

My name is Tracy Evers-Selleck RN, lead district nurse.

I have been an RN for over 25 years, serving 15 years as a district nurse for the Hillsboro School District.

Nursing team: Denise Siems, Marci Heselwood, Laurie Frayn, Shelly Binoeder, Lisa Scharosch, Kristen Rueber & Cameron Martinez

WE ARE SCHOOL NURSES: KEEPING CHILDREN HEALTHY & READY TO LEARN

Despite school nurse's CENTRAL role in the health of students, policy makers seem largely unfamiliar with our contributions, it has been quoted as a "hidden system of health care." Which we would have to agree with, knowing that a lot of our hard work is done behind the scenes.

We are a very proud, accomplished team of Registered Nurses, with our team totaling over a 100 years of nursing experience amongst our team of 6.9 FTE.

I want to share info about HB 2693 that has been in place since 2009. There are specific definitions in terms of medically complex & fragile students that we categorize and submit data to the state annually. As I mentioned, we have 6.9 RN FTE and the data shows that HSD should have 14.28 FTE. (Attached is info on HB 2693).

The nurse team is not expecting to reach the ratio of 14.28, but we are respectfully asking Hillsboro School District for 1 additional FTE. As nurses we need to be heard, respected and valued for our dedication and service that we provide to our ever growing population of students with medical needs and medically fragile population.

Nursing Model

I want to first share how the nursing model works in a school setting. There ARE NOT licensed nurses in the health room caring for our students. It is an UAP (Unlicensed Assistive Personnel), that has been trained by the RN (multiple trainings: medication, glucagon, epinephrine), and then daily supervision. One of our roles is triage. We triage phone calls daily from our schools and continually instruct staff on how to manage medical situations/crisis under our RN license.

The nursing team takes pride in our role as a district nurse and the heavy responsibility as a public employee we take very seriously. When our RN license is compromised due to unsafe staffing ratios, we must take further action to ensure that our students' health/medical needs are met. That may be assisting a student with a diagnosis of ASTHMA, ANXIETY, EPILEPSY, DIABETES, and ANAPHYLAXIS OR ADHD. This is a small sampling of medical conditions OUR students have that would require RN services to connect with the parent, medical provider, obtain orders for school, write a safe plan, train staff; as many of those students would need ongoing DAILY care from the RN.

A student diagnosed with Type 1 Diabetes is a top priority for the RN. Diabetes is a very complex metabolic disorder that requires several blood sugar checks/monitoring and insulin administration at school. The nurse trains the unlicensed staff to perform tasks and is supervising this care daily.

Lead Role:

I start out the day as lead nurse with a ping from my phone of any absence of a classroom nurse or district nurse and then set into action the plan for coverage. The nursing team has limited resources so we are always thinking outside the box to be effective and efficient. That takes knowing your medical student population needs, the nursing staff skill set that is best matched to provide school coverage for student specific needs. This is a nursing responsibility that is time intensive, not an admin or secretarial. Nursing needs to be the lead when collaborating with admin on issues that pertain directly to our practice/licensure that impact the care we give our students; such as a DNR policy. Multiple hours are clocked outside of the workday by our entire team to make sure that our students are safely being cared for.

To give you a little background, each year as the lead nurse I am asked to submit a proposal to our supervisor stating our needs for the next school year. Every year the team looks at the whole picture and is always very conservative in our proposal, but we have been asking for additional nurse staffing as the district continues to grow, add programs, schools being built, increased students with medical

needs that need to be addressed in a school setting. RN staffing has not been added. Actually our LPN float position was cut last year.

It has been 10 years since our last additional 1.0 FTE.

It is very challenging to find RN, BSN with the nursing shortage and attracting nurses to the school setting.

When an RN resigned last year, the position was posted at multiple sites and we received only 2 applicants.

We used an agency nurse this year in one of our classroom positions, as it is very difficult to find nurses/quality nursing as school nursing is very specialized.

To share a little bit about my role as lead nurse/ I carry a full caseload of schools/programs including the Safe Feeding team and CTS which is housed at Peter Boscow one of our four medically fragile programs. I act as a liaison between the district nursing team/classroom LPN nurses and admin. I work on HB/SB as they come from ODE and need to implement new rulings.

For example: one of the rulings this past year was for medication administration training. Medication training used to be a one-time training in person and then a re-fresher completed annually on-line. Now it needs to be in person every 3 years similar to our epipen & glucagon training. This impacts thousands of staff that are trained in the district to administer medications.

Another example this past year was a ruling that staff could administer non-FDA approved medication; like essential oils, St John's wort. It takes a person with a nursing background to decipher through the HB/SB and make those decisions about how the school district is going to implement and roll out the new ruling. I am ensuring that the district is in compliance with rulings and that staff are aware of what we can legally do.

The safety & well-being of our students is always a top priority.

Safety/Caseload

Caseloads

- The team currently has 6.9 fte, which translates to 6 schools per full time nurse. We wanted to share our current caseload, as well as Beaverton's and North Clackamas.

- For example, Beaverton has 13.75fte, which translates to 4 schools per full time nurse. North Clackamas District Nurses also at 3 to 4 schools per full time nurse and utilize their ESD for all care/support of their Medically Fragile students.
- According to HB 2693, HSD District Nurses should have 14.2 FTE, based on last year's data. We are currently calculating this year's data and each year our Medically Fragile and Medically Complex numbers continue to rise.

Increased health needs of our students

Nurses holistically care for our students & families. With the increased health needs of our community, the nurse works hard to collaborate with the family, medical team, and staff in the schools to make sure a safe plan is in place for students to try and achieve success in their education. With our growing district, and district nursing fte staying the same, the nurse is less able to safely meet these needs.

- Increased mental health diagnosis and support
- Increased severe allergies (1 in 13 kids) and planning needed to prevent reactions
- Increased medications during school hours and their side effects
- Increased number of students being diagnosed with Type 1 Diabetes – 71 students total in the district
- Families are very challenged & needing resources, support, appropriate referrals

Additional programs

The district is continually adding and expanding vital programs to impact student health. The team has felt a big impact on our caseloads over the past 5 years with the growing district.

Programs that have impacted our nursing practice, causing us to be concerned that there not enough of us to not safely care for students.

SAFETY IS A TOP CONCERN AND UNFORTUNATELY IT WAS COMPROMISED WITH THE ADDITION OF THE WELLNESS CENTERS:

Wellness Centers - an example: why it is so important to partner with nursing on new programs. A student with a known food allergy had an anaphylactic reaction while visiting the wellness center. This student required an epipen. This could have been avoided with pre-planning so that nursing had a chance to collaborate with the

wellness center staff and make sure that they are properly trained to ensure student safety. The wellness centers have been a great addition, but not without adding additional work for the nurses: we created a safe snack list for the centers, trained staff on how to access medical conditions & train staff on anaphylaxis, diabetes etc...

Preschools

CTE expansion

Field trips & after school programs

HB/SB requirements for the State

Supervise Vision/Hearing/dental SB – submit to State

New ODE requirement for medication training staff

HOA has expanded

Miller – Big Picture Program

2 Elementary Schools being built in 2019-20??

Missed Opportunities

Due to the increased caseloads

Not able to attend all of the IEP meetings

Not able to attend all of the 504 meetings

Parent/family health education on their child's health condition

Advocating on behalf of parent/student to health care providers

Educate/train staff about medical needs of the students they are serving