

Submitter: Molly Blackburn
On Behalf Of:
Committee: House Committee On Behavioral Health and Health Care
Measure, Appointment or Topic: HB2948

Greetings,

I am a Nationally Certified School Nurse working with elementary students in Central Oregon. I support measure HB 2948 because I agree that it is unsafe for non medical administrators to dictate the practice of RNs in the school setting. At my school district, Health Services falls under the umbrella of Student Services and the Director of Student Services has no medical training. A few years ago, I interacted with a family with an incoming KG student with significant medical diagnoses. He had a history of multiple episodes of status epilepticus, rescue medicines for both seizures and an anaphylactic allergy, and significant dysphagia requiring him to be syringe fed thin liquids by his parent. The parent was requesting to be allowed to be in class with their student all day every day so that they could syringe feed him water. Since parents are not allowed in class with their students daily and since it is deemed a large aspiration risk to syringe students thin liquids in my district, this was a difficult and nuanced situation. I was told by my direct supervisor (RN) and her supervisor (no medical training) to not communicate directly with the family and to channel all communication through a non medical student services coach. In our meetings with the family, I was told to not participate unless the family directly asked me a question. The district told the family that the parent could come to the school to syringe feed the student thin liquids in the office multiple times each day. I had concerns about this because even if a nurse was not the person syringe feeding liquids, a nurse would be the person to assess his airway, coloring, skin turgor etc. between feedings. The parent meetings went back and forth for several weeks. The parents did not agree to sign ROIs so I could communicate with the child's specialists. The day before the student was suppose to attend in person, I had no emergency medications with signed authorization paperwork, and I had no signed health management plans since the parents had not agreed and signed off on the drafts I sent them. The student services coach notified the family shortly before the student's start date that we were "prepared and read to serve" the student. I did not agree that we were prepared to serve the student due to my lack of signed paperwork and rescue medications, lack of ROIs and physician direction, and lack of nursing support since I filled out the OSNA Acuity Screening Tool and estimated that he required 1 to 1 nursing services and I was the only nurse caring for over 800 other students (at two different schools) including multiple dependent type 1 diabetic students. The student did not end up enrolling that year so I have no further updates to share on that situation, but this is an excellent example of why only supervisors with medical training should be allowed oversight of RN activities in schools in Oregon.