



Oregon Department of Education
Colt Gill, Deputy Superintendent

2018 Nursing Services in Oregon Public Schools



OREGON
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OFFICE *of*
STUDENT SERVICES

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Executive Summary

Students are best able to access their education programs when they are healthy. Research has shown that a wide variety of physical, mental, and social health affect academic performance. Schools are a source of critical support for student who experience these health issues¹². School nurses are healthcare professionals who are essential members of the education team: often, they are the first to identify preventable health issues, connect children and families with resources, collect school health data, and provide equitable access to education for students with health challenges^{3 4}.

The purpose of nursing services in schools is to reduce health related barriers that affect students' ability to achieve their full academic potential. During the 2017-2018 school year, Oregon school districts reported 23,425 students with health conditions that required nursing services in order to attend school and learn alongside their peers (see Table 1). According to the Individuals with Disabilities Education Act (IDEA; 2004) and Section 504, all students who need special education and related services will receive a free and appropriate public education.

In the 2017-2018 academic year, there were 577,022 students enrolled in public schools and 279 full-time equivalent (FTE) nurses in school: or one nurse per 2,620 students (see Table 2). Although this report focuses on how nurses working in school settings provided services to students with health needs, it is also important to note how school nurses also can provide preventative care for the general student population.

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. This report shows that many school districts in Oregon face challenges in meeting the school nurse to student ratios, mandated by ORS 336.201 for many reasons. These challenges negatively affect not only students with medical conditions, but also general population students and school staff. As frequently the only medical professionals in a school setting, nurses can provide essential education, prevention, and care for the entire school community.

¹ 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.

² Centers for Disease Control and Prevention (2010). The association between school based physical activity, including physical education, and academic performance.

³ American Academy of Pediatrics, Council on School Health. Role of the school nurse in providing school health services. Pediatrics; 2015; 137(6)

⁴ Maughan E. The impact of school nursing on school performance: a research synthesis. J Sch Nurs. 2003;19(3): 163-171.

Background

What school nurses do

School nurses practice in the school setting to protect and promote health, facilitate optimal development, and advance academic success of students. School nurses use ethical and evidence-based practice to bridge health care and education, provide care coordination for students with health needs, and advocate for quality student-centered care. School nurses are the health experts in the educational setting.

School nursing services often include population-based health promotion and disease prevention, including coordinating screenings and meeting immunization requirements, by both providing direct services and by collaborating with key community partners and public health agencies. They play an important role in the promotion of mental health and prevention of violence, assault, and bullying.

Nurses practicing in school settings also provide case management for students with chronic and acute health conditions. Nursing services at school involve the creation of a nursing care plan to inform school staff of symptoms, interventions, and guidelines. Nurses provide and/or delegate nursing tasks for students with health needs that need to be met for free and appropriate public education and consult with school staff to meet the needs of students with health-related issues on student individualized education programs (IEPs) and section 504 educational plans.

School nurses and equitable access to education

School Nurses are governed by state and federal education rule and statute. They serve all students in a district in addition to providing case management for chronic and acute student health conditions

The number of these students as well as the complexity of their health conditions are increasing year to year. As such, it is vital that student health needs be addressed in the school setting. Existing health conditions, such as asthma, diabetes and seizure disorders, are not uncommon among students in public schools. The Individual with Disabilities Education Act (IDEA), most recently revised in 2004, and Section 504 of the 1973 Rehabilitation Act, establish national standards for the free appropriate public education of children with disability-related learning problems in the least restrictive environment. This law requires that school nursing services are provided in order to support the health-related needs of students in accessing education.

Health and academic achievement

Health—including physical, mental, social, and emotional health—is critical to learning and achievement. Social and economic factors such as poverty, the lack of stable affordable housing, and limited access to health care can contribute to barriers to student attendance.

School nurses frequently provide students with connections to school and community, which form important protective factors against the negative effects of social and economic factors on health and academic success. Nurses in a school setting often understand the challenges faced by students and parents, and can connect them with community groups or school resources. When students have access to a trusted adult, like a nurse, at school, they often feel more connected to school.

Many common health conditions negatively affect school performance, including asthma, attention deficit hyperactivity disorder (ADHD), influenza, diabetes, obesity, violence, oral health, seizure disorders, mental health and anxiety, food insecurity, housing insecurity, violence, and vision problems. Chronic health conditions present many barriers to a child attending and succeeding in school. Chronic diseases, such as asthma, and diabetes, represent the top reason why students miss school. School nurses work to keep these students in school and learning. A recent study has shown that schools with smaller school nurse-to-student ratios were associated with lower absenteeism rates and higher graduation rates⁵.

Nursing Services Provided in Oregon Public Schools

School nurses in Oregon are employed by educational service districts (ESDs), school districts, and, less often, by a local health department. 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 these additional requirements promulgated by TSPC. (ORS 342.475) However, there is no state requirement that school districts employ only TSPC certified School Nurses (ORS 342.495) to provide health services to students.
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).

Delegation

Oregon law provides Registered Nurses the authority to train and delegate nursing tasks to non-health professionals to meet the needs of students with health needs. As such, a Registered Nurse, practicing in the school setting, may train and oversee non-nursing school staff to perform nursing tasks delegated by the nurse. Registered Nurses have the authority to perform this training and oversight under Division 45 and 47 of the Oregon Nurse Practice Act. A Registered Nurse can only delegate once they identify that the school personnel being delegated, is willing and capable of performing the nursing task. The decision of whether to delegate or not lies specifically with the Registered Nurse. The Oregon Department of Education does not currently collect data on the number of Registered Nurse delegations performed in Oregon schools.

Staff trainings

In addition to providing and delegating care, nurses also are responsible for training staff to provide limited care and to administer medication. In order to prepare school staff to provide appropriate care

⁵ *Upstream Public Health*, 2014, Chronic Absence and Health Review; <http://www.attendanceworks.org/wp-content/uploads/2017/08/Chronic-Absence-and-Health-Review-10.8.14-FINAL-REVISED.pdf>

in all circumstances, including in extracurricular activities, summer school, and field trips, school nurses provide yearly trainings. They train staff for population- based interventions for anaphylaxis, severe hypoglycemia, and adrenal crisis, as well as student specific training for chronic and acute health conditions.

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 list serves. For the 2017/2018 school year, ODE received data from all 196 of the 196 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 196 Oregon school districts that reported data (one district did not submit data due to no student enrollment), there are 309.64 full-time equivalent (FTE) nurses employed to serve all students. (See district-by-district data in Appendix A). Table 1 below shows the total nursing support (Registered Nurses and Licensed Practical Nurses) in public schools for the 2017-2018 school year.

Table 1. Nurses Reported in Oregon Schools, 2017-2018

Registered Nurse/School Nurse	279.2
Licensed Practical Nurse	30.44
Total Nurse Support in Schools	309.64

The Registered Nurse (RN) provides direct care, clinical direction and supervision of others (LPNs, unlicensed staff), develops the nursing plan of care, and provides case management. ORS 336.201 states that “a registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student. The registered nurse or school nurse shall work in partnership with the student’s parent or guardian, health care provider and appropriate school staff to the extent allowed by law”.

The Licensed Practical Nurse (LPN) practices under the supervision of a Registered Nurse or Licensed Independent Practitioner (MD/DO, NP, PA, Dentist, etc.). The LPN provides direct care, may supervise other LPNs or unlicensed staff as directed by the RN, and performs focused nursing assessments as directed by the RN.

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

In addition, ORS 336.201 law encourages school districts to provide one Registered Nurse or School Nurse for every 750 students by 2020 following the calendar 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

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

1. 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 which 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, for instance 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. See Appendix B for further explanation of Medically Complex.

In 2017-2018, districts reported 19,027 medically complex students.

2. 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 which requires frequent (often daily) one-on-one intervention by a Registered Nurse. An example of this would be a six-year-old student who is newly diagnosed with diabetes. A nursing intervention is required on a daily basis 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 which requires less intense school health services.

Oregon seems to reflect national statistics in the numbers of diabetic and severely allergic children and young adults. Taken together, these two diagnoses may affect up to 10% of Oregon’s school population. Children and young adults who have these and other serious medical conditions are only able to access their educational program when their chronic conditions are stable and controlled. See Appendix B for further explanation of Medically Fragile.

In 2017-2018 districts reported 4,309 medically fragile students.

3. 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. A student who has a tracheostomy which requires frequent suctioning would be one example of a student in this category. Since professional nursing assessment is required with each instance of suctioning, a licensed nurse must be present with the student during school hours.

In 2017-2018 districts reported 89 Nursing Dependent students.

Table 2. The number of 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
2017-2018	19,027	4,309	89

General Population Students

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

The entire student population may participate in various health screenings per district policy – vision, hearing, dental and scoliosis. 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 also provide support for prevention, education, and early intervention in physical and mental health needs.

Table 3. Total number of enrolled students in Oregon schools in 2017-18 and the number of school nurses

School Year	Number of Students Enrolled	Total Registered Nurse FTE Reported	Registered Nurse FTE assigned to a single student	Registered Nurse FTE Reported <i>(minus FTE assigned for single student)</i>	Ratio of Registered Nurses to Students
2017-2018	577,022	279.2	(59)	220.2	1:2620*

*This state-wide 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. The number also assumes statewide LPN capacity is used toward nursing dependent student need.

Analysis

After subtracting 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 leaves 101 Registered Nurses for the remaining 553,597 students. This comes out to a 1:5481 nurse to student ratio (Table 4).

As discussed previously in this report, all students and staff can benefit from school nurse services. They work to prevent chronic and infectious disease, mental illness, violence and bullying;

contribute to health and wellness education for staff and students; participate in emergency response plans and preparedness, and connect students and parents to community resources.

Table 4. Nurse staffing for general population students

	Students	RN (rounded)	LPN (rounded)
Total	577,022	279	30
<i>Nursing Dependent (1:1)</i>	<i>89</i>	<i>-59</i>	<i>-30</i>
<i>Medically Complex (1:225)</i>	<i>19,027</i>	<i>-85</i>	<i>0</i>
<i>Medically Fragile (1:125)</i>	<i>4,309</i>	<i>-34</i>	<i>0</i>
Nurses left for the General Population (recommended 1:750)	553,597	101	0

ORS 336.201 gives school districts the opportunity to phase in nursing services for general population students. In 2018, school districts were recommended to have one nurse per 1,500 students. By 2020, school districts are recommended to have one nurse per 750 students. Table 5 and 6 provides an analysis of how many of the 196 districts with enrollment (excluding one district with 0 student enrollment) are meeting these phase-in recommendations.

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

No	183
Yes	13

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

No	194
Yes	2

Conclusion

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

School nurse services in Oregon are mandated by law to support medically complex, medically fragile, and nursing dependent students access their education. Nurses are the only staff person in schools that can support students with common chronic conditions, such as asthma, diabetes, and seizures, so that they can learn alongside their peers.

School nurses frequently practice as the only healthcare professional in the educational setting. In this capacity, they serve all students, families, and communities. They are essential in providing health promotion and disease prevention education. However, in the 2017-2018 academic year, there were 577,022 students enrolled in public schools and 279 full-time equivalent (FTE) nurses in school: or one nurse per 2,620 students. This represents a shortage of nursing services for both students with medical challenges as well as the general population of students.

Appendix A

2017-2018 Medically Fragile Data Collection District Level

District Name	Medically Fragile Student Count	Nursing Dependent Student Count	Medically Complex Student Count	Licensed Practical Nurse Count	Registered Nurse Count	Registered Nurse Assigned to Single Student Count
Adel SD 21	0	0	0	0	0	0
Adrian SD 61	0	0	0	0	0	0
Alsea SD 7J	0	0	0	0	0	0
Amity SD 4J	*	0	44	0	0.06	0
Annex SD 29	0	0	0	0	0	0
Arlington SD 3	0	0	0	0	0	0
Arock SD 81	0	0	0	0	0	0
Ashland SD 5	8	0	114	0.2	1.02	0.02
Ashwood SD 8	0	0	0	0	0	0
Astoria SD 1	7	0	38	0	2	0
Athena-Weston SD 29RJ	12	0	7	0	0.4	0
Baker SD 5J	20	0	20	0	0.4	0
Bandon SD 54	0	0	0	0	0	0
Banks SD 13	13	0	71	0	0.3	0
Beaverton SD 48J	178	*	1743	2	15.75	3
Bend-LaPine Administrative SD 1	97	*	696	0	15.52	0
Bethel SD 52	116	*	348	1	2.5	0
Blachly SD 90	0	0	*	0	0	0
Black Butte SD 41	0	0	0	0	0	0
Brookings-Harbor SD 17C	40	0	115	0	1	0
Burnt River SD 30J	0	0	0	0	0	0
Butte Falls SD 91	0	0	*	0	0.01	0.01
Camas Valley SD 21J	0	0	0	0	0	0
Canby SD 86	185	0	643	0	2	0
Cascade SD 5	*	*	154	2	1	0
Centennial SD 28J	18	*	105	0	5.01	1
Central Curry SD 1	0	0	0	0	0	0
Central Linn SD 552	*	0	6	0	0.7	0
Central Point SD 6	43	*	182	0	1	0
Central SD 13J	27	*	85	1	1	0
Clatskanie SD 6J	0	0	20	0	0.5	0
Colton SD 53	17	0	45	0	0.14	0

District Name	Medically Fragile Student Count	Nursing Dependent Student Count	Medically Complex Student Count	Licensed Practical Nurse Count	Registered Nurse Count	Registered Nurse Assigned to Single Student Count
Condon SD 25J	0	0	0	0	0	0
Coos Bay SD 9	18	*	115	0	4.8	2
Coquille SD 8	11	0	36	0	1	0
Corbett SD 39	16	0	9	0	0.65	0
Corvallis SD 509J	132	*	301	0.75	4	2
Cove SD 15	0	0	0	0	0	0
Creswell SD 40	13	*	60	2	1	0
Crook County SD	8	*	63	0	2	0
Crow-Applegate-Lorane SD 66	0	*	0	0	1	1
Culver SD 4	*	0	20	0	0.25	0
Dallas SD 2	17	*	70	0.1	0.88	0
David Douglas SD 40	82	*	209	0	5.29	1
Dayton SD 8	14	0	44	0	0.26	0
Dayville SD 16J	0	0	0	0	0	0
Diamond SD 7	0	0	0	0	0	0
Double O SD 28	0	0	0	0	0	0
Douglas County SD 15	0	0	*	0	0.04	0
Douglas County SD 4	*	*	0	0	2	1
Drewsey SD 13	0	0	0	0	0	0
Dufur SD 29	*	0	6	0	0.1	0
Eagle Point SD 9	*	0	60	0	3	0
Echo SD 5	*	0	*	0.23	0	0
Elgin SD 23	0	0	8	0	0.25	0
Elkton SD 34	46	0	*	0	0	0
Enterprise SD 21	0	0	0	0	0	0
Estacada SD 108	21	0	94	0	1	0
Eugene SD 4J	72	*	407	0.25	12.18	2
Falls City SD 57	0	0	0	0	0	0
Fern Ridge SD 28J	0	0	0	0	0	0
Forest Grove SD 15	124	*	270	0	2	0
Fossil SD 21J	0	0	0	0	0	0
Frenchglen SD 16	0	0	0	0	0	0
Gaston SD 511J	*	0	16	0	0.07	0
Gervais SD 1	10	0	40	0	0	0
Gladstone SD 115	18	*	13	0	2	1
Glendale SD 77	*	0	9	0	0	0
Glide SD 12	8	0	29	0	0	0
Grants Pass SD 7	11	0	307	0	1.03	0

District Name	Medically Fragile Student Count	Nursing Dependent Student Count	Medically Complex Student Count	Licensed Practical Nurse Count	Registered Nurse Count	Registered Nurse Assigned to Single Student Count
Greater Albany Public SD 8J	56	*	358	0.17	2.15	0.15
Gresham-Barlow SD 10J	81	0	140	0	4.79	0
Harney County SD 3	0	0	0	0	0	0
Harney County SD 4	0	0	0	0	0	0
Harney County Union High SD 1J	0	0	0	0	0	0
Harper SD 66	0	0	0	0	0	0
Harrisburg SD 7J	*	*	38	0.72	0.22	0
Helix SD 1	*	0	*	0	0.25	0
Hermiston SD 8	56	*	254	1	2	0
Hillsboro SD 1J	123	*	836	4.76	6.9	0
Hood River County SD	26	0	184	0	1.5	0
Huntington SD 16J	0	0	0	0	0	0
Imbler SD 11	0	0	*	0	0.25	0
Ione SD R2	*	0	*	0	0.04	0
Jefferson County SD 509J	*	0	200	0	1	0
Jefferson SD 14J	*	0	25	0	0.4	0
Jewell SD 8	0	0	0	0	0	0
John Day SD 3	0	0	0	0	0	0
Jordan Valley SD 3	0	0	0	0	0	0
Joseph SD 6	0	0	0	0	0	0
Junction City SD 69	*	0	46	0	1	0
Juntura SD 12	0	0	0	0	0	0
Klamath County SD	26	0	205	0	3.9	0
Klamath Falls City Schools	81	0	364	0	1.75	0
Knappa SD 4	*	0	19	0	0.6	0
La Grande SD 1	10	0	54	0	1	0
Lake County SD 7	0	0	0	0	0	0
Lake Oswego SD 7J	26	*	360	1	3.75	0.75
Lebanon Community SD 9	36	*	150	0	2.6	1
Lincoln County SD	14	*	101	0	2	1
Long Creek SD 17	*	0	0	0	0	0
Lowell SD 71	0	0	0	0	0	0
Malheur County SD 51	x	x	x	x	x	x
Mapleton SD 32	*	0	0	0	0	0
Marcola SD 79J	0	0	0	0	0	0
McKenzie SD 68	0	0	0	0	0	0
McMinnville SD 40	64	0	320	0	3	0
Medford SD 549C	97	0	603	2	5.21	0

District Name	Medically Fragile Student Count	Nursing Dependent Student Count	Medically Complex Student Count	Licensed Practical Nurse Count	Registered Nurse Count	Registered Nurse Assigned to Single Student Count
Milton-Freewater Unified SD 7	29	0	10	0	1.39	0
Mitchell SD 55	0	0	0	0	0	0
Molalla River SD 35	52	*	198	0	2	1
Monroe SD 1J	*	0	8	0	0	0
Monument SD 8	0	0	0	0	0	0
Morrow SD 1	20	0	15	0	0.28	0
Mt Angel SD 91	*	0	50	0	0.14	0
Myrtle Point SD 41	0	0	*	0	0.2	0
Neah-Kah-Nie SD 56	10	0	29	0	0.43	0
Nestucca Valley SD 101J	0	0	*	0	0.2	0
Newberg SD 29J	20	0	126	0	2	0
North Bend SD 13	9	*	198	0	5	3
North Clackamas SD 12	322	*	860	0	8.5	1
North Douglas SD 22	*	0	0	0	0.2	0
North Lake SD 14	0	0	0	0	0	0
North Marion SD 15	16	0	76	0	0.5	0
North Powder SD 8J	0	0	20	0	0.32	0
North Santiam SD 29J	7	0	70	0	1.2	0
North Wasco County SD 21	39	0	67	0	2.4	0
Nyssa SD 26	0	0	0	0	0	0
Oakland SD 1	0	0	0	0	0	0
Oakridge SD 76	*	0	8	0	0	0
Ontario SD 8C	8	*	50	1	0.62	0
Oregon City SD 62	72	*	557	0	5.35	3.45
Oregon Trail SD 46	24	*	226	0	2.62	2
Paisley SD 11	0	0	0	0	0	0
Parkrose SD 3	6	0	24	0	1.21	0
Pendleton SD 16	40	*	35	0	1.66	1
Perrydale SD 21	*	0	25	0	0.2	0
Philomath SD 17J	*	0	60	0	1.44	0
Phoenix-Talent SD 4	6	0	66	0	1.04	0
Pilot Rock SD 2	*	0	0	0	0.05	0
Pine Creek SD 5	0	0	0	0	0	0
Pine Eagle SD 61	0	0	*	0	0.25	0
Pinehurst SD 94	0	0	*	0	0	0
Pleasant Hill SD 1	*	0	*	0.15	0	0
Plush SD 18	0	0	0	0	0	0
Port Orford-Langlois SD 2CJ	0	0	0	0	0	0
Portland SD 1J	308	7	1296	4	31.43	3

District Name	Medically Fragile Student Count	Nursing Dependent Student Count	Medically Complex Student Count	Licensed Practical Nurse Count	Registered Nurse Count	Registered Nurse Assigned to Single Student Count
Powers SD 31	0	0	0	0	0	0
Prairie City SD 4	0	0	0	0	0	0
Prospect SD 59	0	0	0	0	0	0
Rainier SD 13	*	0	27	0	0.5	0
Redmond SD 2J	70	*	320	1.81	8	0
Reedsport SD 105	*	*	18	0	2	1
Reynolds SD 7	82	6	142	2	7.74	3
Riddle SD 70	*	0	13	0	0.08	0
Riverdale SD 51J	8	0	30	0	0.44	0
Rogue River SD 35	*	0	*	0	0.02	0
Salem-Keizer SD 24J	163	*	234	0	15.8	0
Santiam Canyon SD 129J	8	0	273	0	0	0
Scappoose SD 1J	8	0	115	0	1	0
Scio SD 95	0	0	0	0	0	0
Seaside SD 10	0	0	38	0	1	0
Sheridan SD 48J	*	0	34	0	0.4	0
Sherman County SD	0	0	0	0	0	0
Sherwood SD 88J	111	*	301	1.5	2	0.5
Silver Falls SD 4J	11	0	51	0	2.75	0
Sisters SD 6	6	0	83	0	1.75	0
Siuslaw SD 97J	0	0	0	0	0	0
South Harney SD 33	0	0	0	0	0	0
South Lane SD 45J3	12	0	205	0	2	0
South Umpqua SD 19	26	0	77	0	0	0
South Wasco County SD 1	0	0	0	0	0	0
Spray SD 1	0	0	0	0	0	0
Springfield SD 19	69	*	215	0	5	0
St Helens SD 502	*	*	49	0	2	0
St Paul SD 45	0	0	0	0	0.1	0
Stanfield SD 61	0	0	0	0	0	0
Suntex SD 10	0	0	0	0	0	0
Sutherlin SD 130	10	0	6	0	0.25	0
Sweet Home SD 55	19	*	91	0	1	0.5
Three Rivers/Josephine County SD	14	0	60	0	0	0
Tigard-Tualatin SD 23J	200	*	567	0	7	3
Tillamook SD 9	6	*	93	0	2	1
Troy SD 54	0	0	0	0	0	0
Ukiah SD 80R	0	0	0	0	0	0
Umatilla SD 6R	20	0	18	0	0.69	0

District Name	Medically Fragile Student Count	Nursing Dependent Student Count	Medically Complex Student Count	Licensed Practical Nurse Count	Registered Nurse Count	Registered Nurse Assigned to Single Student Count
Union SD 5	*	0	7	0	0.16	0
Vale SD 84	0	0	0	0	0	0
Vernonia SD 47J	14	0	12	0	0.12	0
Wallowa SD 12	0	0	*	0	0	0
Warrenton-Hammond SD 30	11	*	0	0	1	0
West Linn-Wilsonville SD 3J	232	0	911	0	4	0
Willamina SD 30J	*	*	0	0	0.15	0.15
Winston-Dillard SD 116	13	0	27	0	0	0
Woodburn SD 103	26	0	78	0	1.75	0
Yamhill Carlton SD 1	*	*	30	0.8	0.2	0
Yoncalla SD 32	0	0	0	0	0	0
Totals	4315	89	19110	30.44	280.95	40.53

Data Source: Medically Fragile Services

*To conform with Oregon Department of Education's confidentiality policy, cell sizes less than six are suppressed.

X means no data was submitted by the district due to no enrollment.

Appendix B

Guidance for Assessing Student Health Conditions for Annual Oregon Department of Education School Nurse Data Collection

This document is provided as guidance for completing the Annual Oregon Department of Education School Nurse Data collection. It is recommended that district administration review all laws, administrative rules, and guidance documents when making decisions affecting nursing ratios.

General Student Population (1:750 recommended)

Description: Students with normal growth & development or intermittent acute illness/injury events; if a condition exists, it is uncomplicated and predictable.

- **Asthma Example:** Student identified on registration forms as having asthma. No known events at school, no contact from parents/staff/student. Student may have rescue inhaler at school. Asthma is well managed, no exacerbations or hospitalizations in past year.
- **Seizure Example:** Student with history of febrile seizure(s). No further seizure activity, no anti-epileptic medication. Well-controlled with medication with rare breakthrough seizures outside of school setting.
- **Severe Allergic Reaction (SAR) Example:** Student has penicillin allergy
- **Behavioral example:** On medication for depression or other mental health diagnosis with stable dosing of long-term medication.
- **Medication example:** Over the counter (OTC), non-prescription medications available at school (acetaminophen, ibuprofen, cough drops, etc); self-administration of medications
- **Miscellaneous Example:** Student with muscular dystrophy but no ongoing nursing needs at school. RN chooses to monitor student annually

Nursing Assessment: No identified/ongoing nursing intervention at school; no health plan necessary.

Medically Complex (1:225 mandated)

Definition: Medically complex students means students who may have an unstable health condition and who may require daily professional nursing services. (ORS 336.201)

- **Asthma Example:** Frequent use of rescue inhaler: multiple times per week. Frequent health room visits and/or PMD/hospital visits require assessment and intervention by nurse. Student may/may not have nebulizer.
- **Seizure Example:** Student has occasional breakthrough seizures at school.
- **SAR Example: Student with identified allergy and has medication ordered for treatment (antihistamine or epinephrine), may be life-threatening**
- **Diabetes Example:** Diabetic student with blood glucose monitoring supplies and Glucagon at school. Student may/may not be independent self-manager
- **Behavioral Example:** Student on medication for depression or other mental health issue with frequent medication dosage changes and staff symptom monitoring. Student discharged after emergent hospitalization for eating disorder, long history of cutting and emergent hospitalizations
- **Medication Example:** Daily medication given at school by school staff, may require student/family education and/or side effects monitoring

- **Miscellaneous Example:** Student requires clean intermittent catheterization daily at school; student has a long-term G-tube feeding at school
- **Concussion example:** Student with a recent concussion that needs monitoring and interventions to help with their recovery and academic success.

Nursing Assessment: Needs more than a first aid response; a health plan may or may not be in place

Note: ORS 336.201 allows school districts to satisfy the nurse ratio requirements for medically complex students by providing personnel trained and supervised by registered nurse or school nurse. (ORS 336.201 (4)(b).)

Medically Fragile (1:125 mandated)

Definition: Medically Fragile students means students who may have a life-threatening health condition and who may require immediate professional nursing services. (ORS 336.201)

- **Asthma Example:** Student uses rescue inhaler 3-4 times in 24 hours. Peak flows are 65% or less of student's expected normal. Hospitalizations and/or emergent ED visit(s) have occurred in past year
- **Seizure Example:** Severe seizure disorder requiring immediate intervention with VNS and/or rectal Diastat; student has frequent cluster seizures making it difficult for unlicensed staff to identify beginning and/or end of seizure activity. Student often has prolonged post-ictal phase
- **SAR Example:** Severe and/or multiple life-threatening allergies necessitating wide-ranging accommodations in the school setting
- **Diabetes Example:** Student with highly variable blood glucose levels, and/or student requiring insulin administration at school, and/or non-compliant student, and/or student with cognitive impairment, and/or newly diagnosed student
- **Behavioral example:** Suicidal ideation requiring frequent monitoring/assessment by school staff
- **Miscellaneous example:** Multiple 'complex' conditions that combined put the student at risk of a life-threatening event

Nursing Assessment: Licensed nurse is readily available for assessment and/or intervention

Nursing Dependent (1:1)

Definition: Nursing-dependent students means students who may have an unstable or life-threatening health condition and who may require daily, direct, and continuous professional nursing services. (ORS 336.201)

- **Example:** Student with tracheostomy that requires nursing assessment & care to maintain airway
- **Example:** Student with multiple health conditions e.g. compromised airway, severe seizure disorder, GT feedings, etc. that requires skilled nursing assessment and intervention

Nursing Assessment: Student requires direct and continuous care by a licensed nurse (1:1)