



Senate Committee on Education
Student Medical Emergencies and Treatment in Schools
June 4, 2015

Good afternoon Mr. Chair and members of the committee. My name is Tricia Smith and I represent the 20,000 members of Oregon School Employees Association. OSEA members are education professionals who work in Oregon Head Start, K12 districts, ESDs and community colleges. They are those we refer to as “classified” employees; that is, they are everyone except certified teachers, nurses, counselors and administrators. They work as secretaries, school bus drivers, custodians, educational assistants, student nutrition workers, technology experts and in the many other classifications necessary to keep students safe and learning every day.

Thousands of OSEA members are educational assistants or secretaries, for whom the topic of student medical needs is a very real issue. We thank you very much for listening to our concerns and perhaps helping us find solutions to a growing, but virtually invisible problem in our schools – that is school personnel working in low wage, part time positions as secretaries or educational assistants, rather than trained medical personnel, are increasingly being required to perform medical procedures on students in schools without the benefit of sufficient training or supervision.

I sincerely regret that none of my members could attend this hearing today to tell you in person what they are required to do, and how they feel about whether they are sufficiently trained and capable of doing this type of work. Unfortunately, with the end of the school year just days away they could not leave their jobs to come to Salem.

In years passed, parents could count on having a school nurse in every school who dealt with medical emergencies and ongoing medical issues that any student may have had. With constant and continuing budget cuts over the decades, school nurses have virtually disappeared, with many districts having one nurse for the entire district or contracting with another organization to provide part time nursing services.

Additionally, children with severe disabilities generally did not attend public schools in the past, but today, with few exceptions they are going to school. That is a wonderful evolution in our thinking about the abilities and rights of children with disabilities, and many of our special education assistants personally are advocates for the disabled, and have deliberately chosen this low wage, part time job so that they can make a difference in the lives of these children. And they do make a difference. Unfortunately, that difference is virtually invisible unless you work there or have a child who attends school and needs assistance.

We all tend to think of students as something like a healthy 9 year-old skipping off the playground to his or her classroom. Our schools were set up to accommodate these students. We are thankful that policy makers years ago recognized and codified the right for all less healthy or less abled children to receive the same opportunity to a public education.

Unfortunately, since this happened our education system began its slow starvation as adequate revenue to maintain professional staff disappeared. Nurses disappeared. Counselors disappeared. Teachers took on more and more students in their classrooms with less and less time for preparation.

The result is more and more responsibility has been heaped on school secretaries and educational assistants to perform the tasks and duties that medical professionals once performed. Today, a school nurse can delegate virtually all of her or his responsibility to a classified school employee. In any other venue would this be a violation of the law due to the high risk involved when untrained people perform medical procedures.

The reason school nurses have disappeared is that school districts must pay for medical personnel out of their ever diminishing education budget, forcing them to choose between teachers and nurses. You can understand why they often choose to restore teaching personnel rather than nursing personnel, but they should not have to make that choice since students don't choose to be ill, injured or disabled, and those needs must be served too.

In my attempt to find a member who could leave work and come testify before you today, I received many responses from members who couldn't come, but wanted you to know what they are required to do each day as a part of their jobs. They do this in the hope you will help them find the way to return medical personnel to our schools in adequate numbers.

Stacy Yelton has worked as a special education assistant for the Woodburn school district for 15 years. Her responsibilities change with each of her students, depending on their individual needs. She can be required to administer medication, including to diabetic and seizing students in emergencies. She is required to transfer students – sometimes much larger than she – from their wheelchair to a changing table, where she must change the student's diapers. This is never a simple procedure, and sometimes dangerous if the student's disability can cause violent outbursts. She has been injured in this situation.

Stacy has also been required to assist students with their catheters and been trained but not yet required to insert a catheter in a male student and feed a student through a feeding tube. She has been required to watch for and diagnose potential problems with a student's catheter and circulation. She feels fortunate that in her district a nurse is assigned if they have a student with a breathing tube, because she knows others in positions like hers in other districts who must deal with this situation as well.

Stacy does not feel the training she has received has been adequate in providing her the

information and practice she needs to feel confident that she will not make a mistake, and she worries that the responsibility to take care of the medical needs of her students will continue to increase. For example, her training in how to insert a suppository into a seizing student in an emergency was a verbal conversation with the district nurse and lasted about 10 minutes. She worries every day that she will make a mistake that will hurt a child.

Melissa Seigel, OSEA's chapter president in Lake Oswego School District asked the employees there to tell us what medical procedures they are required to perform. This is what they told her: "Pam Foster, Special Ed Assistant at Lakeridge High.

She has volunteered to help suction a breathing tube when the nurse was on the other side of the bed.

She also helps with personal care and hands the suction machine to nurse.

This does not bother her at all since years past she was a CNA.

There is another special education staff person who occasionally has to fill in for her and everything makes her uncomfortable.

I heard back from one person in regard to the student with the breathing tube and she said there is a nurse with her all the time so she doesn't have to clean it out. If the nurse is sick the student doesn't come to school.

Kathy Buttles, Secretary - front office area Lakeridge High

- 1) Go to site of student injury and treat them/diagnose issue/evaluate whether to call 911.
- 2) Issue control medications
- 3) Treat burns on hands and faces.
- 4) Treat broken ankles, feet, wrists and arms.
- 5) Inject epi-pen to student because of bee sting.

Rhoda Wolff Educational Assistant, Oak Creek Elementary

- 1) bandaids for wounds
- 2) Assist with nosebleeds
- 3) Ice packs for injured students
- 4) Assist with head injuries
- 5) Assistance for students who have inhalers
- 6) Various soccer injuries

Cece Clark Educational Assistant, Oak Creek Elementary

- 1) Apply bandaids and cold packs to injuries.
- 2) Help treat bloody noses and skin lacerations that occur either in class or recess.
- 3) Assist students up to health room with injuries - sprains, broken bones, mostly.
- 4) Soccer injuries.

Jan Siltanen Educational Assistant, Oak Creek Elementary

- 1) Give medicine to students.
- 2) Give ice packs to hurt students.

- 3) Give bandaides and put them on students.
- 4) Take temperatures.
- 5) Give eye drops.
- 6) Administer inhalers to students.
- 7) Called 911 for broken bones
- 8) Check for head lice.
- 9) Take care of bloody noses
- 10) Check head injuries
- 11) Take care of students throwing up.

Amy Cushman Educational Assistant and past SPED, Lake Oswego High

- 1)Called 911 for student having seizure. Stayed with student until help from other staff as well as emergency responders arrived.
- 2)Monitor student with diabetes and offer juice. Stayed with student till blood level ok.
- 3)Provide tissues for nose bleeds.

Jen Nielsen, Special Education Assistant, Hallinan Elementary

- 1) Provide food for diabetic student after they did blood testing.
- 2) Watch to maintain safety during seizure - room clear, keep student safe.
- 3) bandaids
- 4) bloody noses - ice compress
- 5) fractured hand - apply temporary splint and rewrap
- 6) asthma inhalers and other meds reminder.
- 7) concussion watch
- 8) self-induced injuries from melt downs

The following three were repeats of the above information.

Eileen Christopher Attendance Secretary, Lake Oswego Junior High

Erin Charles, Head Secretary, Oak Creek Elementary

Robin de la Forest, Special Education Assistant, Westridge Elementary”

Sally Swing works in Corvallis as an educational assistant. She says she provides

- Seizure meds - diastat - deliver then call 911. I have 5 students who suffer from seizures, each with different protocols. One student has an implant to shock, which I must be trained in how to administer.
- Tube feeding, including cleaning 3 students on a 2 min protocol 3-4 times/daily
- Children (2) with breathing tubes have one-on-one nurse.
- Have one-on-one training with a strict school nurse. We also have a nursing assistant that has as office in district.
- District requires rigorous training, and life skills parents are very aware of needs and require.

Heather Reich of Corvallis reports the following:

“Tube Feeding Student: A district nurse showed me how, with the mother of the student present. At first I had to fill the syringe myself and push the “milk” down the tube towards the end. The student would then insert the tube end into the ‘button’. We had to watch so no air bubbles got into the tube. The student was also shy about it so we had to find a quiet area to go to. The student was capable of filling and pushing on the syringe himself but mom asked that staff did it for him. When it got closer to him moving on to middle school the ‘feeding’ responsibilities changed to the student himself. One day the tube came out and ‘milk’ went everywhere and it was a sticky mess which I ended up cleaning! The janitor was busy in the cafeteria with the other kids and their lunch.

Diabetic Student: One student was so high or so low all the time and mom was not providing the glucagon needed at school, so DHS was called in, I had to show the record of his testing and answer their questions. Mom finally got on board and brought in the needed supplies, but being a low income mother, this was difficult for her to obtain without the intervention. She always had the snacks he needed if he was low. Someone had to be aware of him every time his blood sugars were either high or low and retest him again at 10 minute intervals or call mom if was really severe.

Another student became diabetic during his 5th grade year. One day he needed to go home and get something he lived just a couple of blocks away. I did not have him eat first, big mistake, and let him walk home. Didn’t realize he needed to eat first. I have so many things going on in the office, that simple things like that get over looked.

We currently have 2 students who are diabetic siblings. Their teachers test them in the classroom against the advice of the District Nurse, but these are the wishes of the parents. When one is not feeling well or blood sugar is off, they are sent to me in the office, so I don’t know much more than ‘not feeling’ well. It is better if I start the process with the student then finish with the student.

Over time I have learned a lot more about diabetes and how to handle each students general needs. I do the yearly trainings I am required to attend. But a ton of responsibility is put on my shoulders that I am not medically trained for, like a licensed nurse.

I hope this helps you and the rest of us who give this kind of daily care.”

You can see just from these examples, there are many reasons why we need trained medical personnel in our schools. Secretaries must perform thousands of administrative tasks during the day, and the school office is often backed up with sick and injured students needing assistance. That means her other work is not being accomplished, and her stress and anxiety rise with each hour. Educational assistants seek this work to provide education to students – not to be their nurse. Yet in more and more cases, they are performing more nursing duties than educational.

These are just a few examples of the many experiences employees like these have in schools

today. In the short time I had to gather their stories, I was unable to get you the complete range of procedures and protocols they must follow to provide for students' medical needs. These responses came from members here in the valley and the Metro area, where districts have a few more resources at hand. The further into the rural areas you go, the more secretaries and educational assistants are required to do, simply because the districts can not count on other resources to fill in the gaps.

You would probably be more aware of the problems associated with these practices, were it not that the combined effect of student and patient privacy laws that prevent any information about specific situations from being revealed. So the situation continues, and gets worse each year of budget cuts as more and more responsibilities are heaped on inadequately trained administrative and educational personnel.

Add to that, training that is often a short verbal discussion with a nurse or a minutes long video. As Stacy said, this does not offer her the opportunity to become confident of her proficiency in the required procedures, and she worries she will make a mistake in an emergency. She is not unique; her story is played out thousands of times every day across the state.

We believe there is a solution to this problem, but it will take the cooperation of the legislature and state agencies. The solution sounds simple: Remove the requirement that school districts make a Sophie's choice between educators and health care professionals. The reality today is that school need both, and both are essential to the education and well being of our students.

With the rise in recognition that access to appropriate health care is essential to a healthy population that has led to the state's effort to transform delivery of health care services, and the fact that almost all children spend most of their day at school, it only makes sense that we look at how we can use the health care resources we have available to pay for health care services in schools. It is also important that we have adequate support at the state level to provide evidence based best practice guidance to school districts and school nurses so that educators aren't forced to figure it all out for themselves. The legislature already recognized this need when a few sessions ago it passed legislation requiring a school nurse/student ratio in school districts that is far from realized today due to funding.

But simply providing a nurse/student ratio is not enough. With only one staff member at the Department of Education working on school nurse issues, there is actually little capacity to provide assistance to districts from the state as they struggle to figure out how to provide medical services to students. And with the current disconnect between health care in schools and the efforts to improve health care access and treatment by the Oregon Health Authority, we are missing an opportunity to maximize health care access for children and keep costs as low as possible.

One solution to this problem is to provide approximately \$2 billion more to the State School Fund to bring school funding up to the level sufficient to fund the Quality Education Model. Adequate school nursing services are provided for in the model. This is my preferred solution, but it may

take a bit too long to achieve to rely on exclusively, when the problems exist today and are increasing.

Fortunately, this session the legislature has the opportunity to take an important step in moving us forward in assuring quality nursing and medical procedures in schools. SB 698, is a very important bill, currently in the Ways and Means Human Resources subcommittee.

SB 698 would establish a State Schools Nursing Consultant at the Oregon Health Authority to coordinate with the school nurse specialist at the Department of Education in improving the delivery of school health services, and establishes a task force to examine health care funding sources that could be used to provide health services in schools, recommend a sustainable funding sources that could be used to provide school nursing and health services, and standards of school nursing practices.

The task force will also recommend ways to create a coordinated school health services model and to foster and promote a noncompetitive strategy that is collaborative and that directs an appropriate level of funding to school nursing and school-based health centers. I have attached a copy of SB 686 to my testimony for your information, and in case you would like to help us lobby for its passage.

In conclusion Mr. Chair and committee, every day our students get sick, get hurt and have ongoing medical issues that must be dealt with at school. If we are to protect them and keep them safe at school, we must provide the proper medical professionals to deal with their particular needs, and we must provide those professionals with the appropriate best practices and protocols necessary to keep students safe. And finally, we should make sure that efforts to transform our health care system include school health services.

We thank you for allowing us to give you our thoughts and experience on this very important topic, and we urge you to help us pass SB 698 this session as a good start to finally finding a solution to the growing problem of providing adequate medical treatment to students in school.