

June 3, 2015

Subject: Senate Committee on Education

Chair Roblan and members of the committee:

Thank you for inviting me to participate in this informal meeting. I am a School Health Service Supervisor for the Multnomah Education Service District (MESD). We employ roughly half of the Registered Nurses working in schools in Oregon. We serve roughly 100,000 students in Multnomah and Clackamas Counties. We work with our component districts to develop and implement school nursing services as their resources allow. This means that we do not have a standard model of nursing services uniformly applied to all districts. As I understand it, there is tremendous variability in how nursing services are delivered in schools throughout the state. Some nurses are employed by ESD's, some by school districts and others are directly hired by the schools and some are Public Health Department employees.

Given this service delivery model, the role of the school nurse varies. If a district has the resources they can hire a nurse to provide comprehensive nursing services. These include things such as treating minor illness and injuries in the health room, conducting vision and hearing screenings, teaching health related classes, population health activities such as farm to school programs and yoga calm classes. In districts where there are limited to no resources for health services they may provide nursing only for mandated circumstances such as a student with a serious health condition that needs continuous nursing assessment throughout the day. In other settings, resources may only allow for responding to life threatening emergencies, coordinating with the local public health department for communicable disease outbreaks and conducting case management and care coordination for students with chronic health conditions that would most likely be able to safely/legally attend school if a nursing care plan was not developed.

A common question is, what types of things do school nurses see in schools? We see a variety of conditions in our schools. Anything one would see in the general population I can confidently predict we would also see in schools. We see common chronic health conditions ailments such as Severe Allergic Reactions, Asthma, ADHD/ADD and Diabetes. We see a lot of students who need mental health support. We also see less common things such as adrenal insufficiency, altered immune systems and spinal bifida.

When a nurse identifies a student with a chronic health condition who needs nursing care to successfully attend school, the nurse develops a health management plan for that student. This involves utilizing the nursing process to assess the student, develop a plan of care that often involves training or delegating care to a non-licensed school staff member. Implementing the plan of care and monitoring the delegated care providers and the evaluation of the care plan and care providers on a continuous basis. The amount of time this takes changes based on the level of student needs, the stability of the student's condition, the students developmental level, the stability and competency of the staff that are providing care and the number of nursing procedures that need to occur in the school setting.

Another common question is; if the nurse isn't providing care to these students then who is? The nurse works with school administrators to identify staff who can be trained to become the student care givers. Often times the staff identified are secretaries and education assistants. Based on the condition being addressed the nurse will "teach" or "delegate" to these care providers as outlined by the Oregon Board of Nursing, Nurse Practice Act.

A common scenario is the student with diabetes. The nurse would interview the family and student, contact the medical provider and obtain doctor's orders, work with the school administrator to identify care providers and set aside time to train them, write up detailed step by step instructions for the care provider, train the care provider and ensure that they can competently perform the task and verbalize that they are willing to do so. These tasks would most likely include blood glucose monitoring, treating the student for symptoms of high or low blood sugars,

calculation of carbohydrates, insulin calculation and administration and responding to a hypoglycemia emergency. Then following the Nurse Practice Act as it relates to delegation monitor the staff on specified intervals.

The Oregon School Nurses Association (OSNA) has pending legislation in SB 698 that seeks to create a position of a state school nurse consultant housed at the Oregon Public Health Division to provide leadership and coordination across the state. In addition, the bill seeks to establish a task force including a variety of stakeholders to assess the current state of school health and resources and provide recommendations on how to improve the health and education outcomes for Oregon students through improved coordination.