FINDINGS AND RECOMMENDATIONS of the TASK FORCE on SCHOOL NURSES

Submitted to the Interim House and Senate Committees on Education
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To: Interim House and Senate Committees on Education
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RE: Findings and Recommendations for School Nursing in Oregon

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The well-being and academic success of Oregon's children and youth are of utmost concern to the people of Oregon. Multiple legislative initiatives, community forums, and system policies speak to the value of policymakers and the public's place on providing safe and healthy learning environments for Oregon's children and youth. Recognizing the importance of school nursing as a contributor to the improvement of student's well being, their educational performance and the future of Oregon, the 2007 Legislature passed House Bill 2773 to establish a task force to study the current status of and provide recommendations for constructing the future of school nursing in Oregon. The Task Force committed itself to conducting extensive research to produce solution-oriented recommendations.

Research Subject Area	Summary of Findings
• The interrelationship between health and academic performance	• Health and academic success are linked.
• The state of students' health in schools	• The number of students with chronic health conditions is increasing and student health needs are becoming more complex and dependent on technological medical devices.
• National standards and federal and state requirements regarding school health and school nursing	• The lack of school nurses results in risk for students and school districts.
• School nurse roles, accountabilities, case loads, service and funding models	• The availability of school nurses in Oregon is severely limited, placing students at-risk. (**Oregon is 49th in the nation for school nurse to student ratio.)**
	• Options are available for increasing school nurses.

The Task Force believes that the findings of this report present significant responsibilities for Oregon to implement immediate solutions to address the poor state of our children's health and the critical shortage of school nurses. Accordingly, the Task Force believes the two recommendations submitted in this document will help to initiate responsible action on the behalf of our children and the future of Oregon.

Respectfully Submitted by: Chairs--Jan Hootman, RN, PhD, FNASN; Nina Fekaris, RN, BSN, MS

***"We remove obstacles to learning when student health needs are met."**
Susan Castillo, Superintendent of Public Instruction, State of Oregon

TASK FORCE ON SCHOOL NURSES
Findings and Recommendations
September 2008

"Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially."
The National School Boards Association

BACKGROUND

In the 2007 Legislature, House Bill 2773 was introduced in response to growing concerns about the lack of school nurses available to address the increasing and complex health needs of the students in our schools. For the past ten years, the number of school nurses in Oregon's K-12 system has continued to decline, while the numbers of students with serious health conditions continue to increase. Concurrently, health mandates affecting students in school have expanded, challenging schools to provide a safe setting for Oregon students. (1) Oregon does not have school nurses in each school to address the day to day needs of students and meet the required and recommended school health policies, let alone adequately serve the students who have serious health needs.

House Bill 2773 established a Task Force on School Nurses to study and assess the availability of nursing services in Oregon schools, address the feasibility of expanding existing services, and recommend a plan to establish school nurses as a mandated service in all schools in Oregon. The Department of Education appointed and convened the task force in November 2007 (see Attachment A). The following report documents its findings and recommendations.

The Roles of the School Nurse

In order to fully understand the significance of the growing problems due to lack of school nurses in Oregon, it is important to have a clear picture of school nurses, their roles and the situations they manage each day.
The National Association of School Nurses defines school nursing as: a specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, school nurses:

- Facilitate positive student responses to normal development
  example: Counsel a worried adolescent about normal body growth and physical maturation
- Promote health and safety
  example: Teach a student with seizures about safe options for continued participation in swimming
- Intervene with actual and potential health problems
  example: Identify a student with rapid heart rate; refer for medical evaluation; and develop an interim emergency response plan for school staff
- Provide case management services
  example: Help a newly-enrolled student with spina bifida access health insurance and medical and social service providers and be school liaison to manage mobility, bowel and bladder problems
- Collaborate with others to build student and family capacity for adaptation, self, management, self-advocacy, and learning
  example: Work with child, family, and school staff to adjust to diagnosis of leukemia; minimize disease exposure; and manage accommodations

A Student Story

A teacher reported concerns about a new student looking and acting unwell. A nursing assessment identified an emaciated appearance and problems with the throat and digestive tract and a history of intermittent medical attention. The family had no health insurance. The school nurse spent time trying to find community resources and an interpreter to facilitate improved communication with the family. The interpreter helped the nurse learn the child had been hiding her frequent vomiting from school staff for fear she would not be allowed to stay at school. When the nurse was unable to locate care for the child through a private provider or through local resources, she accompanied the child and interpreter to the emergency room to share concerns of physical wasting. The child was immediately hospitalized; she was too nutritionally fragile for standard outpatient treatment.

The school nurse's role is not only to provide for the safety and care of students in our schools, but also to address the need for integrating health solutions into the education setting to enhance academic success. For example, the school nurse works with the student with attention deficit disorder who struggles to remember his medication. Another illustration is the school nurse working with a math teacher to talk about disease prevention (germ control) and doing math at the same time. The school nurse role has transitioned from the medical model of school health focused on excluding for infections to an inclusionary model for enhancing the capacity of all children to enter the classroom in optimal health and ready to learn. (2)

A School Nurse Story

"I attended a parent/teacher meeting about a 1st grader who missed a lot of school due to asthma. An interpreter was present for the non-English speaking parents. The child was recently hospitalized and placed on a maintenance medication. The parents had been fearful to send the child to school in the event of an asthma attack. They were reassured to learn of my role and the procedures we have in place. The parents subsequently agreed with the proposed health plan and said that the attendance should and will improve. "

Given the attention to and investment in the system of 46 school-based health centers (SBHCs) in Oregon, it is important to distinguish the difference between the roles of a school nurse and a registered nurse (or nurse practitioner) in a health center. The SBHC nurse provides episodic primary care for children enrolled in the school. The school nurse focuses on coordination of all health issues in the school. The school nurse works to integrate the student with long-term health problems into the classroom through the assessment, development, and implementation of the individualized health plan. The SBHC nurse is, in essence, working in a primary care clinic and the school nurse is working in the community-based care setting of the school. Because of these differences in practice settings, the focus of the nurse's work in each setting is different as well as the specialty knowledge and competencies to practice safely and appropriately. Nurses in these roles are not interchangeable. Although the SBHC nurse and the school nurse differ in their roles, they both work to keep the student healthy and in school, increasing academic success.

The responsibilities of today's school nurse roles expanded to include providing a large spectrum of care as well as promoting optimum health and independence for ill, injured and well students. Given the many health challenges facing our students and schools today, it is imperative that we address the need for increased nursing resources to support the many roles of today's school nurse. (For a more detailed example of what a school nurse manages daily, see~~:~~ Attachment B "A Morning with an Elementary School Nurse")

Statutes and Standards Regarding School Health and School Nursing Services

Federal and state laws direct the school and the school nurse to meet the health and safety needs of their students. The federal **Individuals with Disabilities Education Act (IDEA)** requires all children to receive education services in the least restrictive environment and have an Individualized Educational Program (IEP), including *related services*, for children receiving special education. Children who are on an IEP and also have medical or specialized health needs are now able to receive those services at school through special education and related services. Many of these related services must be provided by a school nurse. IDEA changed the scope of nursing services required in the school setting. Prior to IDEA and IEPs the nurse was largely expected to provide basic health promotion/screening and injury prevention/treatment services and now, in addition, the nurse must also provide the management and ongoing care of children with chronic and often complex medical conditions.

School nurses are included among the federally mandated related services providers and are now eligible for state, federal and third party reimbursement (20-U.S.C. 1400~26-IDEA 2004). The *United States Supreme Court, in Cedar Rapids Community School District v. Garrett F*, 1999, reiterated the importance of school nurses to the implementation of this law, upholding that the IDEA requires the school districts to provide nursing services for students with disabilities during school hours when "related services" are necessary for the students to access and benefit from their education program. (3)

Section 504 of the Rehabilitation Act 1973 is another federal mandate requiring reasonable accommodations for access and participation in school programs and extracurricular activities for students with physical or mental impairments that substantially limits one or more major life activities. For both **IDEA** and **504** requirements, the school nurse is the critical team member in understanding how medical needs will impact education goals. The school nurse:

- Assists in identifying children who may need services;
- Assesses the identified child's functional and physical health status in collaboration with the child, parents/guardians, and health care providers;
- Develops individualized health and emergency care plans;
- Assists the team in developing an IEP that provides for the required health needs of the child;
- Assists the parents/teachers in identifying and removing health related barriers to learning;
- Provides in-service training for teachers/staff regarding individual health needs of the child;
- Provides and/or supervises unlicensed assistive personnel to provide specialized health care services in the school setting;
- Develops student goals/objectives and nursing protocols to meet student specific health needs during a school day, monitoring student progress and initiating an IEP reassessment when indicated and
- Serves as the team liaison to the medical and social service communities. (4)

A Teacher's Request to a School Nurse

"I have a parent of a new kindergarten student, wanting assurance her child will not be exposed to peanuts at school. She wants: no snacks with peanuts in class, a letter to all parents about such, epinephrine in multiple locations, and to stay in the classroom with the student to be sure he is safe. What do I do?"

National staffing standards for school nurses have been developed and are supported by national organizations (such as the American Federation of Teachers, the American School Health Association, CDC- U.S. Healthy People 2010-U.S.D.H.H.S., the American Nurses Association, American Academy of Pediatrics, and the National Association of School Nurses):

- One nurse for every 750 students for central management and implementation of school health services

▪One nurse to every 225 students who are medically complex
▪One nurse to every 125 students who are medically fragile
▪One nurse to one student for nursing dependent students
(For definitions of the different conditions, please refer to Attachment G Glossary.)

According to the National Association of School Nurses**, Oregon is ranked 49th in the nation for its student-to-school nurse ratio.**

Oregon Administrative Rules direct what and how health services are to be provided in schools. OAR 581-022-0705 requires school districts to provide a variety of health services for all students, including:

- Communicable disease control
- Health screening (vision and hearing)
- Immunization monitoring
- Services for students who are medically fragile or have special health care needs
- Coordination with health and social services agencies both public and private
- Compliance with OR-OSHA regulations
- Adoptions of policies and procedures for medication administration
- Written plans for response to medical emergencies

There are multiple and changing laws in Oregon affecting the school nurse, for example:

- ORS 339.870 and OAR 581-021-0037 require training for all unlicensed persons administering non-injectable medication to students. (Annual training was implemented in 2005, increasing the work load for school nurses who provide the training.)
- ORS 433.800-830 and OAR 333-55-000 thru 035 direct a licensed health professional to train school staff in responding to signs and symptoms of anaphylaxis (a life threatening allergic reaction) and in administering injectable epinephrine. In 1997, it was expanded to include administering injectable Glucagon to students in a life threatening diabetic crisis.
- ORS 444.300 and OAR 333-010-0600 require schools and physicians to report information on children ages 18 and under who have diabetes (newly implemented in 2007 and requires new data collection and reporting by the school nurse).
- In 2008-2009, there are two new immunization requirements for the school year, bringing to 11 the number of required vaccines and adding to the already complicated immunization schedule. (School nurses provide consultation to school personnel and parents regarding interpretation of medical records and appropriate vaccine spacing according to school law; assist families with referrals to school or community providers of vaccines, and manage on-site immunization clinics as needed.)

A Principal's Query to a School Nurse
"What do we need to do? A new second grade student is enrolling who was diagnosed with diabetes three months ago. He needs help, according to mom, with checking his blood sugar just before lunch and when he is feeling 'low'. Mom wants it done in the classroom. Ms. Smith has the only second grade room; she has no aide; she has never had a student with diabetes. She says she does not have the time and it is not safe. She has several students who have behavior disorders and she thinks someone will get hurt."

Registered Nurse Scope of Practice and Delegation

The majority of nurses in Oregon's schools are Registered Nurses. While the Teacher Standards and Practices Commission (TSPC) does certify school nurses, school districts are not required to hire TSPC-certified school nurses. The Oregon Registered Nurse *Standards and Scope and Practice* of (OARs 851-045-0030 through OAR

851-045-0100) and the *Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons* (OAR 851-047-0040 through OAR 851-047-0040) are defined specifically by the **Oregon Nurse Practice Act**. These regulations not only delineate the boundaries within which the nurse must practice but also the process that must be used. Nursing practice allows for the delegation of some nursing tasks that students may require at school, e.g., clean intermittent catheterizations, blood sugar monitoring, and tube feedings.

Ideally, all schools would have an assigned school nurse to provide daily availability for safe and appropriate health management and other school nurse functions. Currently, school nurses in Oregon are assigned to multiple schools and not always on site; therefore they must *delegate nursing care* tasks to others in the school setting. Under Oregon law, only registered nurses may delegate tasks of nursing to non-nursing staff. Legally, the decision to delegate rests solely with the school nurse. Schools cannot require nurses to work outside their scope of practice or insist that the school nurse delegate.

Delegation is designed to provide a process by which a competent, willing, unlicensed person may safely carry out a task of nursing under the specific direction of, and in the absence of the Registered Nurse. It is only through this authority that the unlicensed person may carry out the task.

Although delegation seems like an answer to a need, it is complex and can be difficult to implement. The delegation of a nursing task is based upon the professional judgment of the school nurse. The nurse retains accountability for the outcomes in delegation. It is challenging and time intensive, requiring the nurse to assess the stability and predictability of the student's health status, the environment in which the delegated procedure will be performed, the complexity of the nursing task to be performed and the ability of the non nursing staff to perform the task. (For a detailed description of the multiple steps required in delegation, please refer to: www.oregon.gov/osbn/delegation_process.shtml)

The process of nursing delegation requires ongoing monitoring of the student's health condition for changes necessitating a revision in the plan of care. Delegation demands regular supervision of the non-nursing staff to assure adherence to the proper procedures. Delegation significantly impacts the workload of school nurses.

Additionally, delegation is challenging in other ways. It is difficult at times to find staff in the educational setting who are willing and able to assume delegated tasks. It is frightening for many to perform nursing procedures such as oral suctioning, injection of medication, and replacing a urostomy bag. It is fear provoking to have responsibility for tasks that can have serious consequences and even be life threatening if not performed correctly. An extra burden is placed on the schools as personnel are pulled away from their regular duties. In addition, there is increased risk for liability and to student safety when non-nursing personnel perform nursing tasks. For example, a classroom aide may be delegated a lunchtime feeding procedure to help a student who has difficulty swallowing. The task may take thirty to sixty minutes. There is the possibility this student could inhale even a small amount of food material into his lung which could result in pneumonia which is potentially life threatening. If present, the school nurse would be able to observe the swallowing process, assess lung sounds and potentially avert a serious health consequence. Even if the aide accurately performs the procedure as trained by the school nurse, the aide does not have the competency or legal authority to make an assessment.

Litigation involving school nurses often involves delegation issues. (6) In a Declaratory Ruling (*Mitts v. Hillsboro Union High School District, 1987*), the Oregon Nursing Board cited the school principal as practicing nursing without a license, the school health assistant for also unlawfully practicing nursing in taking directions from a parent, and the nurse for failing to follow the nursing process and failing to comply with the regulations regarding delegation. This decision continues to be cited nationally today when reviewing delegation procedures in schools.

Of the 149 nurses that responded to the Task Force's survey to school nurses regarding delegated tasks of nursing:

- 112 delegate tasks related to Food Anaphylaxis
- 111 delegate tasks related to Bee Sting Anaphylaxis
- 110 delegate tasks related to Emergency Glucagon Administration
- 108 delegate tasks related to Blood Glucose monitoring
- 95 delegate tasks related to Asthma Inhaler Administration
- 90 delegate tasks related to Seizure Management
- 83 delegate tasks related to Insulin Administration
- 74 delegate tasks related to administration of rectal Diastat Medication for Seizures

The preceding survey data reflects that Oregon's school nurses are making every effort to utilize delegation. Many school nurses expressed their concerns about the inability to perform delegation safely, causing a number of instances when the school nurse could not delegate at all. The primary reasons cited for the inability to delegate are large case loads and/or large geographical areas impeding reasonable travel time, disallowing for sufficient time for required training and ongoing supervision.

Federal and state requirements obligate schools to safely provide health services when students need them in order to access an appropriate education. Districts must use appropriate service providers when a student presents with a diagnosed medical condition or symptoms possibly suggesting an altered health status. To practice outside the scope of licensed practice is punishable by fine and/or imprisonment. School nurses must have appropriate case loads to allow them to function safely under the laws governing their practice.

(For further information on obtaining appropriate assessment and support for school health services in Oregon please refer to: http://www.ode.state.or.us/groups/supportstaff/hklb/schoolnurses/appendix.pdf)

A Story about Delegation

"On the first day of school, two students presented with no advance notice, one needing feedings through a stomach tube, the other having a vagal nerve stimulator (a device that when manipulated sends a burst of energy to the brain to manage seizures.) I made it a priority to get medical information and orders, complete an expedient nursing assessment, prepare plans for emergency responses, and begin initial teaching for delegating the procedures. Otherwise, the students would need to be out of school or the parent would need to be in attendance with them. That afternoon, one student had a seizure, the first in 6 months, and school staff safely managed the device and the seizure."

FINDINGS OF THE TASK FORCE

After carefully reviewing the information collected through literature research and survey and anecdotal data collection, the Task Force identified four significant findings pertaining to school nursing services in Oregon.

1. HEALTH AND ACADEMIC SUCCESS ARE CONNECTED

> "Children must be healthy to learn and learn to be healthy." (7)

Research verifies the connection between academic achievement and students' health and well-being. (8,9,10) Not only do "*students deserve the chance to learn free from as many physical and mental burdens as possible, but also teachers deserve the opportunity to teach as many healthy students as possible.*" (11) However, a growing number of significant and serious health and social conditions are negatively influencing children's well-being and capacity for academic success. It is incumbent upon Oregonians to address the known connection between health and academic success in order to have thriving communities and economic prosperity.

Oregon's Quality Education Model identifies the elements of high performance schools and the costs associated with them. Designed to serve as a tool for use by state lawmakers in developing the K-12 education budget, the model puts a price tag on quality K-12 education in Oregon. If Oregon is invested in the academic success of the state's children, the health needs and associated requirements at school must not be overlooked. In order for children to be present and ready to learn in school, they must be as healthy as possible, with their needs met during the school day and also during related before and after school events.

2. HEALTH CARE NEEDS OF OREGON'S STUDENTS HAVE INCREASED IN QUANTITY AND COMPLEXITY

The profile of students in Oregon schools has changed. The number of children with chronic illnesses and/or special health care needs has increased dramatically over the past decade. (12) Students are coming to school with increasingly complex medical problems, technically intricate medical equipment, and complicated treatments. (13, 14) Although there are large populations of healthy school children, even they reflect unsettled social conditions and experience significant absenteeism and other risks for poor academic performance. In schools today, there is a broad spectrum of health care conditions present in the student body, requiring an increased need for school nurses to address the many health care conditions. The following portion of the report highlights the depth and breadth of health care needs seen in the schools.

Special Health Care Needs: Children with special health care needs (15) are those at risk of a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. (16)

The historical role of the school nurse was centered on the prevention and spread of communicable diseases and performing required health screenings. It did not include caring for children with special health care needs because these children traditionally did not attend school until the 1970's. Today, with the decreasing numbers of school nurses available, the ability to care for the children with special health care needs and the general student population is compromised.

Today, approximately 15 to 20 percent of students have a chronic condition impacting their ability to be in school and ready to learn. (17) The National Institute of Health lists the numerous chronic conditions by which children are affected and in turn, the schools. Such conditions, include, but are not limited to:

- diabetes
- chronic kidney disease
- juvenile rheumatoid arthritis
- epilepsy
- cystic fibrosis
- asthma
- developmental disabilities
- obesity
- cerebral palsy
- sickle cell disease
- hemophilia
- congenital health diseases
- low birth weight
- traumatic injuries

Most do not outgrow their condition and nationally only 61 percent of youth with chronic health care needs and disabilities receive a diploma. (18) Underachievement and poor scholastic performance due to prolonged absences, limited alertness/stamina, and psychological maladjustment are major problems for chronically ill children. (19) (See Attachment C for Health Conditions per 100 U.S. Students from the National Association of School Nurses.) Many of these students are increasingly reliant on medically assistive devices such as insulin pumps, pacemakers and ventilators, and may require skilled nursing tasks such as intermittent catheterizations, tracheostomy care, gastrostomy tube feedings, and nebulizer treatments requiring skilled nursing care. As advances in medical technology continue, the school nurse is responsible to be competent in safely managing the medically assistive devices for the students in schools.

In addition, there are approximately 500 severely medically fragile students in Oregon schools requiring direct nursing care, one on one, for their medical safety. The school nurse is the key factor in providing the care and so the students are in the schools, ready to learn.

School nurses are critical for daily care and health management planning associated with students with special health care needs.

As noted earlier, the federal Individuals with Disabilities Education Act changed the scope of duties of the school nurse, mandating that accommodations be made and barriers removed so that children with disabilities have access to public programs, including schools and services. There are, therefore, significant legal obligations for the school nurse, other non-nursing personnel who often assist or stand in for the school nurse, and the school district in general. These include the accountability to provide procedures necessary for school attendance that do not need to be provided by a physician such as clean intermittent catheterization and tube feedings and the 1:1 services of a school nurse if necessary.

There are multiple health conditions that school nurses address on a daily basis. The prevalence and complexity of children's health problems affect Oregon's schools and the role of the school nurse. Ninety one percent of the school nurses responding to School Nurse Survey work with students having many medical conditions that can negatively influence safety and capacity for learning. (See Attachment D for a complete listing of the conditions.)

One example of a chronic condition affecting students and the schools is asthma. It is the most common chronic disease in children, with 8.4 percent of all children under 18 presenting with asthma.

- 14 percent of 8th graders and 9 percent of 11th graders reported missing at least one day of school because of asthma in the past 30 days.
- Approximately 40 to 50 percent of 8th and 11th grade students with asthma reported difficulty sleeping for at least one night in the past 30 days due to asthma. (20)

Research shows decreased absences due to asthma correlating to full-time school nursing services. (21) The presence of a school nurse is critical to students with asthma for ongoing assessment, education and management of their asthma and to decrease the frequency and severity of asthma attacks and the potentially unnecessary emergency room visit.

Another frequently presenting chronic condition is allergic reactions. In a nationwide telephone survey of 400 elementary school nurses:

- 44 percent reported an increase in children with food allergies in their schools over the last 5 years;
- More than one third had 10 or more students with food allergies;

- 78 percent performed staff training as a preventive strategy, with 74 percent developing their own training guidelines;
- 90 percent stated students' injectable epinephrine was stored in the nurse's office and
- Overall, there is a need for standardized training in food allergies as well as timely access to epinephrine is needed to respond appropriately to an anaphylactic reaction in the school setting. (22)

School nurses face a great challenge in helping these children to avoid reactions and providing appropriate care when they occur in the school setting. Food allergies are the leading cause of anaphylaxis—a severe, potentially life-threatening allergic reaction—outside the hospital setting. (22)

The Importance of School Nurse Training for School Staff

A school nurse in Oregon relayed the situation of having 16 elementary students in one school with severe peanut allergy. One morning prior to school starting, the janitor noticed peanuts and shells scattered on the black top next to the playground. As the kids were arriving and beginning to congregate on the playground, the janitor facilitated a quick closing of the playground, keeping the kids from contact with the allergens. The janitor was able to react accordingly and potentially save lives because there was a school nurse who knew of the students with severe peanut allergies and she had developed a plan for the school and trained all the school personnel thoroughly. Without the presence and expertise of the school nurse in this situation, any of those 16 students could have had a life threatening reaction, just by being in

Allergic reactions are increasing in the student population. There is no known cure, only treatments and avoidance. *A school nurse's time and expertise is critical in building a school-wide plan and response for the safety of the students.* The following are some of the strategies employed by school nurses to ensure the safety of students with allergic reactions:

- Develop Individual Health Care Plan (IHP);
- Develop strategies for safe field trips;
- Train staff regarding severe food allergies among students;
- Develop policies and procedures and train for restrictions on sharing food among students;
- Educate classmates about food allergies;
- Implement mandatory hand washing after meals;
- Develop guidelines and rules prohibiting crafts involving allergens;
- Restrict the use of food as a reward or incentive for academic performance;
- Develop guidelines and rules regarding eating and drinking in the classroom;
- Employment of a paraprofessional trained in severe food allergies; and
- Separate tables or dining facilities for the child with food allergies.

Students on medications are becoming more common. One in 20 students receives a prescription medication while at school, including students with special needs. The administration of medications often falls to school secretaries, teacher's aides and even coaches. A recent University of Iowa study showed that medication errors were 39 percent more likely when someone other than a school nurse was involved. (23)

General Health of Oregon Students: In addition to the children with serious, complex, and chronic health conditions, many Oregon children are at increasing risk of academic failure, dropping out, and not becoming productive members of our society due to medical and mental health problems:

- Nearly half of Oregon's 8th graders reported having an unmet need for health care during the past year;
- Over 116,000 children are without insurance;
- 12.6~~%~~ percent are without health care access; and
- Uninsured children are ten times more likely than the insured to miss needed medical care and more likely to suffer from earaches, sore throats and asthma forcing them to miss school and hamper educational success. (24)

The presence of a school nurse provides front line access to students for day to day health care needs (reducing absenteeism) as well as for support and referral to additional services to address ongoing health needs.

As the number of county health departments closing their primary care doors increases in Oregon, the school nurse becomes increasingly critical to being part of the solution to filling the gap in health care services.

Students are adversely affected when their living situations put them at risk for decreased attendance, increased risk for behavioral problems, and lack of readiness to learn. Although any family may have situations adding to the risks mentioned, studies show the risks increase with variables such as unemployment, single parent families and living in poverty.

The school nurse is able to work with community partners and the families in assisting the families in navigating the often complex maze of gaining additional support and assistance from social service agencies.

Mental Health Needs of Oregon Students: Addressing the mental health needs of children and adolescents is a growing challenge in Oregon. Over 1 out of every 20 8th and 11th graders reported they had attempted suicide in the past 12 months. (27) An estimated 1800 youth ages 10-17 were treated at hospital emergency departments for attempting suicide in 2004. (28) Suicidal behavior is complex and there is a high correlation to mental health disorders such as depression. More than one in ten (12%) of Oregon's school age children have moderate or severe emotional disorders, with only 28 percent of these receiving mental health services. Youth with emotional and behavioral disorders more frequently experience academic failure, poor social adjustment and involvement with the criminal justice systems. (29)

Schools are experiencing huge repercussions from the shifting of responsibility for children's mental health services from the broader community to school communities. Schools are the number one site for mental health services for youth. (30) These services are time consuming and needed daily in addition to the physical conditions that students bring to school. Mental health issues are a significant proportion of many school nurses' case loads. (30) When a school nurse is present daily, there is an opportunity to work with school personnel in identifying students with mental and behavioral challenges and to assist in assessing them for appropriate referral and help. In addition, the students will recognize the "safe haven" of the school nurse and more readily access the school nurse for help.

Risky behaviors such as alcohol, tobacco and other drug use continue to be at unacceptable rates in our schools. Prevention and early intervention are imperative to continue to address these behaviors that place students at increased risk for unintended pregnancy, absenteeism, and dropping out. School nurses facilitate access to and referral for treatment while providing support, without enabling risk behaviors, to the student and family. Additionally, their role includes individual and classroom education that is age-specific, culturally and developmentally appropriate, and utilizes-evidence-based measures.

A School Counselor Asks the School Nurse

"Can you see a student? She appears to be coping fairly well with some significant family changes--well-groomed, always with a smile, appropriate group participation. But her grades are slipping and I suspect she is having problems." The student would not talk at first, but with the nurse's patient listening and reassurance, the student's first words were "I don't want to live any more." She had a plan of overdosing; she had not shared her feelings and thoughts with anyone. A mental health assessment was arranged immediately. The nurse continued to provide support and monitoring for the student as well as support to an overwhelmed mother. The student moved to another school the following year and made a point of introducing herself to the school nurse; graduated successfully and enrolled in college.

3. AVAILABILITY OF SCHOOL NUSRES IS SEVERLY LIMITED, PUTTING STUDENTS AT RISK

Oregon is ranked 49th in the nation for its student-to-school nurse ratio. A survey of school districts conducted by this task force revealed the following:

- 54 school districts in Oregon representing 21,006 students have no access to school nursing services.
- 42 school districts in Oregon representing 38,221 students have access to less than half time school nursing services.
- School nurses are assigned to serve multiple school locations, with the average number of schools each nurse serves being 4 to 6 schools. 16 percent of nurses serve more than 10 schools.
- The average school nurse in Oregon has a caseload of 1000 to 2000 students, with 21percent serving between 3000 to 5000 students and 9 percent serving over 5000 students.

(For a list of types of services provided by Oregon school nurses, please refer to Attachment E.)

Many factors in addition to the caseload or the nurse-to-student ratio affects the capacity to manage health conditions and the delivery of effective school nurse services (as previously listed):
Mandated functions

- Quantity and acuity of special health problems
- School district goals and objectives
- Access to qualified assistance
- School nurse preparation
- Presence or absence of a SBHC
- Geographic distance between schools
- Students with IEPs, individual health care plans, or 504 plans
- Socio-economic and cultural influences in the community
- Licensure (licensed practical nurse, registered nurse)
- Number of schools and students

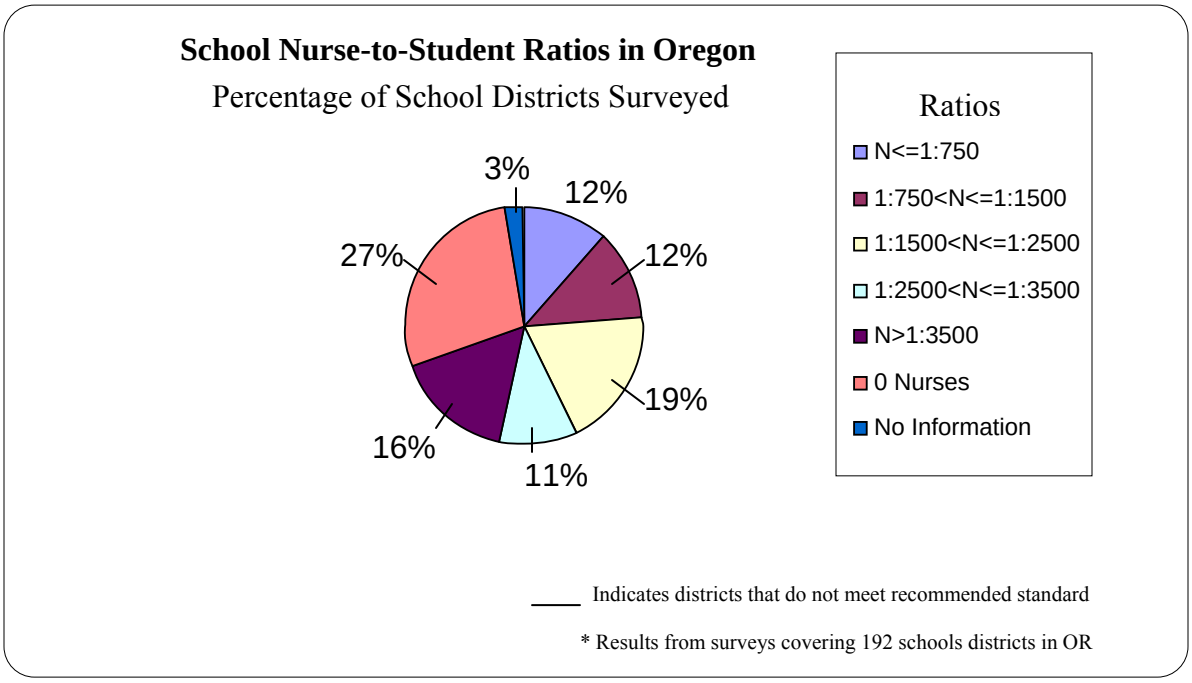
School nurses face many challenges: the wide spectrum of health care needs seen in the schools; too high of a case load; increasing requirements from the federal and state level; students in school unhealthy and not ready to learn; and simply not enough hours in the day to adequately provide for the number of students and schools. Information from the Task Force survey and from studying the national scene and data, suggests that the complexity and challenges facing school nurses are not truly understood or documented. Anecdotally, school nurses report traveling great distances and using their cars as an office, a disturbing concern for their ability to adequately perform the job. Further study is required to move beyond the stories into data that can bring focus to the problem and help to direct the solution.

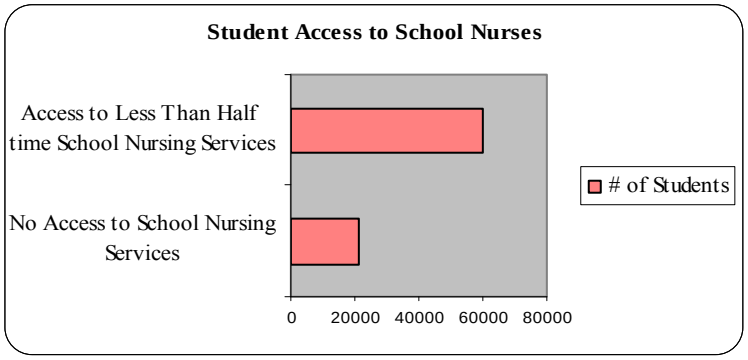
Students need to be healthy in order to be present in the school. Only then can the educational system have the best opportunity to teach, and the student have the opportunity to learn. Keeping students healthy and teaching them how to be healthy is critical to academic achievement and schools being able to reach their goals.

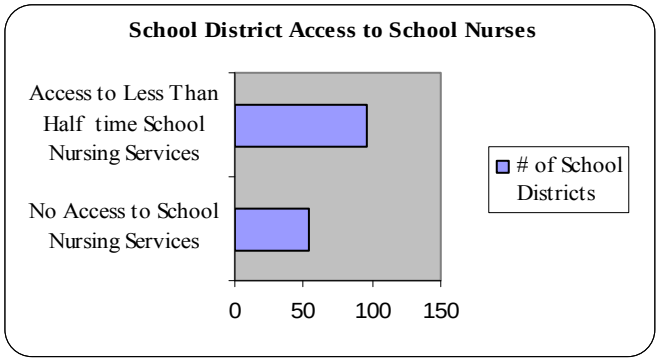
4. LACK OF SCHOOL NURSE RESULTS IN RISKS FOR SCHOOL DISTRICTS

More than half of the state's school districts (107 out of 197) responded to a Task Force survey regarding school nurses. The following represents highlights of those results (for a more detailed summary, please refer to the Attachment F):

- 56 percent did not know what health services are required to be performed solely by licensed school nurses and not by other employees
- 38 percent are concerned that school district employees other than school nurses may have been performing health services outside of their training
- 89 percent said they have people other than school nurses performing services such as: development of health protocols, checking student medical conditions, lice control, management of chronic health conditions, and communicable disease coordination
- 84 percent supported more funding for school districts as a possible solution to the problem of the lack of school nurses in Oregon
- 72 percent said there are not enough school nurses







Educators are under pressure to improve academic performance. They do not have the time nor need the added expectation of learning and taking on another responsibility such as a health care task as delegated by a school nurse. It takes away from their focus and role in academic success. Although school staff members play a role in the health of students, they should not be expected to take on nursing responsibilities.

Currently, over 60,023 students in Oregon school receive no or less than half-time school nursing services.
It is clear that the school nurse situation in Oregon is in crisis, given the lack of school nurses and the poor nurse-to-student ratios in many school districts, increasing numbers of unhealthy and medically needy students in our schools, federal and state requirements, and the overwhelming evidence of the connection between healthy students and being ready and able to learn.

MESD Superintendent, Ron Hitchcock, Describes the Connection between Health and Learning Readiness

"Learning readiness has to precede actual learning. All of us, including students, need to have our physical, emotional and health needs met before we can focus on our jobs or academics. Health issues, especially in younger children can be a huge distraction. Simply put, we need to educate and care for the whole child; you can't separate one element from the other. School nurses can make this difference."

Lastly, in addition to the increased risks related to non-nursing staff performing delegated tasks and the burden on the educator in the classroom, student health relates directly to student attendance, a major factor in a school's state and federal annual yearly progress (AYP) and its report card from the state under No Child Left Behind. The limited ability or inability of schools to assist students to be healthy, maintain attendance and be ready for school may directly place a school or district at risk for meeting mandated requirements.

The Difference a School Nurse Can Make

I met with a new student recently. I noticed that she turned her head slightly to the left when speaking. At first, I thought maybe she was trying not to make direct eye contact with me, but when asking her if she was having trouble seeing, she said "yes." I did a vision screening, noting 20/20 vision in one eye, but 20/200 in the other eye. Her father was unaware of any visual problems. He had work but no health insurance and was grateful for my offer to find a medical resource. The student came into my office to tell me she had her eye exam and was getting her new glasses. She stated "Now I will be so smart because I can learn so much more with two eyes to see." I saw the student in the hall the next week with her new eyeglasses on. She was smiling and laughing. She came running to me and gave me a hug. She thanked me for helping her saying she was so excited to see everything she had been missing all these years and how different everything looks when you see it with both eyes.

There is a great need in Oregon to address the lack of school nursing services and school nurses. There are increasing demands, mandates, and requirements for school nurses and yet there are fewer and fewer school nurses available to respond to the needs. The gap between what "needs to be' and 'what is" is growing. The gap between the two creates lost opportunity for Oregon to support the educational success of students by addressing the ongoing, day to day health demands that keep our students from being in the classroom and ready to learn. In that gap are less than optimal health outcomes, increasing absenteeism, potential legal and liability ramifications, and lost learning time.

Other states are facing a similar crisis in school nurse to student ratios, with Oregon being **49th** in the nation. The Task Force began the process of investigating solutions from other states. At this time, it appears that many of the states are seeking solutions to their school nurse crises through a combination of legislative options, including funding through local, state, and national avenues. As a response to the school nurse shortage nationwide, U.S. House Resolution 6201 has been introduced, seeking to authorize a grant program to eligible states to reduce the nurse-to-student ratios across the country. This illustrates the national attention to the relationship between health and academic outcomes, and recognizes the role of the school nurse in making a difference in the school community.

The Task Force studied and assessed the availability of nursing services in Oregon schools through a survey and a literature search, and strived to paint a realistic picture of what the current status of school nursing is and the challenges that school nurses face each day. As Oregon looks to the future, a strong and effective educational system is vital to the next generations and economic strength of the state. An effective educational system systematically addresses the health needs of the students so they can be healthy and present in the classroom and ready to learn. School nurses are critical to the health and safety of students and the school community.

RECOMMENDATIONS

Recommendation 1: Mandate and fund increased numbers of school nurses in order to meet the national school nurse staffing standards in Oregon's kindergarten through grade 12 schools with the following implementation priorities:

A. Short Term Staffing: Every school district has school nurse services and ensures safe nursing practice in accordance with the Standards and Scope of Practice for Registered Nurses (OAR 851-045-0100) and Standards for Registered Nurse Delegation of Nursing Care Tasks to Unlicensed Persons (ORS 851-047-0000 through OAR 851-047-0040). Address promptly three high risk student populations (in priority order):

    1. Districts with no nursing services
    2. School nurse caseload of more than recommendation below for medically complex, medically fragile, or nursing dependent students
    3. School nurse caseload of greater than 3,500 students.

B. Long Term: All Oregon schools will have sufficient, regular access to school nursing services to:
    1. Meet their safety and special health needs;
    2. Promote student readiness to learn; and
    3. Support overall academic achievement, inclusive of supporting school attendance and engagement along with physical, cognitive and social-emotional growth and development.

C. The following nurse-to-student ratios shall be mandated for all Oregon school districts:
    1. 1:750 for student in the general population (health concerns)
    2. 1:225 in student populations that may require daily professional school nursing services or interventions (medically complex)
    3. 1:125 in student populations with complex health care needs (medically fragile); and
    4. 1:1 may be necessary for individual students who require daily and continuous professional nursing services (nursing dependent).

    (Please refer to Attachment G Glossary for definitions of health conditions.)

Recommendation 2: Enhance existing infrastructure statewide to support increasing school nurses:

A. Maintain a permanent 1.0 FTE position (school nurse consultant) at the Oregon Department of Education to support the successful implementation and sustainability of expanding school nursing services.

B. Establish a permanent 1.0 FTE position (school nurse technical assistance) at the Oregon Department of Education to provide support for ensuring quality and capacity in school nursing services.

Overall, the positions will support existing and new school nurses through the design, standardization and implementation of training programs, provide ongoing state-wide resource support to local districts and individual practitioners, and establish a data collection process on school nurse services.

The Task Force developed a supporting glossary and a possible timeline to assist with the implementation of these recommendations. (Please refer to Attachments G and H.) The timeline supports a long term approach to the school nurse crisis. It is the hope of this Task Force that within the next ten years, Oregon will no longer be **49th** in the nation for school nurse-to-student ratios. **Oregon will have safer and healthier children, in the classroom, ready and able to learn.**

Attachment A

Members of the Task Force on School Nurses

Co-Chairs:

Nina Fekaris, R.N., School Nurse
Beaverton School District

Jan Hootman, Ph.D., Health Services Coordinator
Multnomah Education Service District

Virginia (Ginny) Brollier, R.N., Health Services Coordinator
Klamath County School District

Margay Garrity, R.N., School Nurse
Southern Oregon Education Service District

Karen Gray, Ph.D., School Administrator
Parkrose School District

Marilyn Hudson, R.N., Nursing Practice Consultant
Oregon State Board of Nursing

James Lace, M.D., Pediatrician,
Childhood Health Associates of Salem

Laurie Wimmer Whelan, Government Relations Consultant
Oregon Education Association

Staff Support from the Office of Student Learning and Partnerships in the Oregon Department of Education:

Leslie Currin, R.N., School Health Specialist
Bobbi King, Support Staff
Brad Victor, Sexuality Education Specialist
Steve Woodcock, Education Specialist

Attachment B

Morning with an Elementary School Nurse:

- Attend a building screening meeting to review attendance and behavior concerns for two students.
- Follow-up to establish a relationship with one student and family and to explore for health factors influencing absenteeism.
- Asses a student's growth spurts in correlation with increased behavioral disruptions; recommend current medical reevaluation.
- Present a 20 minute class on hand washing in 3 classrooms.
- Assess a kindergarten student with rash: needs exclusion for possible scabies; provide health education and referral information to parent.
- Assess a 1st grade student presenting with earache and sore throat of three days duration: unable to reach parent; finally connect with grandparent after 90 minutes of multiple calls; secured a community medical resource because family is without health insurance.
- Assess a 4th grade student with a slap mark on the face: father struck child last night when he did not clean his plate. Need to report for abuse and be available during the police interview for student support.
- Evaluate a 1st grade student's complaints of a stomach ache: she got up too late to eat breakfast; arrange for a snack, document and watch for patterns of repetitive events.
- Attend to a 3rd grade child not feeling well: she was told by mom to go to school anyway; has low grade temperature and vomits while in the health room; called for mom but cannot come to phone; explored for ways to address future situations, and there aren't any at this time. Child will remain in health room with monitoring.
- Respond to a school secretary's request for help on the playground: a child has fallen from the bars; unable to move left leg; request EMS assist and parent notification. Follow up shows a significant leg fracture and surgery is necessary; will visit student in hospital and participate in discharge planning for facilitate necessary accommodations at school.
- And just before lunch, a 5th grade child presents complaining of breathing problems. Has a history of asthma; has not used inhaler today. Assist student in use of inhaler; offer fluids; coach in relaxation techniques and symptoms abated in 20 minutes.
- Head for the playground to lead a weekly walking group with students to encourage physical exercise.

After the physical exercise group, pack up and drive thirty minutes to the next school to spend the afternoon.

Priority Unattended Item to be completed next site visit:

- Finish planning vision screenings for the first grade class.
- Contact a family to assist with access to dental care for a child with intermittent complaints of a tooth ache in the past 2 weeks and observable cavities.
- Follow up with a student newly diagnosed with diabetes and his delegated caregivers at school to assess how student is doing with the treatment regimen and managing self care of blood sugar reading.
- Observe competency of the caregiver in performing the procedures of insulin injection and blood sugar monitoring taught under the nurse delegation guidelines.

Attachment C

Health Conditions
Per 100 U.S. Students

COLOR KEY
See reverse for more information

- **Asthma**
- **Food Allergy**
- **ADD / AHDH**
- **Mental/Emotional/Behavioral**
- **Overweight**
- **Seizure Disorder**
- **Vision Deficiencies**
- **Deaf / Hard of Hearing**
- **Absent (Illness/Injury)**
- **Access to Health Care**
- **Threatened by Weapon**
- **Prescribed Medication**

ASTHMA
12 out of every 100 children under the age of 18 have history of **asthma**, with approximately 5 of those having an attack within the past 12 months.[3]

FOOD ALLERGY
5 % of children have been diagnosed with **food** allergy.[7]

ADD / ADHD
3 to 5% of Children have been diagnosed with **Attention Deficit Disorder** with or without hyperactivity.[1]

MENTAL / EMOTIONAL BEHAVIOR
10% of children have a **mental, emotional or behavioral disorder** that causes some level of impairment (3% have already been accounted for with ADD) [8]

OVERWEIGHT

13.5 % of students are overweight and at risk for developing health problems including type II diabetes, and another 15.4% students are at risk for becoming overweight.[10] Approximately one in every 400 to 500 children and adolescents has type 1 diabetes. Clinic-based reports and regional studies indicate that type 2 diabetes is becoming more common among children and adolescents, particularly in American Indians, African Americans, and Hispanic/Latinos.[2]

SEIZURE DISORDER
Epidemiological data indicate that approximately 5 percent of all children will experience at least a **single seizure**, and approximately 1% of children develop **epilepsy**.[5]

VISION DEFICIENCIES
By age 17, 24% of students exhibit some type of **vision** problem.[6]

DEAF / HARD OF HEARING
5 % of children age 18 and under have **hearing loss**.[11]

ABSENTEEISM DUE TO ILLNESS / INJURY
6% of children **missed 11 or more days of school** over the past year **due to illness or injury**.[3]

ACCESS TO HEALTH CARE
4% of U.S. children do **not** have a **usual place of health care** and 5% had **unmet dental needs** because their families could not afford dental health care.[3]

THREATENED BY WEAPON
7 to 9% of students yearly report **being threatened by a weapon** on school property.[9]

PRESCRIBED MEDICATION
13% of U.S. children had to take **regular prescription medication** for at least three months in 2002.[2] An estimated 3 to 8% **have history of migraine headache**.6

The chart on the reverse side depicts the **incidence** of **some common health concerns** in **children and youth**, and is **not** meant to imply that every student has a health concern. Instead, it illustrates that for every 100 U.S. students, there are likely 100 health concerns that would benefit from onsite management by a school nurse. Even in the absence of chronic health conditions, all students benefit from having a full time Professional Registered Nurse to provide immunization and communicable disease monitoring; health screenings such as hearing and vision; health education and promotion; and crisis preparedness including immediate assessment and first aid. **Healthy People 2010 recommends one registered nurse per every 750 regular education students.**

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3. Centers for Disease Control and Prevention. *Nine Million U.S. Children Diagnosed with Asthma, New Report Finds*. Retrieved March 2005 from http://www.cdc.gov/od/oc/media/pressrel /r040331.htm.
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10. U.S. Department of Health and Human Services, Center for Disease Control and Prevention. MMWR. *Youth Risk Behavior Surveillance-U.S. 2003.* (May 21,2004). Vol. 53, No.SS-2.
11. U.S. Department of Health and Human Services (2000). *Healthy people 2000: National health promotion and disease prevention objectives.* No. 91-50121. Washington, DC: Author.

Document produced by: National Association of School Nurses 2005

Health Conditions Addressed by Oregon's School Nurses
September 2008

The prevalence and complexity of children's health problems affect Oregon's schools and the role of the school nurse. According to the survey of school nurses in Oregon, 179 school nurses work with students having many medical conditions that can negatively influence safety and capacity for learning. The numbers indicate the percentage of respondents who identify managing this type of health condition as a school nurse.

- Anaphylaxis to food, bee stings & latex: ---------- 96%
- Asthma management: ---------- 95%
- Cancer support: ---------- 65%
- Central intravenous lines: ---------- 34%
- Cystic Fibrosis: ---------- 45%
- Emotional disorders: ---------- 69%
- Insulin administration: ---------- 93%
- Blood sugar monitoring: ---------- 92%
- Insulin pump management: ---------- 66%
- Emergency glucagon injections: ---------- 90%
- Do Not Resuscitate orders: ---------- 17%
- Students with impaired mobility: ---------- 77%
- Kidney disorders including dialysis at school: ---------- 53%
- Clean intermittent catheterization: ---------- 46%
- Colostomy/ileostomy care and bag maintenance: ---------- 27%
- Seizure management including vagal nerve stimulator & rectal medication administration: ---------- 99%
- Tracheotomy care, suctioning/replacement: ---------- 33%
- Tube feeding: ---------- 70%
- Stomach venting: ---------- 32%
- Ventricular shunt management: ---------- 61%

Attachment E

Types of School Nurse Services:

(Information from the Task Force on School Nurses Survey*)

Service Description	Supports OAR 581-022-0705 Required Health Service
Administering medication & training non-nurses to administer medication	• ORS 581-021-0037 Medication Training for non-injectable medications
Assessing student medical conditions	• Services for students who are medically fragile or have special health care need
Coordinating Communicable Disease investigations and providing education	• Communicable disease control
Screening for hearing, vision and scoliosis	• Health Screenings
Diabetes management and Case Coordination	• Services for students who are medically fragile or have special health care needs • Written plans for response to medical emergencies
Asthma management and Case Coordination	• Services for students who are medically fragile or have special health care needs • Written plans for response to medical emergencies
Chronic Disease management and Case Coordination	• Services for students who are medically fragile or have special health care needs • Written plans for response to medical emergencies
ADD/ADHD management (Attention Deficit Disorder / Attention Deficit Hyperactivity Disorder)	• Services for students who are medically fragile or have special health care needs
504 Plan development and implementation	• Services for students who are medically fragile or have special health care needs • Written plans for response to medical emergencies
IEP direct and related service planning and implementation	• Services for students who are medically fragile or have special health care needs • Written plans for response to medical emergencies
Wellness planning and consultation for students and staff	• Coordinated school health
Providing staff development and educational / training programs	• Services for students who are medically fragile or have special health care needs • Written plans for response to medical emergencies
Development of all Health Management Plans & staff training	• Services for students who are medically fragile or have special health care needs • Written plans for response to medical emergencies
Staff wellness, including blood pressure monitoring, Hepatitis B vaccinations, cholesterol screening, CPR & First Aid, & blood borne pathogen training	• Compliance with OR-OSHA regulations • First aid certified staff (OAR 581-022)
District health policy/procedure input and review	• Adoptions of policies and procedures for medication administration
Community outreach programs & developing community resources	• Coordination with health and social service agencies both public and private

*****According to the Task Force's survey, 80 percent of the school nurses responding confirmed providing the services listed in this table. The Task Force acknowledges a limitation in the survey, as it was not all inclusive of the nursing services, e.g. missing are direct care, health education, and delegation of health care tasks. The survey speaks to the many needs in Oregon's schools and the important contributions of the school nurse to required health services.

Attachment F

Summary Results of School Administrator and School Nurses Surveys

Figure 1.

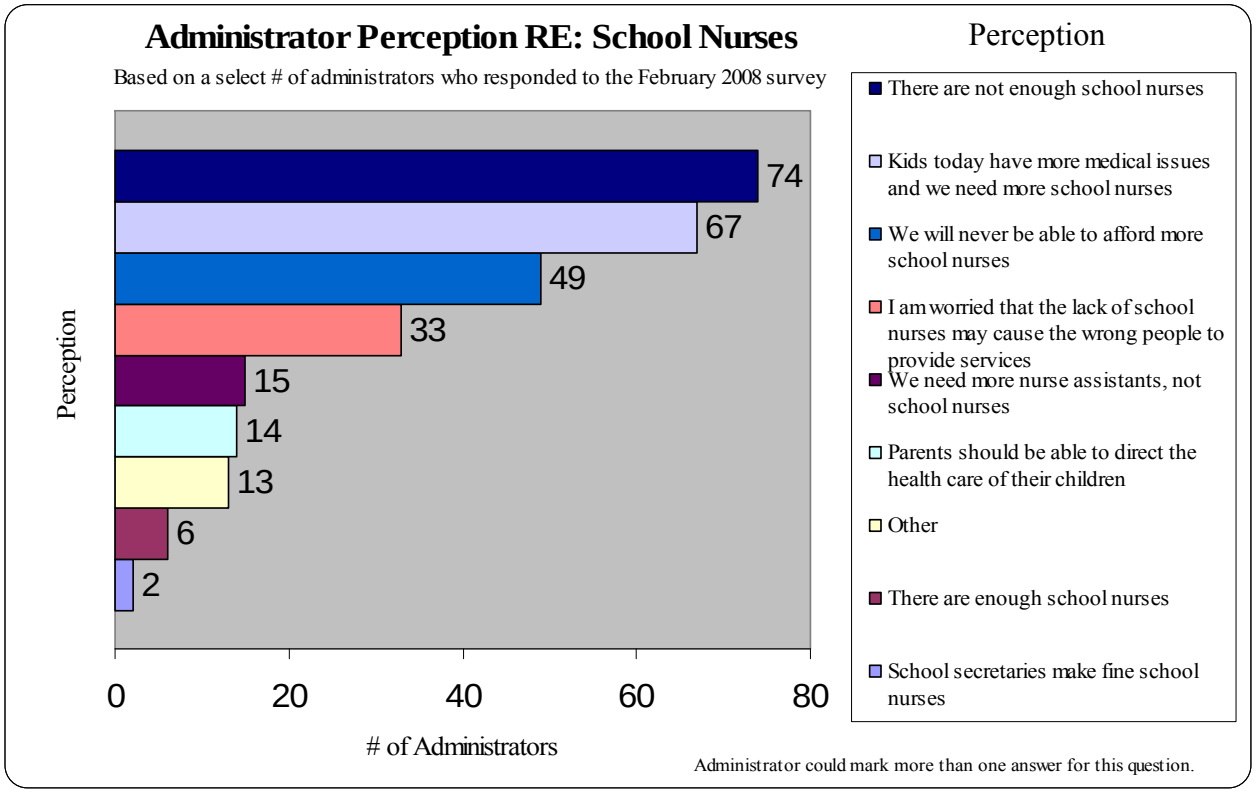


Figure 2.

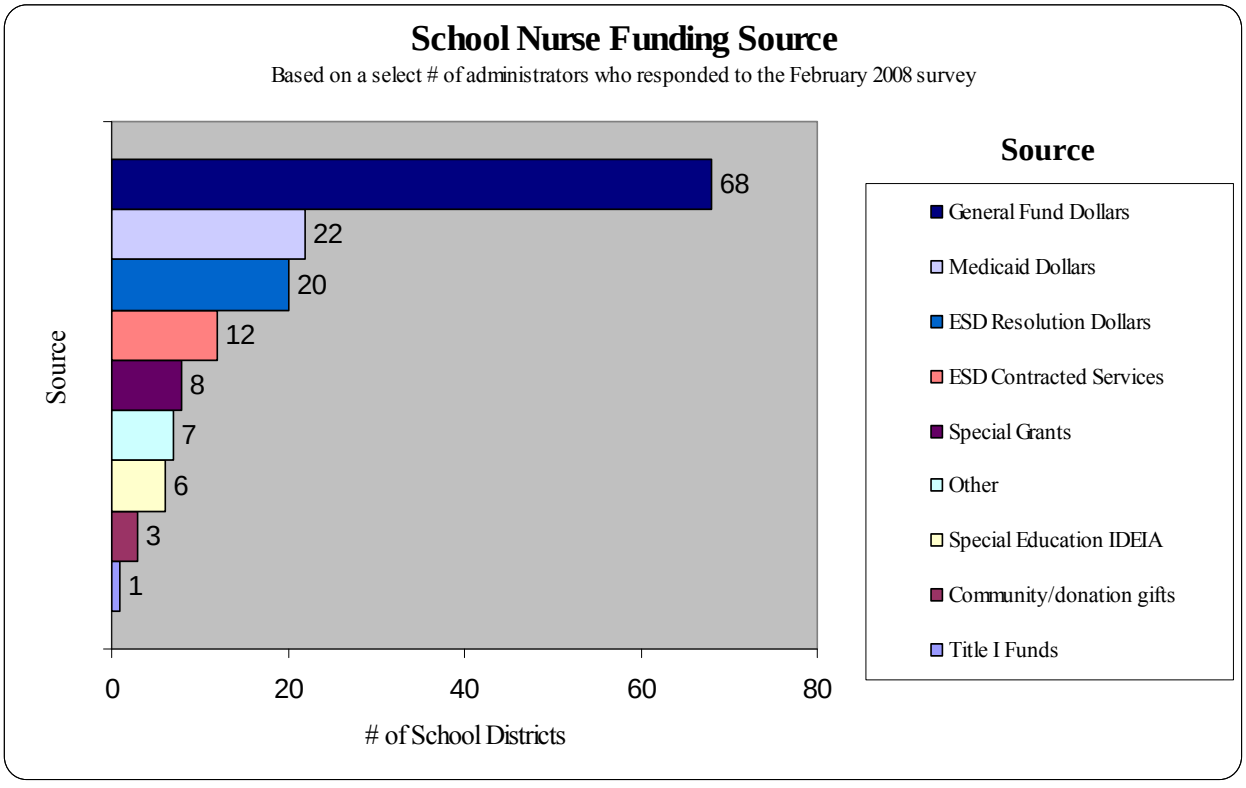


Figure 3.

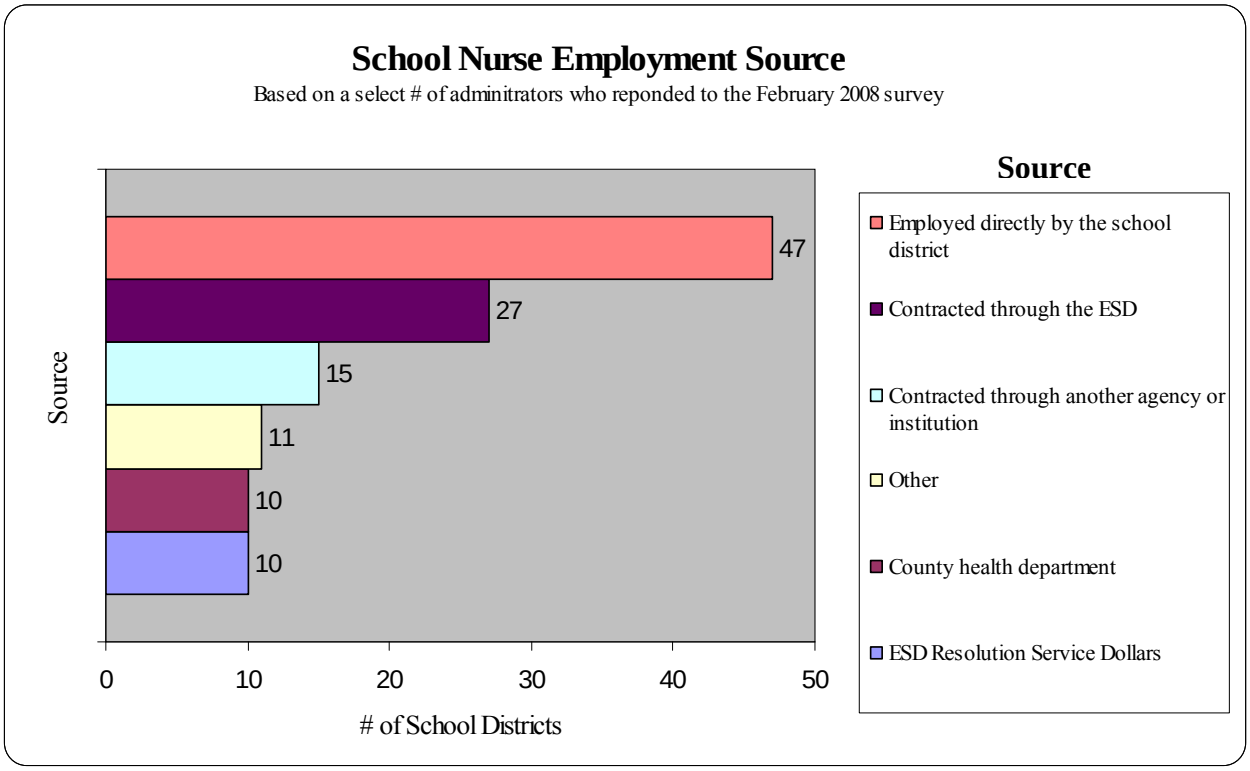


Figure 4.

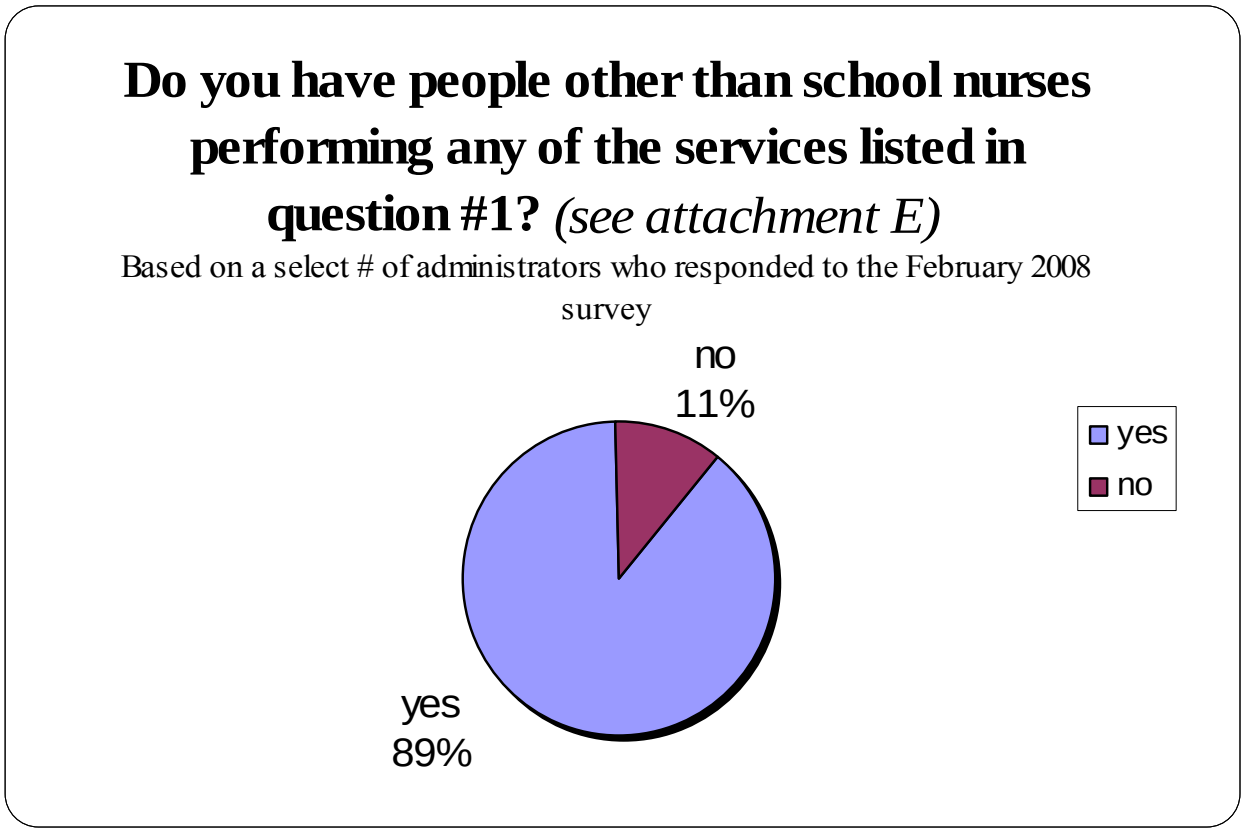


Figure 5.

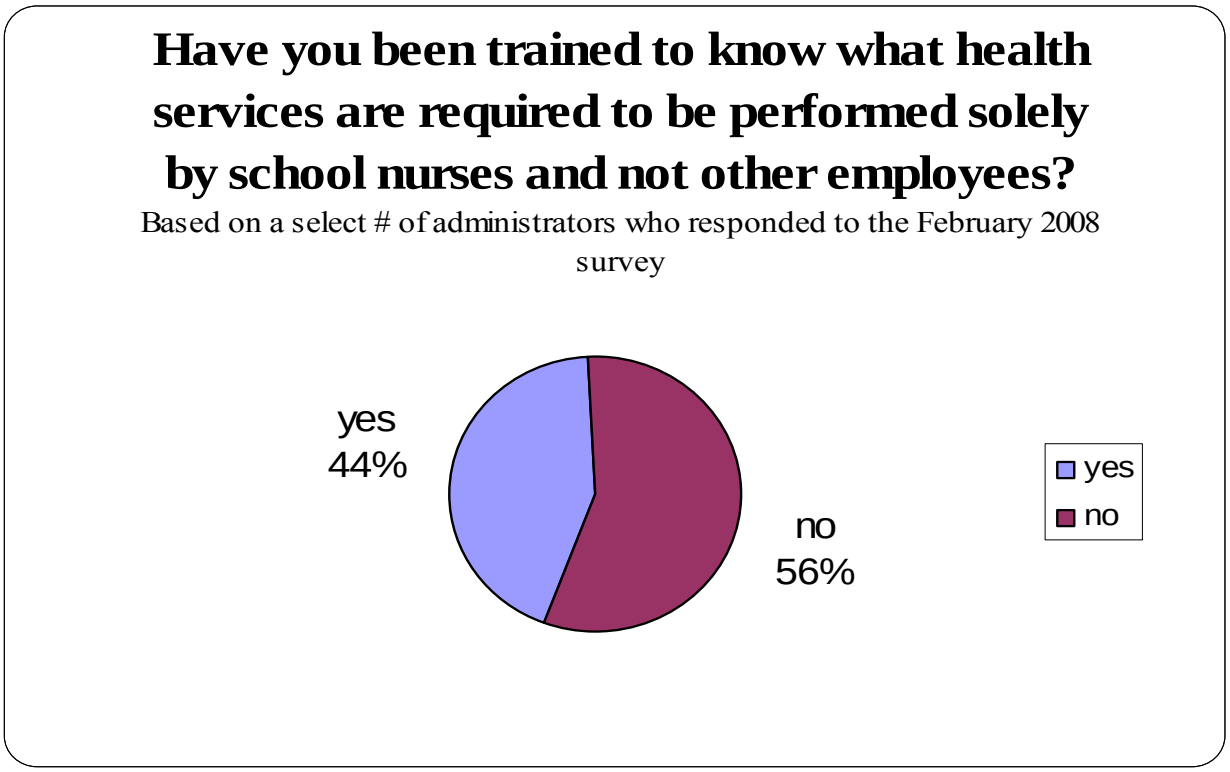


Figure 6.

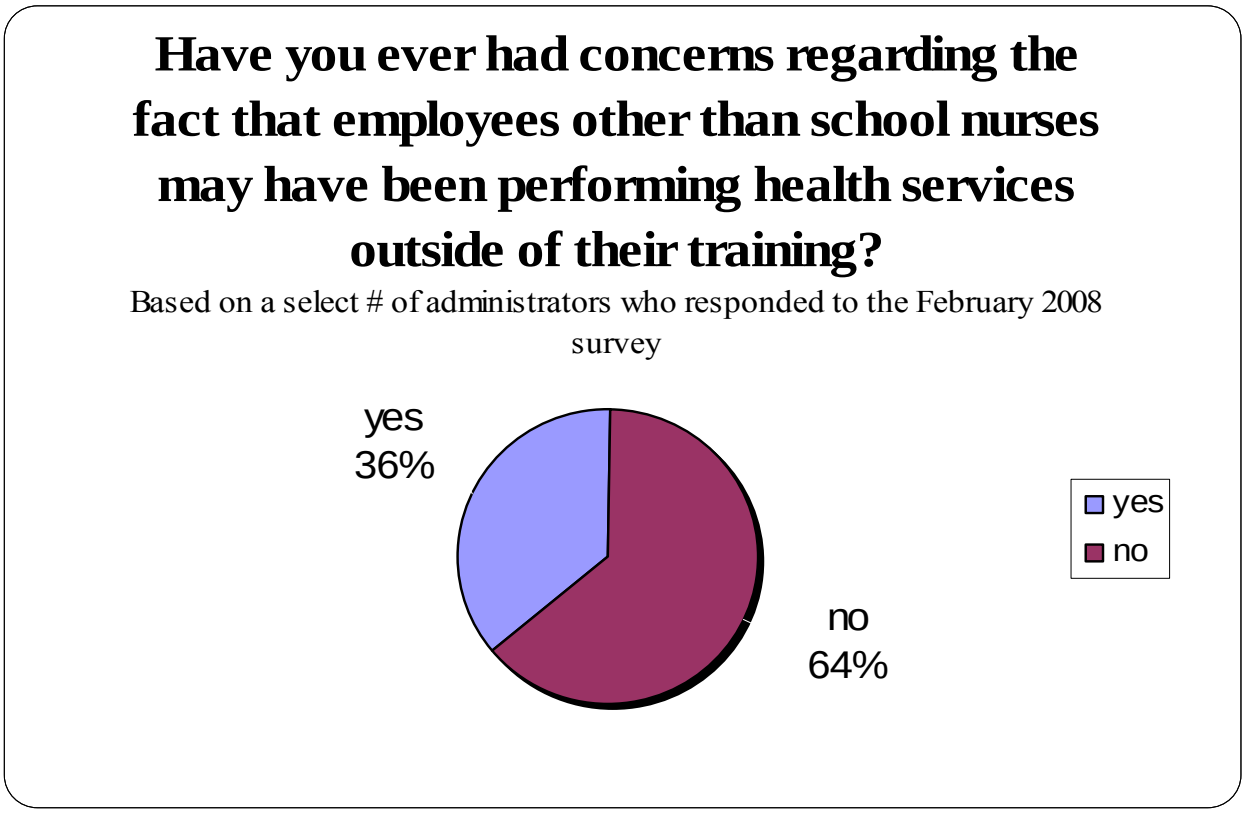


Figure 7.

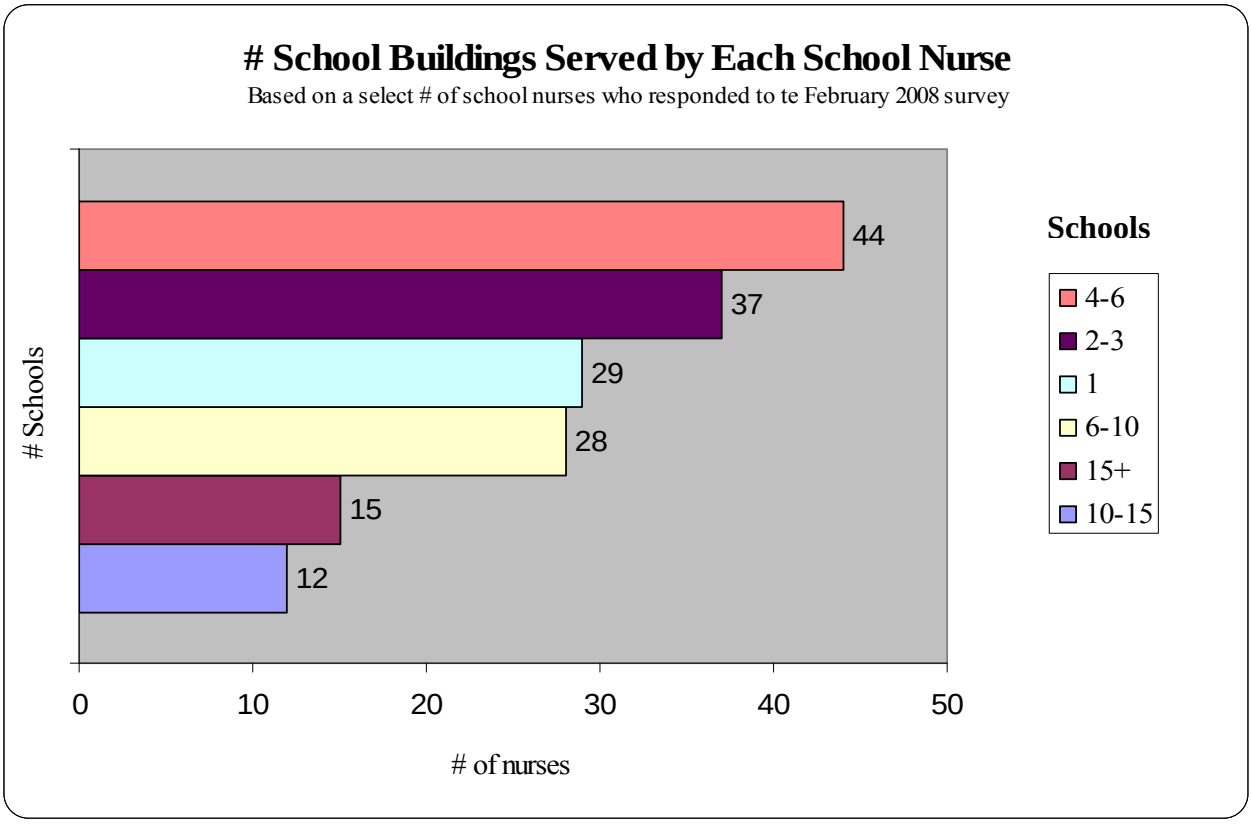
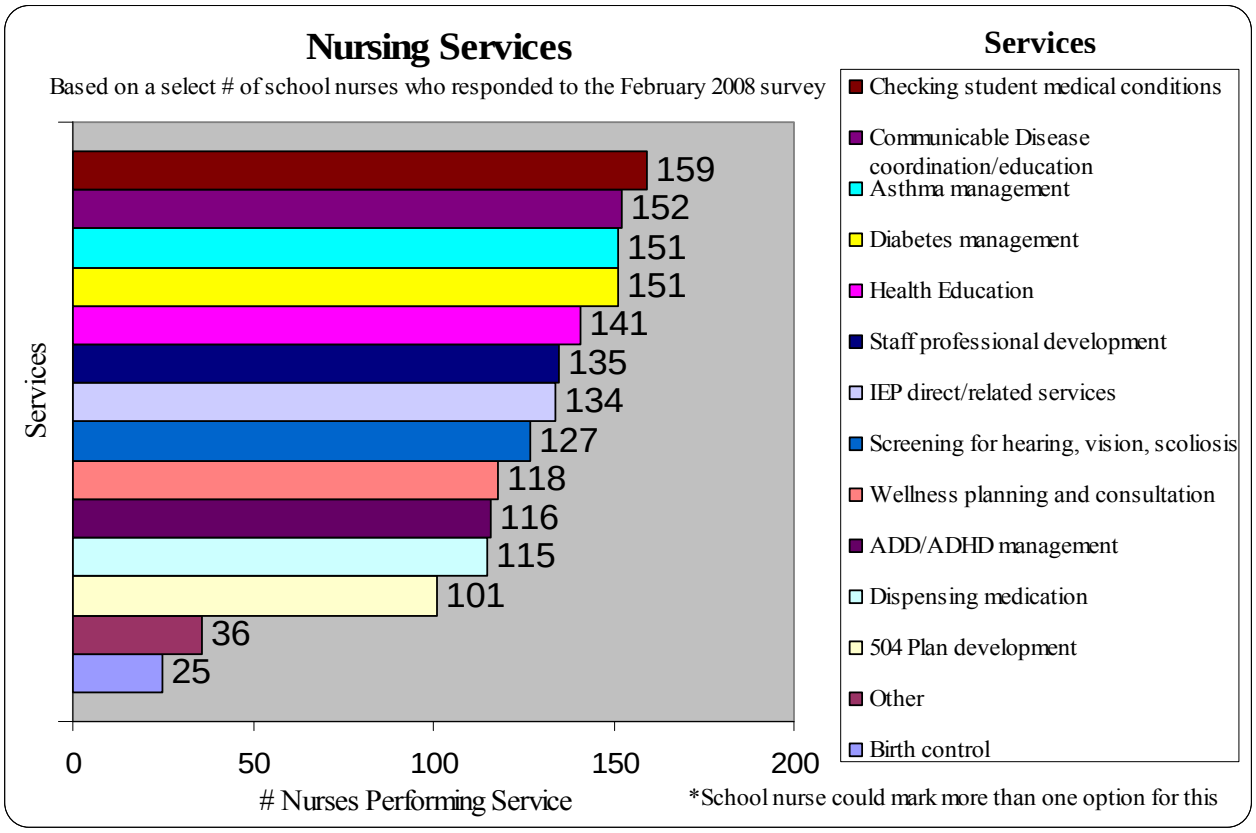


Figure 8.



Attachment G
Glossary

Required Nursing Services by Level of Student Health Condition[1]

Health Condition	Maximum RN/Student Ratio	Definition of Health Condition	Example of Health Condition	Requirements of the RN[2]
General Student Population	1:750	Students with intermittent acute illness/injury events and normal growth and development	Sudden seizure occurring at school with no prior history.	Assessment by RN; referral for medical evaluation and treatment; health education; facilitate access to resources.
Health Concerns		Students have physical and/or social-emotional conditions that are currently uncomplicated and predictable.	Seizure disorder (epilepsy) with no break through seizures in past 2 years; on medication.	Occasional student monitoring, from biweekly to annually. Provides direction and training for emergency response at least annually.
Medically Complex	1:225	Students have a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring by a professional RN.	Seizure disorder needing rectal medication immediately at school to prevent prolonged seizure activity.	RN available on a daily basis and gives written instructions for care and treatment of the student, including during transportation.
Medically Fragile	1:125	Students face daily the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse.	Seizure disorder requiring rectal medication and ongoing observation for breathing impairment.	Full-time nurse in the building/on the premises for quick and easy availability.
Nursing Dependent	1:1	Students require 24 hours/day 1:1 skilled nursing assessment and care for survival; most are dependent on technological devices to avoid irreversible organ damage or death.	Seizure disorder with other health conditions; requires respirator and tube feedings.	Immediate availability of RN/LPN on premises and within audible and visual range of student.

1. Developed from: Nursing Care Quality Assurance Commission and Office of the Superintendent of Public Instruction (1999). *Staff Model for the Delivery of School Health Services*. Olympia WA.

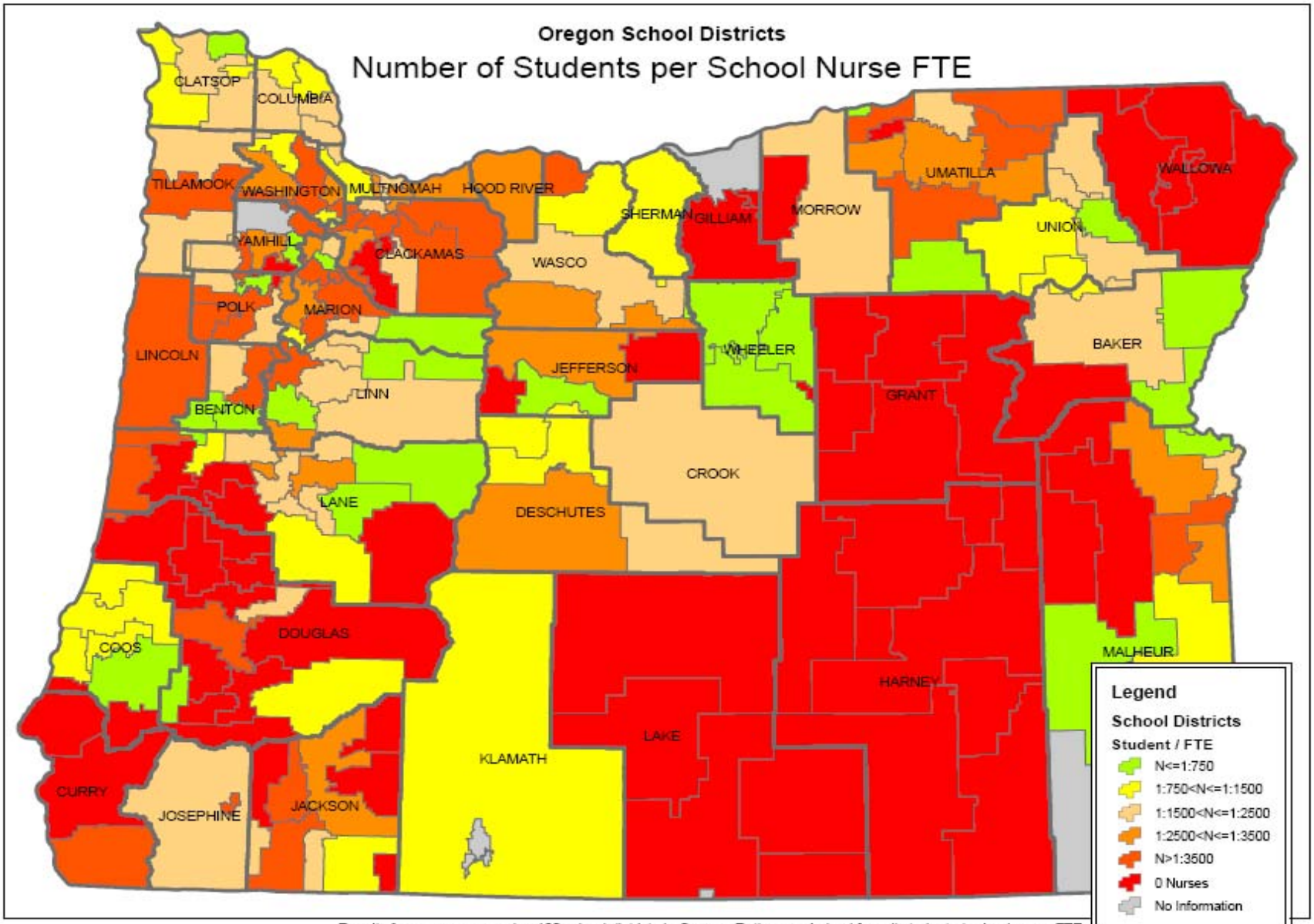
2. All *medically complex, fragile*, and *nursing dependent* health conditions necessitate the RN's assessment and development of an Individual Health Plan (IHP) prior to school entry and maintenance thereafter dependent upon changes in the health status. The IHP provides for the student's safe participation in school-sponsored events, including transportation, and may include *delegation* of nursing tasks to unlicensed assistive personnel (UAP). Delegation regulations (OAR 851-047-0000) necessitate the RN's involvement in selecting, providing training, writing instructions and supervising the UAP for safe and competent task performance

Attachment H

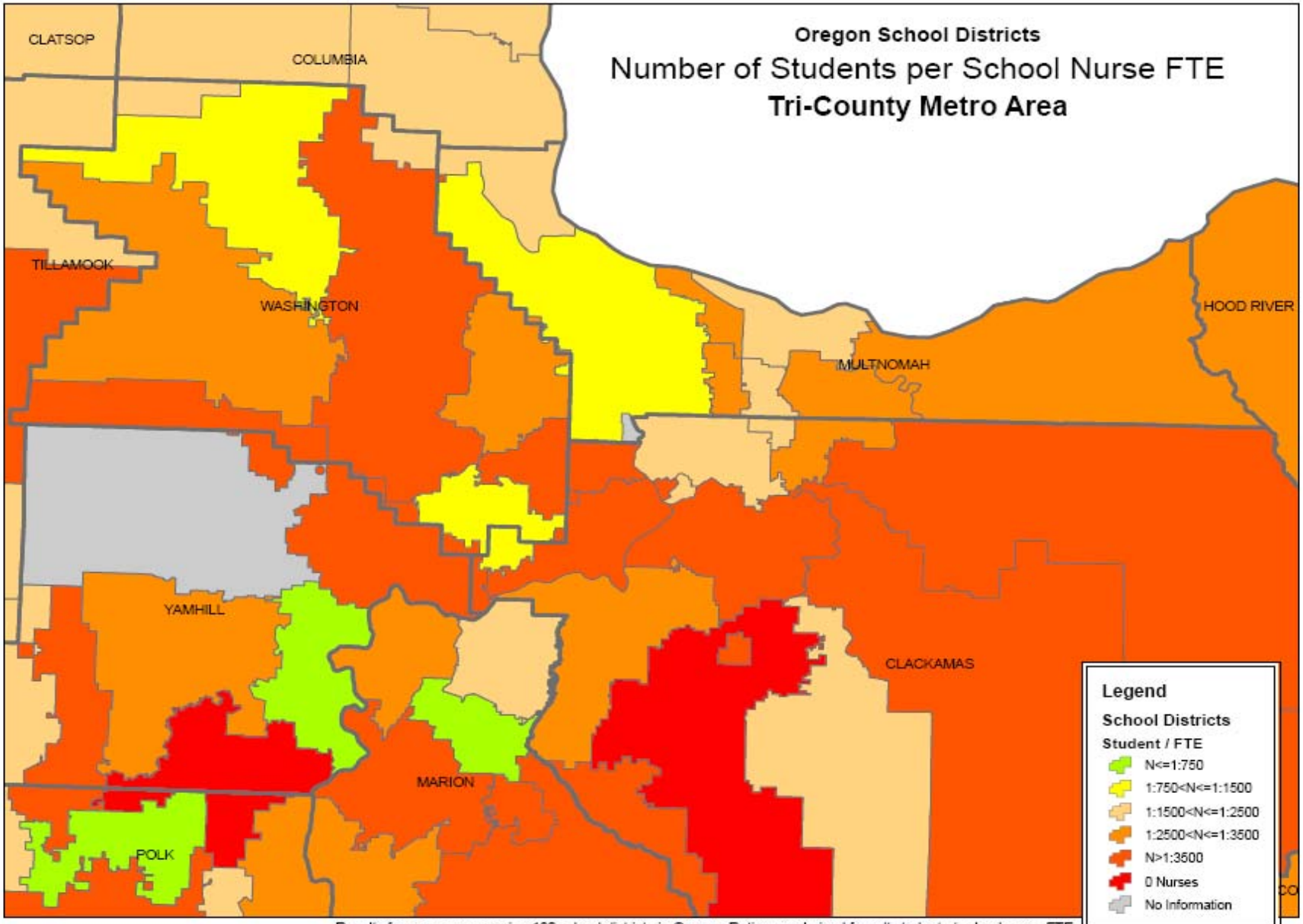
Possible Implementation Timeline

September 2008

2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium		2015-2017 Biennium		2017-2018 Biennium	
2009-2010 AY	**2010-2011 AY**	**2011-2012 AY**	**2012-2013 AY ***	**2013-2014 AY ***	**2014-2015 AY**	**2016-2017 AY**	***2017-2018 AY**	**2018-1019 AY**	**2019-2020 AY**
Further financial analysis and system modeling to achieve nationally recommended ratios. Require state to collect and track nurse services data and number of medically complex, medically fragile and nursing dependent students. Add 1.0 FTE for nurse services technical assistance at Dept of Ed.	Research completed. Designs for funding & system models created. Schools reporting necessary data to Dept of Education. Create grant program for school districts that (a) currently do not have regular nurse services; (b). have nurse/student case loads larger than these ratios: ➢ 1:225 Medically Complex ➢ 1:125 Medically Fragile ➢ 1:1 Nursing Dependent	School districts required to have nurse services. Achieve Nurse/student ratios for specific student populations: ➢ 1:225 Medically Complex ➢ 1:125 Medically Fragile ➢ 1:1 Nursing Dependent Grant funds utilized Trainings provided to all districts on legal mandates r/t nursing services and on service models and access	Achieve 1:3500 for general student population * Districts may not increase ratios if current ratio better than this		Achieve nurse/student ratio of 1:2500 for general student population* * Districts may not increase ratios if current ratio better than this	.	Achieve nurse/student ratio of 1:1500 for general student population.* * Districts may not increase ratios if current ratio better than this		Achieve nurse/student ratio of 1:750 for general student population.



Results from surveys covering 192 school districts in Oregon. Ratios are derived from # students / school nurse FTE.
Some school nurses are less than 1.0 FTE, resulting in larger numbers of students per school nurse.



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