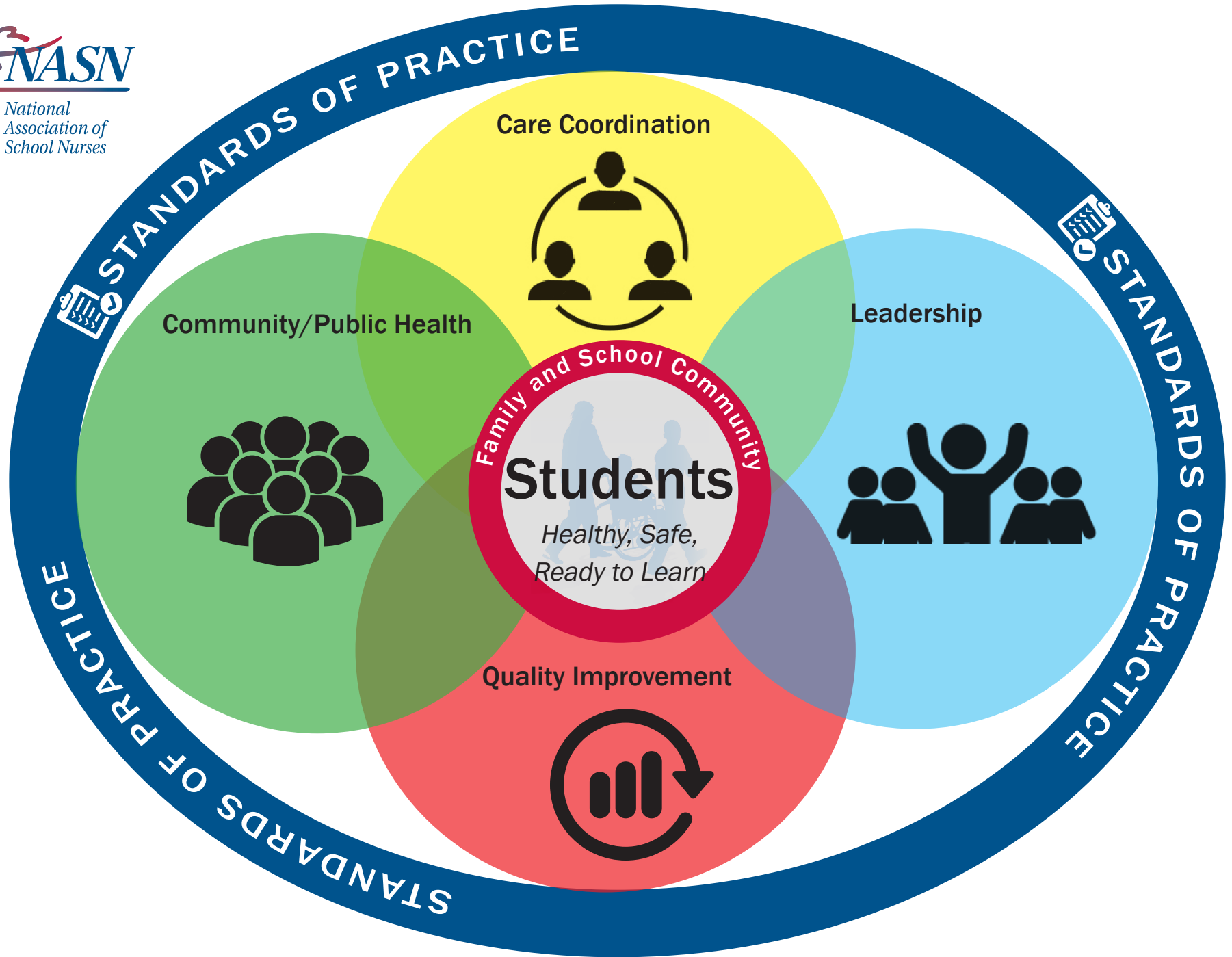
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# Framework for 21<sup>st</sup> Century School Nursing Practice™

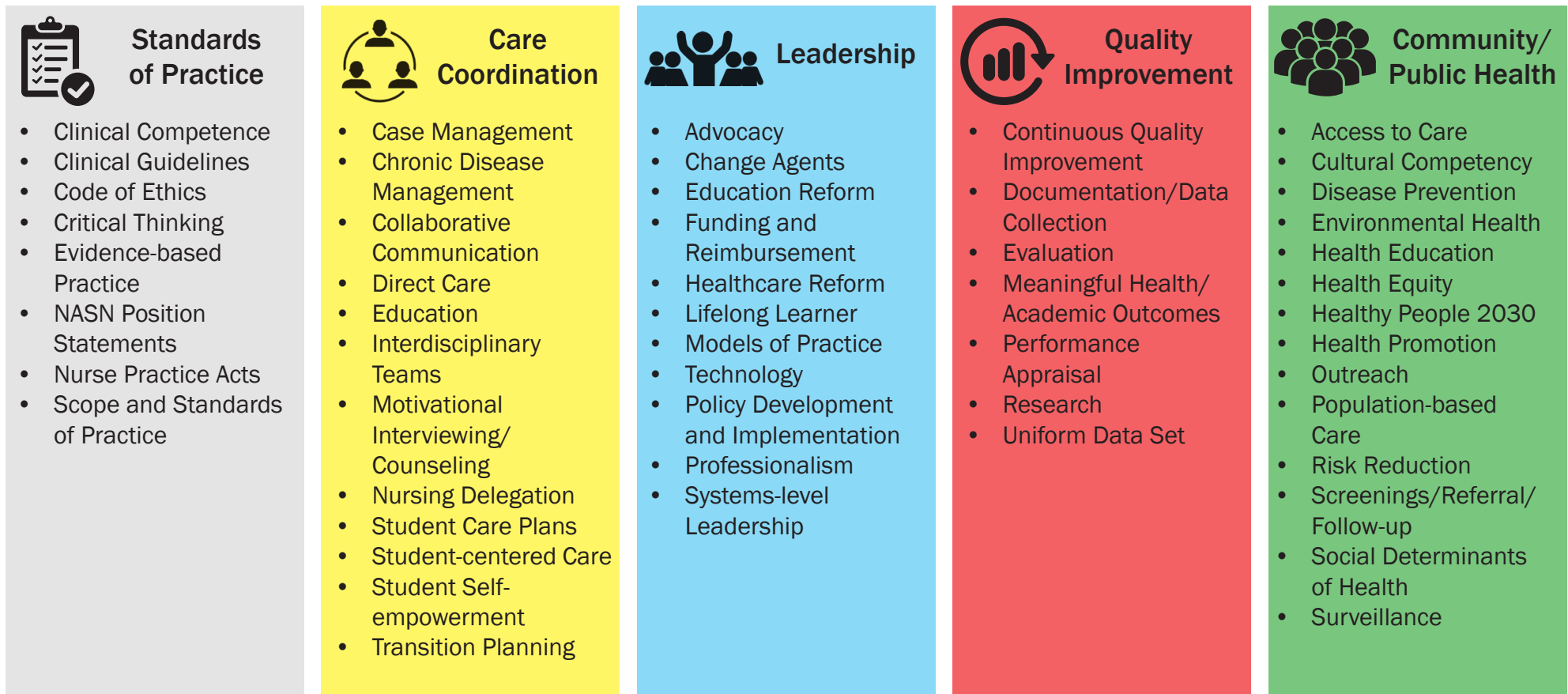


National  
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# Framework for 21<sup>st</sup> Century School Nursing Practice™

NASN's *Framework for 21st Century School Nursing Practice* (the *Framework*) provides structure and focus for the key principles and components of current day, evidence-based school nursing practice. It is aligned with the Whole School, Whole Community, Whole Child model that calls for a collaborative approach to learning and health (ASCD & CDC, 2014). Central to the *Framework* is student-centered nursing care that occurs within the context of the students' family and school community. Surrounding the students, family, and school community are the non-hierarchical, overlapping key principles of *Care Coordination*, *Leadership*, *Quality Improvement*, and *Community/Public Health*. These principles are surrounded by the fifth principle, *Standards of Practice*, which is foundational for evidence-based, clinically competent, quality care. School nurses daily use the skills outlined in the practice components of each principle to help students be healthy, safe, and ready to learn.



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December 2022

## **Nurses for Under-Resourced Schools Everywhere (NURSE) Act**

### **ACTION**

The National Association of School Nurses (NASN) urges Congress to pass the Nurses for Under-Resourced Schools Everywhere Act (NURSE) Act, which would recognize the critical role of school nurses in providing students access to quality health care so that they are healthy, safe, and ready to learn. The Nurses for Under-Resourced Schools Everywhere Act (NURSE) Act was introduced by Senator Jon Tester (D-MT) and Representative Dina Titus (D-NV).

### **HISTORY**

- National data indicates 39 percent of public schools have a school nurse all day, every day, while another 35 percent of schools have a school nurse who works part-time in one or more schools. School nursing services inequities exist from state to state, within states and school districts, and between urban and rural schools.
- In 2020, the U.S. Census Bureau reported 5.6 percent of children under 19 (4.3 million) were uninsured. For many of our nation's children, the school nurse is the sole healthcare provider in educational setting and enable access to health care. This makes the role of school nurses even more critical.
- Health care happens in schools. School nursing services support student physical health, mental wellness, safety, and availability for learning.

### **BACKGROUND**

- NASN supports a demonstration grant program to fund school nurses based on Title I designation (free and reduced lunch and breakfast) through the Department of Education.
- Five year grant with a 75/25 Federal to State/Local cost share.
- Poverty is frequently an indicator of unmet health needs. All students should be able to have their health needs safely met while in the school setting.
- The current reality is that students have greater healthcare needs than in past generations. Children cannot meet their full potential with unmet health needs.
- Today's students face more medically complex conditions and chronic health illnesses – including asthma, diabetes, food allergies, obesity, and mental health and behavioral issues – which require the knowledge, assessment skills, and judgment of a school nurse to provide management of these lifelong conditions.
- School nurses coordinate with families, schools, and providers to connect children to medical/health homes, which can help improve health outcomes and reduce costs.

December 2022

## One School, One Nurse Act

### ACTION

The National Association of School Nurses (NASN) urges Congress to pass the One School, One Nurse Act that would work to enable every public school had a full-time registered nurse on staff so that children are safe, healthy, and ready to learn. The One School, One Nurse Act was introduced by Representative Frederica Wilson (D-Fl) and Jamaal Bowman (D-NY).

### HISTORY

- National data indicates 39 percent of public schools have a school nurse all day, every day, while another 35 percent of schools have a school nurse who works part-time in one or more schools **leaving 26 percent of schools without any school nurse coverage.**
- Further, the American Academy of Pediatrics recommends that a registered school nurse be in every elementary and secondary school.
- This bill seeks to eliminate health inequities in our public schools and to provide better health care options for our schoolchildren.
- School nurses promote wellness and disease prevention and perform early intervention services, such as periodic assessments for vision, hearing, and dental problems, to reduce barriers to learning and address health disparities.
- School nurses play a critical role in helping to manage the chronic physical, emotional, mental, and social health needs of students, conduct health screenings, facilitate vaccinations and immunization compliance efforts, reduce burdens on educators and other school staff, and support a positive and healthy school climate.

### BACKGROUND

- This bill seeks both to support the recruitment and hiring school nurses and to enable every school has a registered school nurse in the building.
- This grant will target hiring nurses from underrepresented backgrounds.
- The One School, One Nurse Act seeks to convert part-time school nurses to full-time.
- This grant seeks to retain current school nurses in part by increasing salaries.
- This would be a five-year grant program from the Department of Education.



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December 2022

## **Grow SISPs Act (Growing, Recruiting, and Obtaining Workers in Specialized Instructional Support Personnel Services)**

### **ACTION**

The National Association of School Nurses (NASN) urges Congress to pass the Grow SISPs ACT (Growing, Recruiting, and Obtaining Workers in Specialized Instructional Support Personnel Services) that will create a grant program at the Department of Education to increase partnerships between school districts and colleges to train and certify various Specialized Instruction Support Personnel programs (SISPs) to better serve rural and lower-income school districts. The Grow SISPs Act was introduced by Brian Fitzpatrick (R-PA) and Susan Wild (D-PA).

### **HISTORY**

- There is a nationwide shortage of Specialized Instructional Support Personnel (SISP). The disciplines included are as follows: school counselors, school nurses, school psychologists, and school social workers; occupational therapists, physical therapists, art therapists, dance/movement therapists, and music therapists; speech-language pathologists and audiologists.
- SISP professionals provide and support school-based prevention and intervention services to address barriers to educational success, ensure positive conditions for learning and help all students achieve academically.
- This bill would help add more “Grow Your Own” programs to schools to recruit, develop, and retain SISPs professionals who are already in the community. Grow Your Own programs have typically been used develop and train teachers to address teacher shortages and have been proven to be a successful model for graduate programs.
- Allow these under-resourced school districts to bolster recruitment and retention of qualified SISP professionals

### **BACKGROUND**

This grant program will

- Increase partnerships between school districts and colleges to train and certify Specialized Instruction Support Personnel programs (SISPs).
- Improve SISP access for rural and lower-income school districts.
- Create a pipeline of SISP.
- Allow these under-resourced school districts to bolster recruitment and retention of qualified SISP professionals.