**Senate Committee on Health Care**

February 23, 2015

**Introduction:** Chair Monnes- Anderson and members of the committee:

**Who:**

- Margo Lalich, RN MPH
  - Director School Health Services
  - Former Director of Public Health for Clatsop County
  - Private-Public health sector
  - Rural and urban

**What:**

- Support bill ~~3956~~ 339

You've just been hearing data related to health services provided by SBHCs. School nursing is distinct yet complimentary to SBHCs. My testimony today will focus on school nursing, the need for a school nurse consultant within the OHA and a task force.

- Statewide there are
  - 167 districts, ~ 500,000 students ages 3-21 years
  - School nurses serve children on a health care continuum; from the medically fragile to the general population

- MESD goal is to *Ensure the safety of students by providing the highest standard of nursing care in the school and community setting so that every student has the opportunity to achieve their educational potential.*

- MESD School Health Services serves
  - 8 component school districts in Multnomah and parts of Clackamas County
  - ~110+ nurses, 160 schools that enroll ~100K students ages 3-21 years; ~ 20% of the state's total enrollment
  - Only ESD with comprehensive School Nursing Program and single largest provider of school health services in Oregon
  - As the largest provider of SHS, MESD is often the resource for school nurses statewide, especially those in rural areas
- Historically
  - School nursing was part of the public health system.
  - In some Oregon communities, school nursing remains housed in the local public health authority
  - In Multnomah County school nursing transitioned from PH to the ESD in the 70s

**Why now?**

- Currently, Oregon is focused on Health and Education Transformation Initiatives and the alignment of learning and health systems in the pediatric population
- School health services and school nursing are a portal to the pediatric population
- This bill supports the creation of an infrastructure to track and analyze data to inform best practice.

NURSE STORIES –MESD

Jose (not his real name) and his father were recent arrivals to Oregon from Tijuana, Mexico. They have family in this part of town, and decided to come and stay with an aunt while father looked for work.

Jose has a congenital disorder that puts him at risk from hyperthermia, or overheating. When he arrived at the school, his father said that in Mexico, "the school never allowed him to be outdoors or do anything physical" so that he would not overheat. He said that Jose could die if he got too hot.

I did some research on this disorder to determine the nature of his problem and what actions might be necessary to be taken at school. I quickly put into place restrictive measures that would temporarily keep him safe while in school.

As Jose began his first days at school in Portland, his teacher became aware that he might have some special learning needs around communication. His teacher, as well as the English Language Learner teacher, approached me to learn if his physical condition contributed to his communication problems. I informed them about the nature of this disorder, and potential connections with his learning ability. If he requires an IEP, I will be a member of that team.

I also learned that they do not have any health insurance. I made a referral to the Child Health Program at MESD and instructed them to call his aunt, as the father is nervous about making phone calls and giving out information. She will set up a face-to-face meeting with the father and the insurance specialist at MESD.

In my research, I learned that children with this condition often have dental abnormalities. I informed the family about the Creston Dental Clinic, where dental care is provided to students lacking insurance coverage.

I then connected them with the School Based Health Center for an initial medical work-up. I asked the SBHC for specific measures that should be taken at school so that he could be in the least restrictive environment but still be safe. The SBHC addressed his health issues, including treatment of a skin condition they found. He will return to the SBHC for another appointment to determine his medical needs at school.

In further communications with his father, I found more information regarding his past history and ability to self-regulate his activities. I was then able to decrease his activity restrictions based on these findings. I will communicate with the SBHC for more specific instructions after his next appointment.

I trained school staff in what to watch for in case he is overheating, and what measures should be taken in case this occurs. His classroom is on the sunny side of the school, so once the weather gets nicer, he may need other measures in the classroom. I will coordinate obtaining necessary equipment, such as a mister or cold packs, to be kept at the school.


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He is failing 2/3 of his classes and the stress of failure drove him deep into his depression last week. The Vice Principal and I were his lifelines, and he is okay, at least for today.

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In early September it came to my attention that a 7th grade student, "Bill", needed glasses as he could not see the board in class and this was adversely affecting his education. I called mom and she said she was temporarily without insurance. I got a KEX voucher for glasses, which was sent home with the child a few weeks later. Additionally, a referral to the CHIP program was made for health insurance.

A month or so later the child was still without glasses; calls to mom were not returned, and the numbers were soon disconnected. The student finally was able to provide an updated number and mom said she lost the voucher. A second voucher was obtained and calls to mom were again unsuccessful. As attendance was a big problem for this child, the SPED teacher and I did a home visit. At the front door we saw a notice of eviction and no one answered the door.

We finally did reach mom and she said that she had challenges securing an appointment etc. The school counselor kept the voucher and gave mom the contact information to set up an appointment with the eye doctor. Again, weeks and weeks went by and the child still could not see the board in the classroom.

The math teacher confronted me in early January and said, "Nurse Lori, this child can't see! What more can you do!?"

Finally, with mom's permission, I made the appointment with the eye doctor and the counselor and I took the child to the eye doctor and we again took the child for the final fitting of his glasses this week. "Bill" now has glasses and is happy that his vision is now clear. The math teacher is also pleased.

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Staffing, Safety, Delegations, Coordination

I spoke with the nursing supervisor regarding the unfortunate events of today at school. I understand that a staff member was stuck by a needle following an insulin injection of a student. The stick occurred, as I understand it, when the cap was being put on the needle. I also understand that the staff member had been trained for insulin injection by the school nurse.

Reportedly, the protocols indicate the student, not the staff member, is to place the cap on the needle. It seems he did not follow the nursing protocols he had been trained in. MESD will be following up with him to review procedures and to understand what happened that he felt it necessary to step outside the plan.

If there are additional issues with the student that need to be addressed, I am sure the health plan will be modified to address the needs of the student. Subsequently, if there are additional accommodations that need to be part of a Section 504 plan, we will be happy to discuss them. I am assuming we have a current 504 plan.

As for staff feeling uncomfortable carrying out delegated health responsibilities, maybe we need to talk about this as well if there are issues I can assist with. I am concerned that somehow there is staff concern regarding equity issues in this regard.

I agree that as a system we allocate resources to many things which, in comparison, do not impact a child's health and well-being. Our diabetic students deserve to receive a high quality level of medical support.

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Nearly 200 days a year, 5 times a week, more than 10,000 hours over several years; that is how long I cared for one special young man. I saw him exchange baby teeth for permanent ones, watched him grow taller, get teenage acne, and even heard his voice change with the onset of puberty. Though he could not speak, the smallest of vocalizations would say entire sentence. Over time I learned to distinguish requests for assistance, feelings such as happiness, concern, wit, fear, boredom, disappointment, discomfort, and on occasion excruciating pain. This can be expected when a nurse spends so many consecutive hours with one child. In fact, the last few years I spent more time with him than my own flesh and blood child who had graduated from high school and gone off to college. My experience is not unique. Many one-on-one school nurses across our nation can attest to this and more.

Yesterday I was once again greeted by my own tears. I had just learned that my one-to-one student had passed away. I was not shocked by his death but saddened by the loss. His diagnosis was a difficult one. Some of his peers with similar health issues had already gone on before him. Over the years he had grown more painful and fragile, and each passing year it became more difficult for me to accept the assignment for the next school year. Not because I was afraid of his health status, and I did not question my ability to care for him with the level of professionalism that was expected of me. My dilemma was a very real potential for eventual death and grief that could occur in time. One-to-one school nursing is different from all other forms of nursing. The nurse essentially becomes an expert in the care of that one child, following them through various stages of their disease process and three or more stages of human development. In a best case scenario, the nurse cares for that one student for many years, transitioning with them from kindergarten to post high school. The nurse is actively involved in the growth, maturity, physical, mental and emotional wellbeing of that child.

Unfortunately, when a child dies, there is no one-to-one nurse bereavement protocol. She or he grieves the loss but remembers their place as a paid employee. There are no meals delivered, no wreaths, no rallying around of family members who knew the child well; for the nurse. Those types of supports are exclusively for the family of the child, and rightfully so. If the nurse has done their job correctly, there will be a call from the family when it happens. The nurse will offer heartfelt condolences for their loss, inform supervisors or human resources of the change, attend the child's funeral or memorial service; all while making certain to maintain balance and poise. At any given time during this process the nurse will await a call to learn of the next assignment for another student with fragile health needs. If the nurse does not return to work, there are financial consequences to that decision. After many years of one-to-one school nursing, this is my third call from a family to explain the time has come.

There is an expectation of professionalism dictated by a nursing code of ethics. It requires the nurse to establish a clear delineation between professional and personal relationships regardless of age, or cuteness factor. There is no room for emotionalism despite the amount of time spent caring for them. This is important, necessary, and understandable as the evidence is clear; care should be steeped in nursing science with a patient -centered focus. This shields vulnerable people from being taken advantage in some cases, or becoming the victim of overly subjective, self-motivated, subpar care. In addition to

One-to-one nursing goes beyond its functional title; there is a precarious balance between professionalism and depth of human connectedness. In order to effectively do this job, the nurse must take part in the growth and develop of the child as well as their medical needs. My hope is the loss I and other one-to-one nurse's experience will not simply illicit sympathy, but will act as a catalyst for discussions surrounding professionalism, relationship based care, and the need for self-care and support for nurses as a whole.

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Case Report on a Kindergarten student with HSP (Henoch-Schonlein Purpura)
Sabin School ~ November 2013

On November 21, 2013, a teacher's aide brought a 5 year-old male student to the health room. She wanted me to check out a rash on his hands. The rash appeared as red, raised spots with a rough texture on the backs of his hands. He said that the rash did not itch or hurt. Both hands and fingers were slightly swollen. Temperature was 99.1. Student was walking stiff-legged, but this was not reported as part of the problem. Student returned to class. I went to the classroom to speak with the teacher, who stated the trouble walking was not normal for him and he was having considerable trouble getting around. I brought him back to the Health Room. He reported that both his ankles hurt "inside". Mom was called. She stated that he had been taken to the doctor the day before for a rash on his legs and ankle pain. She said the doctor had said he had bug bites. This was not his primary provider. On further examination in the Health Room, he was found to have redness, an almost eczema-like rash on both thighs and down his calves. It was definitely not bug bites. Mom came right away to pick him up and stated it was much worse than the day before. She was taking him to his provider immediately.

The teacher received an email from Mom the next day. The student had been admitted to the hospital and was diagnosed with Henoch-Schonlein Purpura (HSP). He was doing well.

HSP is a condition seen commonly in children ages 2-11. Boys are twice as likely as girls to come down with the disease. The exact cause is not known, but it involves inflammation of small blood vessels. The inflammation causes the blood vessels in the skin, intestines and kidneys to start leaking. In almost all cases, there is a purple-spotted skin rash on the legs and buttocks, which helps with the diagnosis. The rash may also appear on other parts of the body. Other symptoms include joint pain and swelling, abdominal pain (nausea, vomiting), diarrhea with bloody stools, fever and headache. Mild to severe kidney problems are seen in half the cases.

The disease can be triggered by an abnormal immune response, causing the vasculitis. Possible triggers are URI's, medications, chemicals, vaccinations, insect bites and cold weather. It is not contagious.

Symptoms can last 4-6 weeks. There are no treatments other than comfort measures and treating the symptoms. With bed rest, increased fluids and pain relievers, most kids will show improvement within a month.

One third of cases will have mild recurrences a few months after the initial episode. Most will fully recover with no lingering effects. If there is kidney involvement, close monitoring will be necessary to prevent serious complications.

down to Stanford for treatment. Whenever she is not feeling well at school, she needs close monitoring. If she starts vomiting, that is a sign that her liver isn't functioning and she has to go up to OHSU immediately. Students who have had liver transplants are on lifelong immunosuppressive therapy and need close supervision by physicians, nurses, parents, and other supportive, caring people in their lives. I have had many phone conversations with this student's interventionist at OHSU and follow-up with a supportive guardian. I have frequent contact with her counselor at school. Nurses are the appropriate professionals who can quickly detect side effects from medications and are aware when a student's condition is worsening. I believe that nurses are important advocates for students and necessary for making sure that these students get the nursing services they need to make their school success possible. This is only one student of many who have health conditions that need my support during the school day. Thanks for reading. Bev O'Brien, School Nurse, Cleveland High School

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I am responding to your invitation to write a short story about what we do. I have many many stories I could write but will send you this current one about a sweet young lady who her school counselor and I have been working with.
It was brought to my attention that she was having dental pain; after meeting with her and talking to her, it was evident that she had two badly decayed molars and the sad part about it is that they are permanent molars. She is a 5th grade girl who is currently homeless and living in a hotel that isn't in our attendance area now. Because of the mental health challenges and anger issues that mom has, it became apparent that the counselor and I needed to step in and be a strong advocate for her and insist that she get immediate dental care due to the pain and potential for infection. I arranged dental work through OEBB and worked with a wonderful young woman named Camille who went above and beyond to help us find a dentist for her. The first dentist that mom took her to refused to see her after mom was verbally abusive and caused a scene in the dental office so we had to find another dentist and got mom to agree to allow our school counselor to actually take the student to the appointment. I worked with the dental office to get the needed consents signed and try to keep mom calm and win her trust. She was able to get one tooth extracted but needed to be referred to an oral surgeon to have the second molar extracted because it was too complex to do without anesthesia. We had an appointment set up for her with an oral surgeon and the school counselor had agreed to also take her to this appointment but then mom disclosed that she thought the student had insurance through her father who lives in another state, so the appointment was cancelled by the oral surgeon's office. In the meantime, we are working with OEBB to be sure that she can still get this work done and waiting to re-schedule another appointment. It truly has taken a village of concerned folks to help her get the care she needs and they have all been so wonderful. The communication between OEBB Children's Program and the participating dental offices has been amazing and I am so grateful to have this resource in our community for students. I hope that this story will have a complete happy ending soon.

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Another 911 call averted this week, and a family without adequate insurance was provided comprehensive on-site healthcare

The principal called it "another lucky day" because it was the one day during the week that the I, the school nurse, was there. A group of kids ran to the recess monitor to let her know that a student was "hurt". I was called to the scene. In fact, he was a 4$^{th}$ grade boy that was face down on the playground, unconscious. Had he fallen from the play bars, did he run head first into the other student who can't remember exactly what happened, was the other student hurt as well, did he have a seizure, an

The 'challenges' were specific to the health needs of the student to minimize exposure to all the various triggers & medicate immediately at onset dizziness/nausea with two prescriptions and communicate this to 'pertinent' staff. Student was hospitalized for and out for 3 weeks from a different concern and needed integration back to classes. RN assisted notification to teachers.

RN supports school staff to help student navigate through the maze of triggers, potential situations exposure to environment collaborate ideas from the student, parents staff & providers (abrupt loud noises, sudden head or body trauma, change of head positions, physical activities, nutritional that increase his blood pressure). Disorder includes narrowing of the blood flow to brain and spine. Student is main-streamed.

The impact of the school RN nursing process leads to clear, comprehensive care and coordination for the health needs of the student and family with the school. The provider and school are on the same objective of care.

In this, I hoped to express the importance of having an involved professional nurse in a school who can communicate and interpret medical information between the student/family and pertinent staff.

The student is doing well. RN requested specific written physical activity restriction from MD. Student can now wear headset prior to any pre-planned alarm bell; does not partake in activities that increase blood pressure, head down positioning and avoids trauma to body head. Teachers have been notified of specific symptoms to monitor for and report immediately to office and RN directly. RN still delegates and supervises medication-trained and first aid responder staff to continue monitoring for symptom onset and how to respond with medication. RN wrote individual plan of care for seizures and specific procedures to direct staff. RN attends meetings to advocate to keep care plan active and answer nursing questions for pertinent staff.

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The nurse had the need to administer epinephrine at SBHS yesterday. The student was not known to have allergies and presented with rashes on his hands. The nurse was there in the health room as the health assistant began to triage. The health assistant was beginning the process of having the student call his parent to come pick him up as the nurse took charge and directed the health assistant to get the bag with epinephrine and call 911. The student quickly decompensated and began having difficulties breathing. EMS arrived on scene quickly and transported to OHSU.

I got an update on yesterday's incident. The student had more breathing issues, started going into shock, and got another dose of epinephrine at the hospital. Hives continued/worsened, but condition became stable. MDs are leaning towards a Penicillin allergy, but this has not been confirmed.

I am SOOOOOO glad I gave that epinephrine and didn't hesitate!!! I am so glad I had trained staff around me yesterday who trusted me to do the right thing. I am even more thankful that everything is going to be OK. Much credit goes to MESD for training me and for the support staff here, who made the emergency procedure go incredibly smooth.

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requests to do so. I had the office secretary call 9-1-1 while I gave the student a shot of epinephrine from my emergency fanny pack. Almost immediately his symptoms resolved. The principal said, "What would I have done if you were not here!" The next week the parent brought an EpiPen to the office after the doctor told her that her son could have died had he not received the epinephrine. I was then supported by the principal to train her staff in Severe Allergic Reaction, and the office now has free EpiPens.

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A shy, soft spoken Latino girl walked into the health room requesting my assistance with filling out her immunization record for the college she would be attending in the fall. As I helped her fill out the form for Warner Pacific College she informed me that she was awarded a full ride scholarship to attend Warner Pacific. She also told me that she was the oldest of many siblings and that she is the first person ever in her family to graduate from high school. She barely opened her mouth when she talked with me and it was apparent that she was very self-conscious about her teeth. Quite frankly, her teeth had so much overcrowding and malocclusion that she could not close her mouth to even bite a sandwich. I did not want to embarrass her about her teeth but I just had to question her about her dental care. She stated that she was on the Oregon Health Plan and that she received her dental care at the mid-county clinic. I know that the Oregon Health Plan does not cover braces so I asked if her parents had ever talked about getting braces for her. She stated that they had at one time but her mom and dad had divorced and her mom was a single parent trying to raise all of her siblings without any assistance from their father. This student was very involved in high school with student leadership and volunteered with the Gresham Youth Advisory Council with other students from other east county high schools to represent the needs of teens in the Gresham Community. I asked her if she would mind if I asked a local orthodontist if he would be willing to provide braces for her at no cost. She was agreeable to this so I went to a nearby orthodontist who I know provides excellent care and asked his office staff if the doctor ever did orthodontia work for free. The office manager said she would talk to him and get back with me in a few days. The office manager called me the next day and said the doctor would be willing to do the work for free. I scheduled an appointment for the student and went with her and her mom to the first appointment, where they took the panoramic x-rays and discussed the treatment plan. Subsequently, the dentist realized the student would need a CAT scan and extractions, in addition to braces. We were able to locate a second dentist with a machine who agreed to do the scan and extractions at no charge.
The student had three teeth extracted and her braces put on. Having this opportunity to obtain straight teeth will open many doors for her in the future. Not only will it give her self-confidence and a beautiful smile, it will open doors for job opportunities after she graduates from college. The amount of orthodontic and oral surgery services probably amounted to approximately $10,000, but her being able to bite into a juicy hamburger and a buttery piece of corn of the cob will be priceless.

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Here is just a sampling of some of my stories over the years. There are many more, but these stick in my mind the most.

Safety: Our football coach was washing the team uniforms in our athletic departments "team room" that has a washer and dryer. He had just thrown a load into the dryer, and he went into the main hallway to catch up with some of his players. Well, the dryer caught the uniforms on fire and smoke went throughout the gym hallway and in every surrounding classroom, basement and second story of that wing. Of course the alarm went off, and everyone was evacuated. In the evacuation area we had 6 students who have asthma start wheezing due to the smoke exposure. In addition, we had a senior and her teacher (both 8 months pregnant) who started having contractions. Needless to say this isn't common, but highlights

support for anything after school. He started coming to me because he was falling asleep in class. I talked to him about what options he had, and encouraged him to make a plan. I tried to show him that even without the support of parents, he could still go to college and be successful. He also had his first girlfriend. He had confided in me that he had never done too many "normal" kid activities during his life, and he would like to do something "normal" and take his girlfriend to the prom, but had no resources to do so. I then made a call to the men's store that supplied our "prom court" with their tuxes, and got them to donate one to him. I also arranged for the school to donate prom tickets, and our PTA donated some money for a haircut. I gathered all that and gave it to him, and he was crying because "no one had ever done anything like that for me." I was embarrassed because I had only made a few phone calls, and hadn't done anything "major" He is now a senior at Portland State.