

PSRP & SCHOOL HEALTHCARE PROVIDERS

2014 Resolutions

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THE ROLE OF THE SCHOOL NURSE IN A SCHOOL BASED HEALTH CLINIC

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3 WHEREAS with 98% of school age children in the United States attending school,
4 effective health promotion and prevention of chronic disease could be cost effectively
5 addressed in schools when both School Nurse and School Based Health Center care is
6 accessible, and

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8 WHEREAS the School Nurse is responsible for the entire population of students and the
9 continuum of health services that keep students healthy in school and ready to learn,
10 and

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12 WHEREAS the School Nurse is in a unique position to provide the critical link between
13 the students' education and medical care, and

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15 WHEREAS the School Nurse's full participation in a leadership role as part of the health
16 care team and as the liaison with the educational setting is critical to the success of the
17 School Based Health Center, the School Nurse should be included in all phases, and

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19 WHEREAS the School Nurse being mindful of the educational process and the value of
20 increasing student seat time in the classroom, will coordinate care of the students and
21 refer them to the School Based Health Care as needed, and

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23 WHEREAS the School Nurse will ensure that medical services for our students and
24 their families will be provided by area health care providers for the purpose of keeping
25 our students in the best possible health, ready to learn and working at their fullest
26 potential, therefore

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28 BE IT RESOLVED that The Ohio Federation of Teachers (OFT) recognizes the School
29 Nurse as a leader on the School Based Health Clinic team as we provide health
30 services for the entire school, and in some cases family and community population, by
31 using a case management and holistic health approach, and

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33 BE IT FURTHER RESOLVED that OFT supports the School Based Health Clinic only
34 under the operational guidance and the day-to-day management by the School Nurse.
35 These duties should be written in the guideline (agreement between the district and the
36 School Based Health Care agency) and incorporated into a collective bargaining

37 agreement so as to define and protect them as bargaining unit work, and

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39 **BE IT FINALLY RESOLVED** that OFT promotes, to the fullest extent, an understanding,
40 recognition and utilization of the School Nurse's leadership role in bringing the doctor's
41 (Medical Practitioner's) office to the school so that students may be provided the health
42 related support they need to succeed in the classroom.
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45 **SCHOOL ACCESS TO EMERGENCY EPINEPHRINE**

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47 **WHEREAS** nearly 6 million or 8% of children have food allergies, and

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49 **WHEREAS** teenagers and young adults with food allergies are at the highest risk of
50 fatal food-induced anaphylaxis, and

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52 **WHEREAS** most allergic reactions to foods occurred to foods that were thought to be
53 safe, possibly due to mislabeling or cross-contact during food preparation, and

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55 **WHEREAS** approximately 20-25% of epinephrine administrations in schools involve
56 individuals whose allergy was unknown at the time of the reaction, and

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58 **WHEREAS** symptoms can progress very quickly and each reaction is unpredictable
59 prompt administration (e.g., within minutes of symptoms of anaphylaxis) of epinephrine
60 (adrenaline) is crucial to successfully treating anaphylactic reactions, and

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62 **WHEREAS** more than 15% of school aged children with food allergies have had a
63 reaction in school which can happen in multiple locations throughout the school, such
64 as in the playground, on the bus, in the classroom and the cafeteria, and

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66 **WHEREAS** a child that does not have a prescribed epinephrine auto-injector has to wait
67 for emergency medical personnel to arrive on the scene delaying treatment that can
68 have a fatal outcome, therefore

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70 **BE IT RESOLVED** that Ohio Federation of Teachers Union (OFT) encourages the state
71 of Ohio to enact laws allowing school personnel to keep and administer a non-student
72 specific epinephrine auto-injector in case of an emergency, and

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74 **BE IT FURTHER RESOLVED** that OFT encourages the state of Ohio to require schools
75 to keep a stock supply of epinephrine whose prescription has been provided by a
76 doctor, and

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78 **BE IT FURTHER RESOLVED** that OFT supports that students with allergies shall still
79 be required to carry their own epinephrine auto-injectors to school with their own
80 prescribed written plan of action by their doctor, and

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82 **BE IT FURTHER RESOLVED** that OFT supports that the school districts in the state of
83 Ohio provide training to teachers and staff and allow trained staff to administer
84 epinephrine using an auto-injector to a student believed to be having a severe allergic
85 reaction, and

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87 BE IT FURTHER RESOLVED that OFT encourages the state of Ohio to protect the
88 school staff that administer the drug to the students, and

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90 BE IT FURTHER RESOLVED that OFT encourages the state of Ohio to require the
91 Ohio Pharmacy Board to waive the cost of dispensing license fee and any other
92 barriers, and

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94 BE IT FINALLY RESOLVED that OFT encourages the state of Ohio to enter into
95 agreements with drug companies to provide auto-injector epinephrine at a reduced cost
96 to school districts.

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99 **OPPOSING PRIVITIZATION OF PUBLIC SCHOOL SERVICES**

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101 WHEREAS the use of private contractors to provide ancillary services for public school
102 districts is increasing as districts look to reduce operating costs, and

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104 WHEREAS private contractors are promising long-term savings and increased
105 efficiency as well as relieving the district of personnel issues, and

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107 WHEREAS a more deliberate reason by districts to privatize services is to weaken
108 support staff bargaining units by employing more part-time staff with few if any benefits,
109 and

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111 WHEREAS once school districts are locked into long-term contracts with contractors
112 without realizing promised savings and lack of accountability, districts find it difficult to
113 take back services in-house, especially, in regards to pupil transportation, after selling-
114 off relevant equipment, and

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116 WHEREAS private contractor's sole purpose is profit, they are unable to match wages
117 and benefits enjoyed by public employees, leading to less qualified staff, therefore

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119 BE IT RESOLVED that the OFT continue to oppose all efforts to contract out school
120 services normally performed by public school employees, and

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122 BE IT RESOLVED that the OFT and its locals work to educate the public, politicians and
123 school boards on the negative impact privatization of services will have on the
124 community and, to work with those entities to find more effective alternatives, and

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126 BE IT RESOLVED that OFT locals continue to negotiate successor clauses in their
127 collective-bargaining agreements to prevent the use of private contractors, and

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129 BE IT RESOLVED that the OFT continue its political actions by endorsing candidates
130 who support anti-privatization legislation and, oppose pro-privatization legislation, and

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132 BE IT FINALLY RESOLVED that the OFT shall advocate for effective laws and
33 regulations that establish the highest standards possible for the delivery of public
134 services and that hold private contractors to the same standards including, comparable
135 wages and benefits for privatized employees.