

Hello,

I am Windy Sigler, RN, District Nurse at the Central Point School District in Southern Oregon.

When Gerald Ford signed the Education of All Handicapped Children Act in 1975, he made education accessible to every child, regardless of their disability. This means we educate every student. In 2020-21, the US government reported that 80% of the students that would be identified as students with disabilities were mainstreamed in the classrooms with general education students. This is really our goal, to provide students with disabilities with an education in the least restrictive environment in areas where we can help them succeed. This could not have occurred without the assistance of the school districts health care teams. These teams include physical therapist, occupations therapist, speech pathologist and nurses. Schools are not the traditional health care setting but to have the ability to educate students with special needs it has become that. This committee will give a true reflection of what is occurring as far as health care needs at our schools.

As I have talked to other school nurses, I find that my experience is not unique.

When I started in 2016, as the first nurse in the Central Point School District in 25 years, I was told there were 40 students with health conditions at the district. I questioned this number knowing that with a general population group of almost 5,000 students, this number should be higher. I quickly became aware that there are more than 650 students that classify as medically fragile or medically complex according to Oregon Department of Education reporting standards. These students required a health plan and emergency action plans as well as staff training around the students' conditions. We have since hired another nurse. There are 2 district nurses with 5000 students, more than 650 with known health conditions, in 11 schools spanning 10-mile radius. Since we hired our second nurse in 2021, she had frequently said to me, "I don't know how you did this alone."

What does my job? I am not the nurse in the office that sees kids with runny noses and stomach aches. I wish I had the time to assist our front office staff with those issues. We might have fewer students leaving school early. I train unlicensed assistive personnel (UAP) to do things like suction tracheas, straight catharizing students, handling seizures, administration of medication for anaphylactic reactions, breathing issues like asthma, carbohydrate count to administer insulin, just to name a few. (In the hospital setting 2 nurses must verify insulin before administration, I am training one UAP to administer.) My role as a district/school nurse means I am a medical case manager. I am the liaison between the doctors' offices and school setting. I breakdown doctors order, so UAP can understand them. I find gap services for families. I oversee screenings and provide follow-up assistance. I triage health care issues. I also do the district's multiple CPR/first aid trainings.

What does my day look like? Last Thursday, I started my day at one of my schools to write a protocol for a student that has an anaphylactic reaction resulting in a hospitalization the night before. I spoke with the parent and the teacher. I picked up a high school student to take to an

eye appointment at 9am. We were back to school by 10. I attended an Individualized Education Plan (IEP) meeting for a student, to include how this student's health conditions affect their ability to learn. After checking in on a student that just received an insulin pump. I followed up with a teacher regarding a conversation I had with a doctor over medication changes. I thought I might get lunch, then I got a call that a student was having trouble breathing and 911 was called. I went to that school, where a student was having an allergic reaction. I reached out to mom. I would go with him to the hospital, she would meet us at the hospital. I called our other nurse to meet me there so I had a ride back to the district. As I was in the ambulance, I got a call asking if one of us could come assess a student that was coming back on a field trip with an injury. I told the staff we would head there next. After assessing the ankle. I headed back to my car, where I attended a zoom wrap service meeting for a student that is getting multiple services from different agencies. While on the zoom meeting I was getting phone calls from the middle school. Since I could not leave the meeting, I walked into the school in which I was parked to use their phone to call the middle school back. I had a student with type one diabetes who was dealing with low blood sugar. She could not get them up and parents were not answering the phone. So, while on the zoom meeting I headed to the middle school. This is my typical day.

How will this bill help? We no longer have the days of a nurse in every school. According to the Oregon Department of Education, one-third of the school districts do not have a nurse on staff. Therefore districts have no idea, like our district, about the need or the number of students that have health conditions. With the state average of 14.3 percent of our students receiving an IEP, and another 4 percent with 504 health care plans. Our medically complex and medically fragile numbers are comparable to the state average of schools that have nurses. Our district could use more nurses. Our other nurse works at the same pace I do. This bill will allow a nurse as well as other health care professionals to get a clear understanding of the need at the school and what it will take to make sure that we are adequately meeting the needs of our students.

This is the first step thing nurses take is assessing the situation, gather information to know what the problem is. That is what this bill will do is assess the need.