January 21st marked the two-year anniversary of the first COVID-19 case in the United States, and the start of the resulting roller coaster of pandemic response and mitigation for schools. School nurses have been at the forefront of that crisis response, balancing their professional responsibilities with often conflicting student, family, health department, school staff, school administrator, state and federal directions and expectations.

Despite being chronically under-resourced and under-recognized as the managers of clinical school health services prior to COVID-19, school nurses have necessarily prioritized communicable disease interventions over all other school health activities that normally address health related barriers to educational access for students such as the management of chronic health conditions, assuring access to health care, meeting mental health needs, and facilitating student/school/community well-being. The resulting impact of operating in a continuous crisis mode for over two years while responding to constantly changing demands, varying politically motivated viewpoints, and the erosion of respect for the role of the school nurse, takes a heavy toll on students, the individual school nurse, and the school nursing profession.

State School Nurse Consultants across the nation who support the practice and role of the school nurse have reported high attrition rates, physical and mental exhaustion, and demoralized (in some cases, unsafe) working environments for school nurses. This has been compounded by inconsistent support in complying with federal and state guidance, frequent lack of inclusion in planning by leadership, negativity from families and staff when implementing district COVID protocols, working excessive hours with inadequate compensation or recognition, and carrying the bulk of responsibility for mitigation strategies such as contact tracing with little support.

In the best interest of students, NASSNC affirms protocols that keep schools open. In recognition that operating in a crisis mode for extended periods of time is not possible without a continued permanent impact on public health professionals such as school nurses, NASSNC calls for the following:

- Adopting a more measured, less crisis-driven approach that leverages layered mitigation strategies that allow exposed and asymptomatic school community members to be in school while also reducing staff burden for contact tracing and weekly testing of asymptomatic individuals.
- Returning school nurses to a focus on the whole student and traditional school health program activities that are necessary for a healthy student, in school, ready to learn.
- Providing fair compensation for school nurses when regularly required to exceed normal contract hours.
- Assuring the participation of a school nurse leader in school, district and community planning for communicable disease response with active support of the role from families and school staff.
- Establishing and utilizing permanent unlicensed school staff positions to perform communicable disease response and similar activities when needed that do not require a professional license, such as contact tracing, while partnering with the school nurse.
- Promoting effective, collaborative, and coordinated partnerships between local public health and the school nurse to ensure consistent COVID messaging, guidelines and reasonable division of duties in COVID mitigation, and in anticipation of future communicable disease response needs.

Lack of attendance to these factors risks permanent impact on the available school nurse workforce, educational outcomes for students with special health care needs, and the well-being of the school community.