

Hello, I will start by saying the cuts to classroom teachers is nauseating and horrific at best and it makes sense to me that if the school district cannot afford teachers to educate students, I can see why you also cannot afford nurses to support students' education. That said, I hope if/when funding reaches whatever point is needed that the goal and best practice to have one nurse in each building is reinstated. I hope this is always the goal. Just as smaller classroom sizes is always the goal and known to be best practice in education.

I am the nurse at Chugiak Elementary. As of today, 397 students. I do not have any students this year with type 1 Diabetes, and I do not have tube feedings. I am bracing myself for sharing schools next year. There are 4 schools in Chugiak. 2 Elementary, one middle and one high school. It is generally understood that it takes longer for EMS services to get out here, so be ready to hold on because you are on your own for a longer period of time. I googled this last night and found that response time in the Anchorage area is "5-10 min" I also saw "8-10 minutes" depending on location and how busy EMS is. When I looked up Chugiak/Peters Creek I found "15-20 minutes, could be longer depending on road conditions." I don't think I need to go into what that could mean out here.

ASD nurses have standing orders for Albuterol and Epi pens. This means if we assess Asthma symptoms or Anaphylactic reactions, we can give the inhaler or epi pen supplied by Health services. Even if every staff member in our building was trained on meds, they need a student's own inhaler or epi pen, with a care plan to match and the pharmacy label on the epi pen or inhaler (or any prescribed med). This is incredibly important as I have been an ASD nurse since 2014, have used the standing order inhaler more times than I could tell you. I have used the standing order epi pen one time. I'm sure health services could give you data on how often lifesaving standing order medications are given by nurses. The standing order inhaler is most often given to kids that nurses are aware have Asthma, but we have not yet received an Asthma plan for the school year. This year alone, however, I have had 2 separate kids come to me asking for cough drops due to inability to quit coughing. I do what I always do before giving cough drops and listened to their lungs. They didn't need cough drops. They needed an inhaler. Neither family had any knowledge of them having Asthma, both kids are now on inhalers of their own. Without a nurse, if we had permission on file, the front office would have given a cough drop, kid would have returned to class where at best, they would have struggled to breathe the rest of the day, at worst had a medical emergency. The year I gave the standing order epi pen, there were no known food allergies. There was shortness of breath, a stretching out of her neck to breath and when I saw the drool, grabbed the epi pen. EMS notified and she came back the next day with an Anaphylaxis plan and her own epi pen. Without a nurse in the building this could have taken a very different direction with no one able to give an epi pen even if they realized it was needed because she did not have her own epinephrine with her own plan.

My first year I worked at a Charter school 3 days a week. On the days I was not there, there were meds missed. Med error forms completed, plans made about how not to forget med doses. This is not because our front office was not dependable. It's because they were busy doing their own jobs and kids often forget to see the nurse, so the nurses go and get them. Asking front office staff to cover 2 days a year without a nurse or sub is far different than what we are asking next year. I imagine Health Services could pull data on med errors with and without a nurse in the building. The second year, they wanted me full time.

The first day of school starts every year without exception. Multiple meds given to me, multiple orders, multiple care plans piled on my desk and with written notes I look at lunch times and write out a schedule for when meds are needed around lunch times and grade levels. It takes a minimum of 2 weeks for me to have all meds and care plans entered, filed where front office staff could find it and print out daily medications which sometimes change during the first month of school as I continue to call begging

for Asthma and Anaphylactic plans. At the same time alerting in records for health alerts all food allergies and notifying the cafeteria. There is no way I can be doing this at 2-3 schools at once and I have zero understanding how to make it work. My brain is spinning trying to figure out how to be at 2 or 3 locations at once, and the only answer is that I cannot. After the first 2 weeks of school, we have to screen the school in the first 90 days. Hopefully an extension and grace would be allowed for this. The emergencies continue to be a concern.

Because the nurse workload is stacked in the first semester, it is safe to say we have more time second semester. I can imagine running to help another school if needed second semester. I cannot imagine running around to other schools first semester and zero ability to understand how I can ready multiple offices for med training and giving a med schedule in multiple buildings the first 2 weeks of school.

I watched the 2/17 work session while admin discussed all the reasons it is better for students and staff for specialists to be in one building. To be part of a community, to be more invested in relationships, to not be spending time driving around and thought "how will they account for doing the opposite of everything they are saying for nurses?" well, "next slide" they sure did. I have 7 children. 5 have graduated from ASD, I have 2 left in elementary. When I spoke to my 9-year-old last night about possibly being in multiple buildings next year, of course she did not like it. "who will be our nurse when you are not there?" I explained there will not be one and I did not realize how much that meant to her. Her concern was not for her "what if someone gets hurt? What if kids are throwing up? What if kids need you?" Because to her concrete 9-year-old brain who has always felt safe in school due to having a nurse there. She just knows that if you are hurt or sick or needing emotional help, there is a nurse to help you. I spend K/1 recess outside. I have chosen to do this because they are the first recess, and the injuries would be the bulk of my visits at that time. Kids know to look for me. They run up to me crying or another student pointing out that someone is hurt. I am investing in kids that will be with us another 5-6 years. I am building trust, I am filling buckets so kids can connect with me without a stomachache.

If and when funding is sufficient. Please always make it the goal to have as many nurses in buildings as possible. For all the reasons admin gave to keep specialists in buildings. For all of the pre emergencies we stop from becoming emergencies. For all the at-risk youth we refer to our counselor the 2.5 days they are there. For the kids that need risk assessments. For the kids with chronic absenteeism that we do not send home with every symptom. For becoming a safe adult in the lives of every child we see. For being the consistent force that assess kids in the same way before deciding if a call home or leaving school is needed. Please, Please do not have us covering 2-3 buildings and in addition covering for schools where their core nurse is absent. This has Burn Out written all over it for nurses and is not safe for students. If it seems nurses are very loud on this matter, it's because we cannot see how this will be successful, how we can do our jobs with the same level of care we do now. With this plan, school nursing is not something I can recommend to any of the college nursing students coming to my office each week. It feels incredibly overwhelming. It is my extreme hope that this is a temporary, while we are all circling the drain for funding and it will be the goal with an increase to funding to have a nurse in as many buildings as possible.

Thank you for hearing us,

Nurse Petra, Chugiak Elementary, Home of the Rams