

Written Testimony of Nina Fekaris, RN, NCSN  
Submitted for the

**Senate Committee on Education**  
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**Brief Overview of School Nursing in Oregon**

Healthy students learn better. However, many students in school today have complicated chronic health conditions that require daily management, and they experience acute medical crises that require immediate medical intervention.

To better understand the need for school nursing services, previous legislation broke down the student population into 4 categories: general student population, medically complex students, medically fragile students, and nursing dependent students. Oregon law defines medically complex students as those students who have an unstable health condition and who may require daily professional nursing services. Medically fragile students are those students who have a life-threatening health condition and who may require immediate professional nursing services. Nursing dependent students are those students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services.

In the 2013/2014 school year, there were approximately 567,000 students attending public schools in Oregon. Approximately 16,500 students were considered medically complex, 3,200 were considered medically fragile, and 150 were nursing dependent. As reported by the Oregon Department of Education, there were 267 nurses working in Oregon schools in the 2013/2014 school year. Once you subtract the nurses required for the 150 nursing dependent students, you are left with approximately 120 school nurses providing care for the medically complex students, medically fragile students, and the general student population. This is well below the legislated school nurse to student ratios set in 2009, and leaves the average Oregon school nurse with a caseload of more than 4,000 students.<sup>1</sup>

**Types of Medical Conditions In School Today**

Students come to school today with a variety of chronic diseases and complicated medical management regimes. The most common include asthma, life threatening anaphylaxis, diabetes, and seizures. Below is a table of medical conditions listed in a school district's student information system. These are typical numbers for an urban school district, and reflect one nurse's caseload.

<u>Health Condition</u>	<u>School A</u>	<u>School B</u>	<u>School C</u>	<u>TOTALS</u>
Number of Students	538	768	2382	<b>3688</b>
Activity Restrictions			2	2
ADD/ADHD	8	34	70	112
Allergy/Food	21	20	70	111
Allergy/Medication	23	46	154	223
Allergy/Seasonal	30	53	181	264
Allergy / Other	6	11	106	123
<i>Anaphylaxis /Life Threatening</i>	15	31	61	107
<i>Asthma</i>	50	110	277	437
Autism	3	4	9	16
Blood Disorder	1		5	6
Cancer	1		2	3
Cerebral Palsy		3	2	5
<i>Diabetes</i>	3	4	16	23
Feeding Team Plan		3	3	6
<b><i>Health Management Plan</i></b>	<b>23</b>	<b>54</b>	<b>157</b>	<b>234</b>
Hearing Problem	1	4	13	18
Heart Condition	5	4	18	27
Immunocompromised			1	1
Life Threatening Condition	67	140	313	520
Migraine Headache	3	7	28	38
No Blood Transfusion		2	3	5
Other	2	38	164	204
<i>Seizures</i>	4	12	25	41
Shunt		1	6	7
Skin Conditions	10	8	10	28
Vision Problems	2	18	12	32

In the data above, a Health Management Plan is written for any student with anaphylaxis, diabetes, and seizures. So of the 234 individual plans written, 63 are for other medical conditions that require nursing assessment, planning, and individualized medical management at school. Examples of these plans include: Return to Learning: Concussion Management, Chemotherapy Port Management, Tracheal Suctioning: Respiratory Management, Ventilator Management/Emergency Care, Irritable Bowel/Anxiety Management, Postural Orthostatic Tachycardia Syndrome Management, Eating Disorder Safety Plan, and many more. As you can see, the scope of medical needs in schools today is vast.

## **Delegation/Training of Nursing Tasks Performed by School Personnel**

The only way the safety and medical management of student's occurs in many Oregon schools is through the process of Nursing Delegation and nurse training. Nursing delegation is governed by the Oregon State Board of Nursing. It allows a nurse to "delegate" a nursing task, once the registered nurse determines the appropriateness of this delegation. In the school setting this is most often the school secretary, an instructional assistant, and/or the classroom teacher. It is a very complicated procedure that requires a great deal of time on the part of the registered nurse and the person being delegated the task. <sup>2</sup>

There have been many changes and advances in medical treatments and technology that are impacting our schools. Type 1 diabetes management in school has evolved into having school staff assist and monitor student blood sugar checks, count and calculate carbohydrate amounts, and administer insulin according to physician orders taking into account the blood sugar level and carbohydrate intake. Some students have insulin pump devices and continuous blood glucose monitors that require inputting of information before an insulin dose is administered. Students who may experience a seizure at school are often prescribed a medication that must be administered rectally, while the student is having the seizure. This often requires several trained staff to perform this potentially embarrassing and invasive procedure. Some students are unable to swallow safely so they must be feed via a tube that has surgically been implanted into their stomach. School staff are often delegated this procedure. Support staff are often being asked to perform nursing and medical procedures because there is not a school nurse in the building.

### **Potential Solutions**

SB 698 would establish a School Nurse Consultant within the Oregon Health Authority. This position would collaborate with the Department of Education in providing guidance on school nursing policy and programs, and it would provide technical assistance in the delivery of school nursing services.

This bill will also create a task force that will be charged with examining existing funding sources for school nursing and identify new funding streams that will help meet the legislated school nurse to student ratio of 1:750 by 2020. I encourage your support of this legislation. This bill is a way to move forward with providing the necessary school nursing services for our students, so that health barriers will not get in the way of their individual academic success.

Respectfully submitted by,

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NASN, President Elect, designee

1. 2014 Nursing Services in Oregon Public Schools. Office of Learning, Student Services Unit.
2. Division 47: Standards for Community-Based Care Registered Nurse Delegation. Oregon State Board of Nursing. 851-047-0000.