

**Testimony of Rebecca Kilfoy, APRN, NCSN
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Good morning. My name is Rebecca Kilfoy, and I am here today as a full-time Nationally Certified School Nurse, Vice President of the Pennsylvania State Education Association School Nurse Section, and an active member of the National Association of School Nurses.

I feel so fortunate to be here to deliver testimony as a school nurse from the Owen J. Roberts School District, where I serve grades K-6. I am grateful to work in a district where I am recognized as an essential and appreciated member of the school-based mental health team. I am also speaking for the school nurses across the state. I have been a school nurse for 10 years, and an advanced practice nurse and medical director prior to that. I find my position as a school nurse to be the most rewarding position I have held. I will provide my experiences supporting student mental health and provide feedback from my peers. I will address the successes we are having post-pandemic and discuss the challenges we face. I will offer ideas for solutions and ask for your help.

Certified School Nurse Role

A Certified School Nurse should be required in EVERY building. School Nurses in Pennsylvania are registered nurses who are also certified by the PA Department of Education. Requiring certification assures that the school nurse is educated in all areas of school health. School nurses who are certified, and not just pulled from a healthcare setting and placed in our schools, will have an awareness of the developmental stages a child goes through. This enables the nurse to identify if there are delays or gaps in this development. The certification education provides nurses an understanding of how disability, chronic illness, and social/emotional/mental illness can affect a child's ability to be physically present in school and ready to learn.

In addition, certification provides nurses with an understanding of the legal mandates related to IDEA, FERPA, and student confidentiality, as well as other legal mandates regarding the nurse's specific roles and responsibilities in schools. PDE certification prepares school nurses to function effectively on interdisciplinary, crisis intervention, and individual education planning teams. The ability and confidence to work autonomously but also collaboratively with all members of the school community is essential to a successful school nurse practice. We are called on time and again to assist with behavioral issues in classrooms; we are asked to call home and have difficult conversations about behavior as it relates to medications, illness, or mental health conditions. We are in the buildings as an essential resource and part of the team so teachers can focus on instruction. Just last week, I spent 30 minutes on the phone with a parent who was not sending lunch for his first grader. The teacher was concerned that the student was not eating. While talking with the parent, I was able to identify food scarcity issues in the home and referred them to our food services department to set up free and reduced meals. As the only

pupil services professionals with a mandated student caseload, the school nurse's office is a vital entry point for assisting students in obtaining appropriate referrals and access to community resources. This is especially true for our "frequent visitors," children who frequently present in the school nurse's office with somatic (physical) complaints, like a stomachache or headache.

Perhaps most importantly, the students in my school recognize me as a trusted and caring adult that they can come to in times of need because they know my office is a safe and supportive place. I am a consistent and prominent adult in their school and the greater community. I visit their classrooms, teaching lessons about how their bodies react to stress and providing them with skills to manage it. I visit recess to throw or kick a ball to connect and build relationships with students, particularly my 5th and 6th-graders. I hold a nature club each year and demonstrate how nature can help us to connect with other beings and calm our minds. We know connectedness plays a vital role in protecting mental health. Our school nurses not only function as a medical resource but are able to connect how students' emotions can present as somatic symptoms. We offer expertise that is an essential part to the school team, helping our students' physical as well as mental wellbeing.

I can recall a recent experience. It was 8:30 in the morning, and I was just getting settled in my office, and one of my 4th grade frequent visitors came in right off the bus. They were crying and scared. When I asked them what the matter was, they replied, "I can hear voices in my head telling me to hurt myself. Can you help me?" I did a quick assessment to be sure they had not already hurt themselves then used reassuring words to calm the student's anxiety. We did some deep breathing, a skill the student had practiced with me on previous visits to my office, which calmed the student enough to allow me a moment to seek additional support. Our school counselor and principal were off-site at a meeting. Our school psychologist was also off-site in an IEP meeting at another school. I reached our crisis interventionist at the high school, and she directed me how to care for the student until she could get to my school, 30 minutes away. After contacting the parents, the student was referred to our local crisis center for evaluation.

A significant challenge that I frequently hear from school nurses across the state is inadequate school-based mental health (SBMH) staffing. SBMH care teams manage mental and behavioral health support in their schools, addressing student needs ranging from stress management, safety planning, substance use, suicide prevention, crisis intervention, and coping skills. These are skills in the school nurse toolkit. I'm grateful I was available to support the student in crisis that morning. I'm grateful the student trusted me enough to come to me for help. Unfortunately, many school nurses and other pupil services personnel across the state are assigned multiple buildings and unmanageable caseloads, which creates a dangerous situation for students struggling with a multitude of physical and emotional issues.

School nurse-to-student ratios in Pennsylvania are 1:1500, a legal mandate written in the School Code nearly 60 years ago. Children's needs have certainly changed over the last 60 years. Even since I started my career as a school nurse, my caseload has become increasingly complex, and acuity has increased exponentially. The current 1:1500 ratio is inadequate to meet students' needs. Data from the Centers for Disease Control and Prevention shows that more than 40 percent of school-aged children in the

United States have at least one chronic health condition — asthma, diabetes, epilepsy, obesity, and food allergies.

School nurses are more than band-aids and ice packs and they are needed in every building. In my school building alone, I have had years where I treated three children with diabetes, 30 food allergies, 50 children with asthma, and 4 cases of epilepsy. Additionally, young people are experiencing the mental health effects tied to the COVID-19 pandemic. We care for symptoms of anxiety on a daily basis. We are the first responders in the buildings, and sometimes the only medical professional to which students have access. I shudder to think what I would do in the event of a school shooting, but I will tell you what I would do. I would run to the injured and try to save their lives. That is what a school nurse does. We are provided *Stop the Bleed* training and given bags with thousands of gauze pads, twenty tourniquets, and clot powders. It is disheartening to think we may need them in mass quantities. We need to do a better job of preventing, identifying, and treating the mental illness that is rooted in such tragic events. Let's move to a proactive stance rather than reactive. That starts with having a full complement of school-based mental health professionals with clearly defined roles.

Another challenge I frequently hear from school nurses is inadequate communication and coordination between SBMH stakeholders, parents, and community providers. The school nurse is vital for supporting a child with mental illness, yet many schools do not utilize them to their fullest potential. Schools typically work in silos. They are compartmentalized and do not function in a systems-level way. In reviewing mental health strategic plans and MTSS programs across the state, many do not include school nursing. When school nurses are connected to these support systems, the results can be impactful to students' long-term success. When school nurses are not included in these efforts, there is a significant gap in the care that students are provided. There is a potentially devastating result as well. For example, if a school nurse is not aware of a newly started antipsychotic medication or antidepressant, and the student reports to the office exhibiting side effects or reactions, how is the nurse to know how to respond? I call home and the parent replies “Oh, I didn't think to tell you.” Oftentimes these conversations uncover medication non-compliance due to side effects, misunderstanding of how the medication works or should be taken, inability to get the medications, especially considering the ADD medication shortages, and no plan to correct. School nurses are a resource to expedite and ensure proper use of these very important medications. Additionally, if we are made aware of therapeutic interventions and psychiatric care plans after hospitalizations, we are able to support students in a more impactful way.

Mental health is a family issue as well. These children are in our care for 6.5 hours a day and then return home. Many of our students are living below the poverty level, in single parent homes, exposed to drugs, violence and abuse. I have heard of a case of a mother who was creating a medical condition for her daughter so she could use the medication prescribed for her daughter. I do not solely blame this mother. She is a product of the gaps and failures in our systems. She had tried to get help and could not find services that she could afford. We hear this time and again. Community providers are not available or only available during the school day. Many do not accept insurance, self-pay only. Parents cannot leave work and the students should not be pulled from school. We need the staff to provide the services

in school so students can succeed. Community services must be increased with an emphasis on after school and weekend programming. Family support needs to be available from both the community and primary care providers and also the schools. We need the staff and resources to support family programming. Insurers need to include mental health coverage for children and adults. I do not have a precise solution for these challenges, but it is clear we need to improve access to and coordination among the various systems of support.

The school nurse has a tremendous amount of knowledge, both textually and anecdotally, as it relates to students and families and the potential to work with the other SBMH providers. School nurses are most successful when the other SBMH care team members, principals, and superintendents engage with them and understand their roles (NASN 2023). Nurses who are engaged and feel heard and seen are nurses that stay in their positions. School nurses build the capacity to deploy multi-tiered systems of support (MTSS) that are responsive to students' needs, including:

- Providing direct care including coaching, counseling, and medication management
- Supporting emergency preparedness and crisis response
- Managing referrals and care coordination with school-based and community providers
- Conducting screening to identify student needs

Although the need for more school nurses is clear, I would be remiss not to mention the school nurse pipeline. Unfortunately, we are not attracting enough nurses to work in schools, mainly because they are guaranteed a significant pay cut compared to other practice settings and the school employee retirement benefit is not as attractive as it once was. I am concerned about retaining the seasoned school nurses that we have, with so many feeling overwhelmed by immense caseloads, underutilized in vital care coordination, or undervalued as professionals. **Please focus on policies and investments in staffing recruitment and retention. Scholarships, loan forgiveness, tuition reimbursement, paid internships, and competitive compensation are all great solutions to make school-based employment more attractive.**

Success stories

I have heard from school nurses around the state and the great work they are doing to promote health and wellness in their school communities. School nurses are collaborating with school counselors and other pupil services professionals to develop programming focused on social and emotional skill building. Outside mental health agencies are starting to recognize the need to include schools in their programming and outreach, increasing the use of their services. School nurses are developing their own programs to help assist the students waiting to be seen in the community. It is important for schools to maintain the autonomy to design and implement programs that meet the unique needs of the local school community.

I personally started an [Emotion Management Program](#) in my school prior to the pandemic. Collaborating with my school counselor, we determined that my frequent visitors were not receiving the care they needed, and just kept coming back. I was seeing 75-90 students a day in my office—that is one child every 4-5 minutes—for everything from headache to sore throat, dry mouth, and shaky arms.

Think for a moment about what it feels like to be under stress. Imagine you were me, presenting to a standing committee for the first time. My head may be foggy; my heart is most definitely beating a lot harder and faster than usual, my mouth and throat may be dry, my stomach may have been upset most of the drive in from Chester Springs, and my hands and legs may be shaky. Am I sick or just under stress? Are these kids sick or just experiencing anxiousness, worry, fear, frustration, nervousness? So, I set to work. I visit classrooms now every year and as needed to teach students and staff about stress and how our big emotions can affect the way our bodies feel. I describe how the cavemen once needed to be able to fight or flee in the face of danger. Their bodies have developed to manage this acute stress. We are no longer living in caves surrounded by sabretooth tigers, but our bodies are primed and ready for fight or flight, and in extreme cases, freeze, not just acutely, but chronically. I demonstrate and practice deep breathing with them, my number one most prescribed way to calm our bodies. It is Nurse Becky's prescription for each of them "written" on their hand. The lesson involves tracing each finger with each inhalation and exhalation. Think about it: taking 5 deep, meaningful, and mindful breaths, activating the vagus nerve, creates a physiological change in your body. The vagus and the autonomic nervous systems slow down the heart rate and this downregulation produces a conscious feeling of calm. I have a calm corner in my office that students can request to use at any time during the school day. They are given about 5 minutes to use the tools available to them or ask for assistance from me. Once they have visited a few times, they are independent and caring for themselves.

After a time, my office visits are now down to a more manageable 20-30 a day. I am now able to focus time on those who are truly sick and injured, as well as those who need skills reinforcement. **My school counselor just last week told me her requests for visits are down, which she attributes to the work we have done to teach the preventative skills rather than just treat the symptom.** She is now able to focus more of her time on those with the most severe needs.

I shared this program with the National Association of School Nurses and they helped me in developing a [webinar](#) for nurses across the country. I have provided professional development to schools as far away as Alaska and as close as Chester County. School nurses recognize the importance of providing this care. We can speak to the physiological changes chill skills create in our bodies which gives the lessons credibility. When the students visit our offices, we treat them in a more meaningful way.

In closing, School nurses are vital to improving the educational experience for children and families, ensuring proper management of chronic disease and disabilities, and promoting overall health and wellness. Like most roles in the nursing profession, this job has its hurdles and difficulties, but it can also be incredibly fulfilling and rewarding. My favorite time of year is National School Nurses Day in May when I receive thank you notes from students, staff and families. I keep them from year to year and go back to them when I am having a tough day. A school nurse can make a significant difference in the lives

of not only the children they care for, but also children's families, the school employees and the community as a whole.

Thank you.