

2019 Report Nursing Services in Oregon Public School

October 2019



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Executive Summary

Students are best able to access their education programs when they are physically and mentally healthy. A wide variety of physical, mental and social health issues affect academic performance. Physical and mental health conditions, such as asthma, influenza, diabetes, oral health, violence and bullying, depression and anxiety, seizure disorders, and vision problems are barriers to children accessing their education.¹ Social, economic, and environmental factors, including economic hardship, food insecurity and hunger, housing instability, health care access, transportation, and school climate and culture, affect whether students are able to attend school every day and succeed. Schools are a source of critical support for students who experience many of these health issues.^{2,3} Nursing services are required in schools to eliminate student health barriers so that every student has access to a Free Appropriate Public Education (FAPE).

Two overarching federal laws ensure FAPE:

- Section 504 of the Rehabilitation Act of 1973 states that “no otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance . . .” [29 U.S.C. §794(a), 34 C.F.R. §104.4(a)]
- The Individuals with Disabilities in Education Act (IDEA): A federal law governing special education services for eligible infants, children, and youth with disabilities. IDEA ensures all children with disabilities have available to them a free appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment, and independent living. [34 CFR §300.1]

As the primary health professional in the education setting, a school nurse supports students’ access to education via individualized care as well as through the provision of medical guidance to address broader school health issues. The school nurse role encompasses collecting school health data, identifying preventable health issues, connecting children and families with resources, and providing equitable access to education for students with health challenges.^{4,5}

¹ Henderson T, Hill C, Norton K. *The Connections Between Missing School and Health*. Upstream Public Health. 2014.

² Association for Supervision and Curriculum Development (ASCD), Centers for Disease Control and Prevention (CDC). *Whole school, whole community, whole child: A collaborative approach to learning and health*. Alexandria VA: ASCD; 2014.

³ Rasberry CN, Lee SM, Robin L, Laris BA, Russell LA, Coyle KK, et al. *The association between school-based physical activity, including physical education, and academic performance: a systematic review of the literature*. Preventive medicine. 2011;52 Suppl 1:S10-20.

⁴ American Academy of Pediatrics, Council on School Health. *Role of the school nurse in providing school health services*. Pediatrics; 2015; 137(6)

⁵ Kocoglu D, Emiroglu ON. *The Impact of Comprehensive School Nursing Services on Students’ Academic Performance*. Journal of caring sciences. 2017;6(1):5-17.

During the 2018-2019 school year, Oregon school districts reported 28,330 students with health conditions that required nursing services in order to attend school and learn alongside their peers (see Table 1). Federal policies protect the rights for all students, including those with significant health needs, to attend public school.⁶ In addition, State-recommended and mandated ratios require the presence of nurses in schools to serve students with significant health needs.

Oregon law recommends the presence of a nurse in schools, with – by 2020 – a ratio of at least one Registered Nurse (RN) to every 750 students in the general population. Furthermore, Oregon law⁷ mandates school nurse ratios for students with specific levels of medical need (i.e., students who are medically complex, medically fragile, or nursing dependent). In addition to providing mandated services, RNs are also licensed and trained to provide essential health education, prevention, and care for the entire school community.⁸

This report shows that many school districts in Oregon face challenges in meeting the school nurse to student ratios mandated by ORS 336.201. Oregon has a statewide average of **one RN to 2,352** students in the general population. However, adjusted to reflect the nurses needed to meet mandated ratios for higher-needs students, Oregon's ratio drops to 1 RN to 5,565 students (see Table 4).

This report also notes improvements in access to school nursing care in some areas. For example, as of the 2018-2019 school year:

- Oregon school districts report 340 **full-time equivalent (FTE) nurses**, including both RNs and LPNs. This is a 21% increase compared to the 279 FTE nurses reported in 2017-2018.
- **13 additional districts have access to a Registered Nurse (RN)**. While one-third of Oregon school districts (66 total) still report no RN access, this is a notable improvement compared to the number of districts (79 total) reporting no RN access in 2017-2018.
- **90 districts (46%) meet mandated ratios** for nurses serving students with specific levels of medical need as defined by ORS 336.201. This is a slight increase compared to the 88 districts that met the mandated ratios last year.
- **18 districts (9%) meet the 2018 recommended ratio** for students in the general population, reporting at least one RN for every 1,500 students. Of those, four districts meet the 2020 recommended ratio of one RN to 750 students. This data reflects an increase in the number of districts meeting the 2018 recommended ratios in 2017-2018 (7%).

⁶ Those laws include the Rehabilitation Act of 1973, Section 504 (2000) and Public Law 94-142, the Education for all Handicapped Children Act (1975), reauthorized in 2003 as the individuals with Disabilities Education Improvement Act (IDEA) (2004).

⁷ ORS 336.201

⁸ National Association of School Nurses. School nurse workload: Staffing for safe care (Position Statement). 2015. Silver Spring, MD.

School Nurses and Equitable Access to Education

A child's entire set of needs must be considered in order to cultivate the skills needed for lifelong success. Learning and achievement depend upon health – physical, mental, social, emotional, and cognitive health – as well as social and environmental issues. At the same time, education levels affect lifelong health, social, and economic outcomes.⁹ Students with higher needs risk missing the benefits of education if their needs are not met.

School nurses improve access to education. Schools with smaller nurse-to-student ratios report lower absenteeism rates and higher graduation rates.¹⁰ The American Academy of Pediatrics recommends there be one school nurse in every school, with medical oversight from a school physician in every district.¹¹ Oregon's schools currently rank near the bottom of national averages in access to school nurse services, with fewer than 7% of schools reporting full-time access to a school nurse.^{12,13}

What School Nurses Do

"School nursing is a specialized practice of nursing that advances the well-being, academic success, and lifelong achievement and health of students."¹³

Oregon law requires school districts to "maintain a prevention-oriented health services program for all students." (OAR 581-022-2220). As a licensed health professional operating under the Family Education Rights and Privacy Act (FERPA) regulations, the school nurse is uniquely positioned to collaborate directly with school staff to address health-related issues in the school community. As mentioned above, school nurses support federal and state requirements to provide health services to all students.

Nursing Services Provided in Oregon Public Schools

Responsibilities for the RN in the school setting include direct care, consultative and training support, mental health support, communicable disease prevention, community health promotion, and additional services described below. In discussing school nursing services in Oregon, it is important to note that there are different types of nursing licenses, each with specific scopes of practice.

⁹ Egerter S, Braverman P, Sadegh-Nobari T, Grossman-Kahn R, Dekker M. *Education and Health: an examination of the many ways on which education can influence health, including how educational attainment affects health across generations and the social and economic advantages it represents*. Robert Wood Johnson Foundation, April 2011. <https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html>

¹⁰ Maughan E. *The Impact of School Nursing on School Performance: a Research Synthesis*. Journal of School Nursing, 2003; 19(3): 163-171

¹¹ American Academy of Pediatrics, Council on School Health. *Role of the school nurse in providing school health services*. Pediatrics; 2015; 137 (6)

¹² Willgerodt, M.A., Brock, D. M., & Maughan, E.M. *Public School Nursing Practice in the United States*. The Journal of School Nursing, 2018; 34(3):232-244

¹³ Institute for Educational Services, National Center for Education Statistics (NCES). *Public High School Graduation Rates*. Updated May 2019. https://nces.ed.gov/programs/coe/indicator_coi.asp

School Nurse Licenses and Certification

Oregon law (ORS 336.201) identifies that “a registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student.” Two types of professional nurses, Registered Nurses (RNs) and Licensed Practical Nurses (LPNs), may practice in the school setting. The scope of practice for each is distinct. In Oregon schools, an RN may provide direct care, clinical direction, and supervision of others, including LPNs and unlicensed personnel. The RN in the school setting may also be a Certified School Nurse, as defined below.

The following Oregon licensed professionals provide school nursing services:

1. Certified School Nurses. As defined by ORS 342.455, a “School Nurse” means a Registered Nurse who is certified by the Teacher Standards and Practices Commission (TSPC) as qualified to conduct and coordinate the health service programs of a school. The TSPC issues a Professional School Nurse certificate to Registered Nurses who meet the additional requirements set forth in state law. (ORS 342.475)
2. Registered Nurses. Oregon law allows school districts to hire registered nurses, who do not hold a TSPC Professional School Nurse certificate, to provide school nursing services.
3. Licensed Practical Nurses. Under Oregon law, Licensed Practical Nurses must practice at the clinical direction and under the clinical supervision of a Registered Nurse or Licensed Independent Practitioner (LIP).

Registered Nurses (RN), in the school setting, are licensed to provide:

- **Individualized care and care delegation** for students with identified health needs. This is described detail below.
- **Care coordination** including clinical consultation to address the needs of students on individualized education programs (IEPs) and Section 504 educational plans, and inter-professional collaboration regarding health issues identified in the school setting.
- **Mental and behavioral health support** using the nursing process – assessment, nursing diagnosis, and nursing intervention – to address psychosocial needs as well as medical issues.¹⁴ School nurses provide evidence-based interventions to address physical and mental health needs.
- **Communicable disease prevention** including referrals to health care providers, education for students and staff, and reporting to local health departments.
 - **immunization programs** may be overseen by the school RN, including evidence-based education to the school community, pursuant to ORS 433.267 through ORS 433.269 and OAR 333-050-0010 through OAR 333-050-1110.
- **Health education** with individual students and families per Nurse Practice Act regulations, and with groups such as staff or classroom education per state law and ODE guidelines. School nurses may provide trainings to prepare school staff to provide care to the general student population in all circumstances, including in extracurricular activities, summer school, and field trips.
- **Staff trainings** may include:

¹⁴ North American Nursing Diagnosis Association (NANDA). *Glossary of Terms: Nursing Diagnosis*. 2013.

- Medication administration training, required by Oregon law for any staff who dispense student medication (ORS 339.874-966).
 - Teaching for anticipated medical emergency, such as interventions for anaphylaxis, severe hypoglycemia, and adrenal crisis (ORS 433.800-830).
 - Disease prevention trainings, including blood-borne pathogen trainings as required by the Occupational Safety and Health Administration (OSHA).
 - Specific considerations for chronic and acute health conditions in the school community.
- **Community health promotion** including education about disease prevention and health promotion, coordinated efforts with school staff, and collaboration with community partners to implement evidence-based wellness measures appropriate to the school.
- School nurses may oversee a school district's health screening program. State law dictates that public schools provide vision and hearing screenings, and some districts include scoliosis, dental, and other screenings as part of their health services program (ORS 336.211-213; OAR 581-022-2220).

When an RN is available to perform these tasks in the school setting, these efforts reduce absenteeism and improve access to learning.¹⁵

Individualized Care and Care Delegation in Oregon Schools

Care delivery: Nursing care tasks provided in Oregon public schools must be performed or overseen by a RN. When the nurse is not directly providing services, the Nurse Practice Act provides RNs the authority to delegate tasks to non-health professionals. The RN may only delegate care in this manner after determining that the person taking on the delegation is both willing and competent to perform the task. By law, the decision whether or not to delegate nursing care lies specifically with the RN.

Care plans: RNs are licensed to develop individualized care plans, including the written Health Management Plan (HMP) created for a student with identified health needs. A HMP is often an attachment to the Individualized Education Program (IEP) or 504 plan. A HMP provides guidance regarding how a specific student's condition is to be managed.

Care delegation: most districts in Oregon currently report student health needs which exceed capacity of available RNs and LPNs. This necessitates use of unlicensed assistive personnel (UAP) to provide nursing care under delegation orders. The Oregon Department of Education does not currently collect data on the number of Registered Nurse delegations performed in schools.

¹⁵ National Association of School Nurses (NASN). *School nurse workload: Staffing for safe care (Position Statement)*. 2015. Silver Spring, MD.

School Nurse and Medically Fragile Data Collection

Methodology

In 2009, the legislature amended ORS 336.201 to require the Oregon Department of Education (ODE) to submit an annual report to the State Board of Education and the interim legislative committees related to education, no later than October 1 of each year, which provides data collected from districts on:

- The availability of Licensed Practical Nurses, Registered Nurses and School Nurses in each school district; and
- The number of medically complex students, medically fragile students and nursing dependent students in each school district.

School districts are required to submit data on nursing services every year. ODE staff communicates this requirement to all districts in a variety of formats including by phone, email, and through appropriate listserv messages. For the 2018-2019 school year, ODE received data from all 197 districts in Oregon with reported student enrollment.

This report provides the most accurate data the state has collected on the number of medically fragile and complex students and the number of nurses (Registered Nurses, School Nurses, and Licensed Practical Nurses) working in Oregon schools. Subsequently, this report identifies the current nurse to student ratios for Oregon.

Results

Nursing Services Available in Oregon Schools

In the 2018-2019 school year, 197 Oregon school districts and the Oregon School for the Deaf reported data to the Oregon Department of Education. They reported 340 full-time equivalent (FTE) nurses employed to serve all students, including students with medical needs (see district-by-district data in Appendix A). Table 1 below shows the total nursing support (RNs and LPNs) in public schools for the 2018-2019 school year.

Table 1. Nurses Reported in Oregon Schools, 2018-2019

Registered Nurse/School Nurse	295.6
Licensed Practical Nurse	44.4
Total Nurse Support in Schools	340

Students with Health Needs

Oregon law (ORS 336.201) requires districts to provide the following levels of nursing services:

- One Registered Nurse or School Nurse for every 225 medically complex students.
- One Registered Nurse or School Nurse for every 125 medically fragile students.

- One Registered Nurse, School Nurse, or Licensed Practical Nurse for each nursing-dependent student

As required by ORS 336.201, this report identifies students with health needs in the following three categories:

Medically Complex Students

Oregon law defines “medically complex students” as those students who may have an unstable health condition and who may require daily professional nursing services. Students in this category have health conditions that require a licensed nurse to do an assessment, write a health care plan, and teach and oversee tasks of care to non-nurse school staff who are working directly with the student. The nurse has intermittent direct contact with the student (e.g., to write a health care plan, provide nursing services, address emergent problems, monitor school staff performance of tasks, access new medical orders, and similar tasks).

An example of a student in this category would be one who has a stable seizure disorder. The school nurse will access medical orders, assess the student, write a care plan for the student, and teach non-nurse school staff how to recognize and assist the student during seizure activity. The nurse will also periodically monitor the student during the school year and intervene if a change is needed in health services provided by the school.

In 2018-2019, districts reported 21,949 medically complex students.

Medically Fragile Students

“Medically fragile students” are those students who may have a life-threatening health condition and who may require immediate professional nursing services. Students in this category have a health condition that requires frequent, one-on-one intervention by a RN. An example of this would be a six-year-old student who is newly diagnosed with Type 1 Diabetes. A nursing intervention is required daily to check blood sugars, calculate correct insulin doses, and administer insulin. As this student’s medical condition becomes more stable and the student matures, the student’s category may change to one that requires less intense school health services.

In 2018-2019, districts reported 6,288 medically fragile students.

Nursing-Dependent Students

“Nursing-dependent students” are those students who have an unstable or life-threatening health condition and who require daily, direct, and continuous professional nursing services. Nursing-dependent students are those who require direct one-on-one services by a licensed nurse so that they are medically safe in the school setting. One example of a student in this category would be a student who has a tracheostomy that requires frequent suctioning. Since professional nursing assessment is required with each instance of suctioning, a licensed nurse must be present with the student during school hours.

In 2018-2019, districts reported 93 Nursing Dependent students.

Table 2. Medically Fragile, Medically Complex, and Nursing Dependent Students in Oregon.

School Year	Number of Medically Complex Students	Number of Medically Fragile Students	Number of Nursing Dependent Students
2018-2019	21,949	6288	93

General Population Students

In addition to those with specific health needs, the rest of the student body can have health needs for a school nurse. These are frequently acute illnesses or injuries such as fractures, bloody noses, bee stings, and mental health issues, such as anxiety and depression.

The entire student population may participate in various health screenings per district policy, which may include vision, hearing, dental and scoliosis screenings. The general population can also have well-controlled chronic diseases that may only need nursing interventions and/or consultation on an occasional basis. As discussed above, school nurses can provide support for prevention, education, and early intervention in physical and mental health needs.

ORS 336.201 recommends that school districts provide one Registered Nurse or School Nurse for every 750 students by 2020 following the phase-in process below:

- One Registered Nurse or School Nurse for every 3,500 students by July 1, 2014
- One Registered Nurse or School Nurse for every 2,500 students by July 1, 2016
- One Registered Nurse or School Nurse for every 1,500 students by July 1, 2018
- One Registered Nurse or School Nurse for every 750 students by July 1, 2020

In the 2018-2019 academic year, 18 school districts reported meeting the 2018 ratios and four of those reported meeting the 2020 ratios. (See chart 1)

Chart 1. School Districts that meet 2018 Recommended Ratios for General Student Population

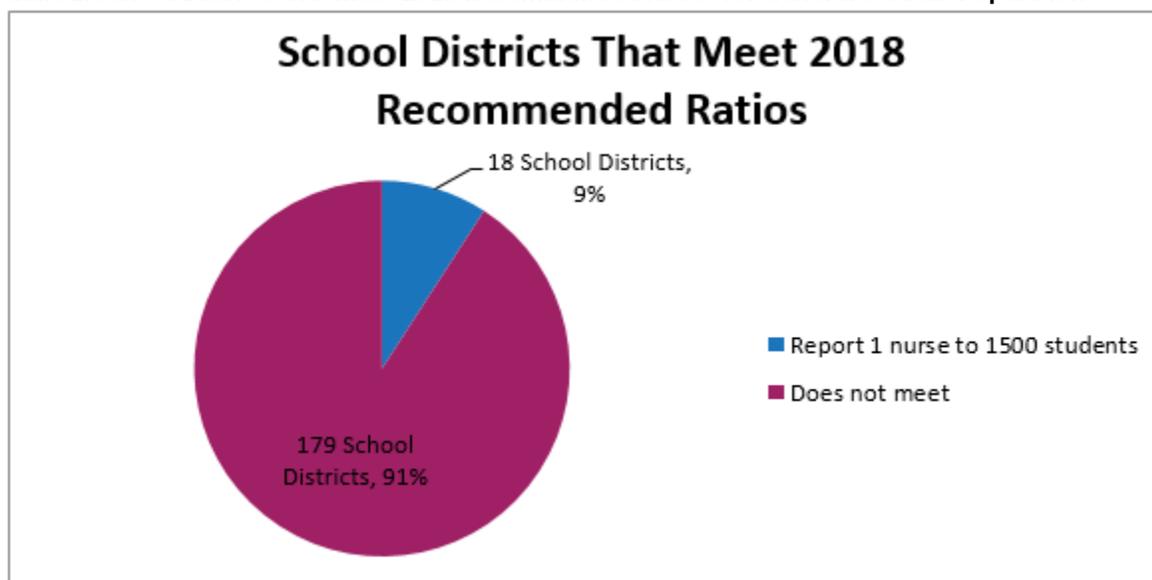


Table 3. Total Number of Enrolled Students, Nurses, and Ratio in Oregon Schools

School Year	Number of Students Enrolled	Total Registered Nurse FTE Reported	Registered Nurse FTE assigned to a single student	Registered Nurse FTE Reported (minus FTE assigned for single student)	Ratio of Registered Nurses to Students
2018-2019	580,048	295.6	(49)	246.6	2,352*

**This statewide ratio of school nurse services articulates the number of nurses who serve school(s) population(s), subtracting for nurses that are assigned to a single nursing dependent student. This ratio assumes statewide LPN capacity is used toward nursing-dependent student need. This ratio does not articulate nurses available for the general student population: nurses working at lower ratios with higher-acuity students, that is, the number of nurses needed to meet state-mandated ratios, are still included in this count.*

Analysis

As of 2018-2019, 90 of Oregon’s 197 districts (including the School for the Deaf) (46%) meet mandated ratios for nurses serving students with health needs as defined by ORS 336.201. Of these, 75 meet their mandated ratios with Registered Nurses (RNs). The remaining 15 districts meet the ratios using both RNs and Licensed Practical Nurses (LPNs).

After accounting for mandatory nursing services to support students with medical needs, it is evident that nurse services for the general student population are stretched thin. This adjustment leaves 101 Registered Nurses for the remaining 551,718 students, which results in a 1 to 5,481 nurse to student ratio (Table 4).

Table 4. Nurse staffing: general student population:

	Students	RN (rounded)	LPN (rounded)
Total	580,048	295.6	44.4
<i>Nursing Dependent (1:1)</i>	93	-49	-44.4
<i>Medically Complex (1:225)</i>	21,949	-98	0
<i>Medically Fragile (1:125)</i>	6,288	-50	0
Nurses left for the General Population	551,718	99	0
Recommended Statewide Ratio (1:750)	1 to 5,565		

ORS 336.201 gives school districts the opportunity to phase in nursing services for students in the general population. In 2018, it was recommended that school districts have one nurse per 1,500 students. By 2020, it is recommended that school districts have one nurse per 750 students. Table 5 and 6 provides an analysis of how many of the 197 (including the Oregon School for the Deaf) districts with enrollment are meeting these phase-in recommendations.

Table 5. Districts that meet the 2018 recommended phase-in ratio of 1:1500

No	179
Yes	18

Table 6. Districts that meet the 2020 recommended phase-in ratio of 1:750

No	193
Yes	4

Conclusion

In Oregon, students face many health-related challenges. According to federal and state law, all students must have access to free appropriate public education (FAPE), regardless of ability and health status. School nursing services are essential in making this happen.

School nursing services in Oregon are mandated by state and federal law to support students who are medically complex, medically fragile, and nursing dependent. Nurses serve a critical role for students with common chronic conditions, such as asthma, diabetes, and seizures, so that they can learn alongside their peers. In addition to serving needs as mandated by law, school nurses are essential in providing health promotion and disease prevention education for all students, families, and school communities.

In the 2018-2019 academic year, there were 580,048 students enrolled in Oregon public schools, and 340 full-time equivalent (FTE) nurses working in schools which equals a state school nurse to student ratio of 1 to 2,352. After making adjustments to account for the nurses needed to meet mandated ratios for students with higher levels of medical need, Oregon has a statewide

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average of 1 to 5,565. This figure is more than seven times the recommended ratio of 1 to 750. This data reflects a significant shortage of nursing services for all students.