Puyallup School District

Health Services Budget Committee

Final Report Submitted to

Dr. Tony Apostle, Superintendent

February 20, 2009

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To: Superintendent Dr. Tony Apostle

From: 2009 Heath Services Committee
Chrys Sweeting, Committee Co-Chair
Kim Brodie, Committee Co-Chair
Jason Smith, PHS Principal
Judy Piger, Shaw Road Principal
Jean Kinnaman, Health Services Coordinator
Diana Higgins, School Nurse

RE: Health Services Final Report

This committee was formed to review and study the current Health Services Program. The findings of this committee are intended to be advisory only and seek to provide you with information that may be helpful as you make difficult choices in balancing the budget for 09/10 and 10/11. In addition, we were asked to identify what the program configurations would look like if our current program was reduced by 10-30%.

This report will provide you with four options ranging from 5% to 23% reduction in our current health services model. As we developed these reduction options, we identified service implications, constraints and ramifications for each.

Our work has included the examination of student health/medical needs, staffing allocations, financial considerations and legal requirements and mandates related to health services. We interviewed five other school districts to gain knowledge about their models and completed a financial analysis for eight other school districts.

As the committee engaged in fact finding, we began to struggle more and more with the depth of impact any reduction could mean for the health and safety of our students. We have severe concerns about reduced staffing and see option D as the only viable choice. However, we understand and realize this is an extreme economic time and difficult decisions need to be made. It is our greatest desire to provide you with a thorough and accurate accounting of the health services needs in Puyallup.

We appreciate your leadership and willingness to commission this committee. We are ready and willing to answer any questions about the findings or the options presented in this report.

Background

The Health Services Committee was formed to review the Puyallup School District's Health Services Program and its current level of operations. In addition, the committee was asked to identify reduction options. Given that nursing is a specialized service within a school setting, it was extremely helpful to include nursing expertise and building principal expertise on the committee. The following staff served on the committee:

- Chrys Sweeting, Executive Director for Special Services and Programs
- Kim Brodie, Budget Director
- Jason Smith, Puyallup High School Principal
- Judy Piger, Shaw Road Elementary Principal
- Jean Kinnaman, Health Services Coordinator and School Nurse
- Diana Higgins, School Nurse

The committee met on the following dates and times:

12/17/08	2:00-3:00	Chrys Sweeting met with Kim Brodie
1/12/09	2:00-3:30	Committee
1/16/09	1:30-3:00	Committee
1/23/09	1:30-3:00	Committee
1/30/09	12:30-2:00	Committee
2/9/09	1:00-2:45	Committee
2/13/09	9:00-10:30	Chrys Sweeting met with Kim Brodie
2/20/09	2:00-3:30	Committee

In order to proceed with the task of reviewing our current model in Puyallup and the models of other districts, three areas of important consideration were identified.

1. Legal mandates and requirements

State and Federal laws and regulations mandate that school districts provide a free and appropriate public education for students with Life Threatening Conditions (LTC) or medical disabilities under Section 504/ 1973, Americans with Disabilities Act 1990 and Individuals With Disabilities Education Act (IDEA). According to these laws, school districts must ensure that students are safe while attending school. As a committee, we wanted to pinpoint the "black and white" of these mandates. We wanted to answer the question, "What is appropriate and required for health services care in schools?"

Washington State laws (RCWs) and regulations (WACs), including Chapter 18.79 RCW, the Nursing Practice Act , go beyond the Federal law and define what must be done and by whom in order to keep students safe. Under these requirements, the professional nurse (School Nurse) is the only district employee who can legally perform health assessments, write Individual Health

Plans, delegate, train and supervise personnel who deliver health services to students and evaluate a child's medical response to their health plan.

There are three types of Health Services Providers in the Puyallup School District

- Certificated - Professional Nurse
- Classified - Licensed Practical Nurse
- Health Assistant

State and Federal laws and other authoritative requirements mandate the scope of responsibilities each type of health services staff can provide. The graph below indicates standards of nursing conduct or practice (WAC 246-840-700). A Registered Nurse can delegate some responsibilities to other staff but retains full responsibility for the care given. Any errors can lead to risk for students and potential loss of license for the Registered Nurse.

	Assessment & Analysis	Diagnosis/ Problem Identification	Planning	Implementation	Evaluation
A Registered Nurse	**YES**	**YES**	**YES**	**YES**	**YES**
A Licensed Practical Nurse	NO	NO	NO	Yes, When delegated by RN	NO
A Health Assistant	NO	NO	NO	Yes, When delegated by RN	NO

The following are examples of some key laws and regulations requiring Registered Nurse supervision:

Life Threatening Conditions and Emergency Action Plans - RCW 28A.210.320 and WAC 392-380-045 require treatment or medication orders and nursing care plans addressing any life-threatening health conditions a student has that may require medical services to be performed at the school be in place on or prior to the student's first day of school. In addition, school staff training is required annually prior to a child's first day at school.

Medications at School – According to WAC 246-840-700 and RCW 18.79.260, An RN (Professional Nurse) may delegate tasks (i.e. administering oral medications) to non-nursing staff when the nurse determines it is in the best interest of the patient.

Health Screening/Referrals – Chapter 28A.210 RCW and Chapter 246-760 WAC outline the qualifications of those individuals who may perform, supervise or train staff, report on, and provide referrals related to required health screenings of students.

Special Ed Assessments - IDEA of 2004 Health Services is considered "Related Services"

Copies of the WAC and RCW can be found in Appendix J.

2. Trends in health conditions with student populations & specific student needs

There has been a steady increase in the number of students with potentially life threatening conditions attending our public schools. The number of children with these conditions has doubled since 2001. House Bill 1502, introduced during the current State legislative session, states, “Diabetes type 2 is currently described as a new epidemic affecting the American pediatric population with a thirty-three percent increase in prevalence in the past ten years.”

3. Trends in finding qualified staff to comply with the legal mandates

Currently there is a nursing shortage and it is expected to intensify as baby boomers age and need health care. If current trends continue in the State of Washington, by the year 2020 the nursing shortage is projected to reach as high as 30,000 unfilled positions. Currently in Puyallup, we only have two substitute nurses available. This year, these two substitutes have been reluctant to accept substitute days with our district because we do not differentiate substitute pay levels for them in relation to our regular certificated substitute pool. We pay substitute nurses $113 a day compared to two neighboring districts that pay $150-$200 for nurse substitutes. The demand is greater than the substitute pool available.

These three areas and the survey of student health needs provided a frame of reference for the committee to accept or reject options for consideration. (reference Appendix K)

Ideas Considered but Rejected:
The committee discussed the idea of reducing RN's and replacing with either LPNs or health assistants with the hope of getting more health room hour coverage for the money. We rejected that concept because it became apparent that the real need for health services was not to attend to minor scrapes or illnesses that most adults are comfortable handling. Rather, the primary and urgent need is to have trained nurses who can provide buildings and parents with information, training, and urgent care for the large number of complex and serious student health conditions that exist throughout the district.

Another idea considered was selecting elementary schools, within each region, to house full-time nurses. Students with health conditions requiring full time health support would be assigned to these schools. This idea was rejected because of several reasons:

- Increase transportation cost
- Dynamic nature of health conditions
- Mid-year diagnosis would require students to transfer
- Scheduling special programs in selected schools would be a challenge

Current Health Services Staffing Model

School Nurses 15.8 FTE (Staffing Chart in Appendix E)

- Assignments are made with consideration to student enrollment, special programs and the need for licensed nursing coverage.
  - High Schools – 5 days/wk
  - Junior High Schools
    - 3 days/week – 5 junior high schools
    - 2.5 days per week – 1 junior high school
    - 2 days/week 1 North Hill junior high school
  - Elementary schools – varies from 1-3 days/wk
  - Perform all tasks listed under LPN & Health Assistant responsibilities and those listed under "What do PSD School Nurses Do" in Appendix G

LPN's 1.48 FTE (Staffing Chart in Appendix E)

- Assigned to elementary schools in which students require licensed nursing services.
- Work only hours students are at school
- Work under supervision of School Nurse
- Responsibilities are limited to:
  - Caring for students who are ill or injured (first aid)
  - Administering oral medications and insulin as ordered by Medical Doctor
  - Implementing Individual Health Plans

Health Assistants 4.142 FTE (Staffing Chart in Appendix E)

- Assigned to elementary and secondary schools to provide coverage to the health rooms when the School Nurse is not in the building
- With few exceptions, work only hours students are in school
- Work under supervision and license of School Nurse
- Responsibilities are limited to
  - Providing care for sick and injured students (first aid)
  - Administering oral medications
  - Implementing Individual Health Plans

REDUCTION OPTION IDEAS

Option A:

Reduction of All Health Assistant Positions
Reduction of All LPN Positions
Reduction of 0.5 School Nurse FTE

Savings: $363,918

Constraints:
Washington laws and regulations and Nurse Licensing mandate specific care. School Nurses are the only district employees who can fulfill the legal requirements of both Federal and State law. School Nurses are the only staff who can delegate, train and supervise non-nursing staff to provide certain medical care.

Ramifications of this option:

1. Inability to provide full time licensed nurse coverage at the elementary level.
    a. Currently LPNs provide a significant percentage of classified nurse coverage at 4 elementary schools (Wildwood, Woodland, Maplewood and Brouillet). There are no LPNs assigned to secondary schools.
    b. Meeting the licensed nursing needs dictated in the Individual Health Plans of students with Life Threatening Conditions when the school nurse is not in the building would not be possible.
2. Inability to meet students' unexpected licensed nursing requirements with existing licensed nursing staff.
    a. Unexpected requirements for licensed nursing coverage (e.g. newly diagnosed diabetic students requiring injections or supervision of insulin dosage with a syringe, and/or physician orders stating that full time licensed nursing coverage is required) occur several times a year.
    b. Hiring of agency nurses may be necessary to meet those requirements, significantly decreasing any savings from staff reduction.
3. Significant increased safety risk for student's health and safety.
4. Increased legal risk for the district including student incidents and noncompliance issues.
5. 531 hours per week in the health room are uncovered by health services staff.
6. Health room duties during those hours will likely be transferred to busy Office Staff adding to their responsibilities.
7. School nurses will be required to delegate implementation of the Individual Health Plans of students with Life Threatening Conditions to office staff and when necessary, administrative staff.
8. School nurses will be required to delegate the administration of oral medication to a wider range of office staff and, when necessary, to administrative staff.
9. Office staff responsible for health room management in addition to their other assigned duties will face challenges:

- Implementing the directives of students' Individual Health Plans (i.e. assisting diabetic students, managing students with life threatening allergies)
- Safely administering medications

10. School Nurses will need to assume the clerical tasks that are now done by the health assistants, instead of focusing on tasks that they alone can do. A School Nurse is an expensive clerical workers.
11. School Nurses let go in a reduction of force are unlikely to return to the district due to the nursing shortage combined with competition from neighboring school districts and health

Positive ramifications for this option rather than another:

1. Retains most trained school nurses who can provide the broadest and most specific care required for compliance

Other Thoughts:

If School Nurse FTE reduction can be deferred until the end of SY 09-10, anticipated retirement of 0.6 FTE School Nurse could accomplish a reduction by attrition.

- Reduction of unemployment benefit liability
- Retains the most trained health services staff who have been loyal and desire to continue PSD employment

OPTION B

Reduction of All Health Assistant positions
Reduction of 1.0 School Nurse FTE

Savings: $292,110

Constraints:

Washington laws and regulations and Nurse Licensing mandate specific care. School Nurses are the only district employees who can fulfill the legal requirements of both Federal and State law. School Nurses are the only staff who can delegate, train and supervise non-nursing staff to provide certain medical care

Ramifications:

1. Increased risk for student's health and safety.

2. School Nurse distribution in schools would be diluted causing increased hours where schools are not covered. This would be approximately 463 hours per week not covered by health room staff.

3. With each decrease in School Nurse FTE, the challenge of developing required IHP's delegating and supervising the implementation of the IHP's and oral medication administration, and providing staff training (all required by RCW/ WAC), grows incrementally. This challenge is magnified by the reduction of all health assistant positions.

4. Additional burden of delegation and supervision placed on remaining School Nurses has the potential for increased risk to nurses' licenses, increased safety risk to students and increased legal risk to district. (One law suit would wipe all the saving from a staff reduction).

5. Decreased flexibility of School Nurses to provide licensed nursing coverage for another nurse when needed because there will be fewer School Nurses available at any given time. (See email from Darlene Short describing the complex plan devised to provide diabetic coverage at Stewart with current number of FTE School Nurses).

6. Decreased flexibility of LPNs to provide licensed nursing coverage for another nurse when needed because they will be assigned to buildings where full time nurse coverage is required.

7. Agency nurses may be required to meet the needs of students with LTC both daily and emergency care. Agency costs may eliminate the cost savings.

8. With an increased school nurse case load, the District will be at a disadvantage in attempts to recruit School Nurses when legal requirements call for better coverage and/or budget constraints decrease.

9. Health room duties will likely be transferred to busy Office Staff adding to their responsibilities.

10. Office staff responsible for health room management in addition to their other assigned duties will face challenges:
    - Implementing the directives of students' Individual Health Plans (i.e. assisting diabetic students, managing students with life threatening allergies)
    - Safely administering medications

11. School Nurses will need to assume the clerical tasks that are now done by the health assistants, instead of focusing on tasks that they alone can do. Again, a school nurse is an expensive clerical worker.

12. School nurses will be required to delegate the administration of oral medication to a wider range of office staff and, when necessary, to administrative staff.

Positive ramifications for this option rather than another:

1. Retains all LPNs
    a. Preserves some flexibility in ability to meet unexpected licensed nursing requirements of students with existing licensed nursing staff.
    b. LPN's can perform licensed nursing tasks implementing students' Individual Health Plans when delegated by an RN

Other Thoughts:

If School Nurse FTE reduction can be deferred until the end of SY 09-10, anticipated retirement of 0.6 FTE School Nurse could accomplish a reduction by attrition.

- Reduction of unemployment benefit liability
- Retains the most trained health services staff who have been loyal and desire to continue PSD employment

OPTION C:

Reduction of 4 FTE Health Assistants Positions

Savings: $200,129

Constraints:
Extra responsibilities for office staff may conflict with current bargaining contract.

Ramifications:
1. 428 hours per week in the health room are uncovered by health services staff

4. Administrator will need to assist in implementing students' Individual Health Plans and the safe administration of medications

5. Potential increased risk to student safety

6. School Nurses will be responsible for the clerical tasks that are now done by the health assistants, instead of focusing on tasks that they alone can do. A school nurse is an expensive clerical worker.

Positive ramifications for this option rather than another:
1. Retains trained school nurses who can fulfill the legal requirements of both Federal and State law.

2. Displaced health assistants may be transferred more easily to available in-district Para positions limiting unemployment benefit liability

3. Increases potential pool of trained health assistants available within district for transfer back to the health room if positions open.

4. Historically there have been ample outside applicants for posted Health Assistant positions compared to registered nurse pools.

5. Retains all LPNs which preserves some flexibility in ability to meet unexpected licensed nursing requirements of students with existing licensed nursing staff.

6. Retains all LPNs who can perform licensed nursing tasks implementing students' Individual Health Plans when delegated by a RN

OPTION D:

Reduction of 1.5 FTE Health Assistants Positions

Savings: $77,627

Constraints:
Extra responsibilities for office staff may conflict with current bargaining contract.

Ramifications:
1. 316 hours per week in the health room are uncovered by health services staff

2. Increased potential that student safety would be compromised

3. Health room duties during those hours will likely be transferred to busy office staff adding to their responsibilities and work load.

4. School Nurses will need to assume some clerical tasks that are now done by the health assistants, instead of focusing on tasks that they alone can do. A School Nurse is an expensive clerical worker.

Positive ramifications for this option:

1. Retains most health assistant time to provide support for schools.

2. Reduces the potential of compromised student safety due to health rooms without health services coverage

3. Health Assistants who are displaced may be able to transfer to available district para positions limiting unemployment benefit liability.

4. Potential of increasing health services staff as the budget allows or health services demands increase.

5. Cadre of trained health assistants may be available within district for transfer back to the health room.

Summary

When comparing Puyallup School District's current health services model with eight other school districts, Puyallup is below the average spending $78.12 per student. The average health services cost for the nine school districts is $86.38.

Bethel	$146.13
Tacoma	$129.39
Federal Way	$103.86
North Shore	$99.23
Lake Washington	$68.96
Spokane	$54.61
Bellevue	$55.12
Vancouver	$33.75
Average	*$86.38*
Puyallup School	**$78.12**

Our team conducted interviews with several of these districts. We learned that some districts rely heavily on contracts with agency nurses. For example, Spokane hires agency nurses to provide care to 52 diabetic students at the elementary level. Vancouver who has 402 students with LTC is struggling to provide care for young unstable diabetics. They have a contract with an agency to provide nursing care as needed. In appendix I, you will find a complete cost analysis for these districts.

During the past eight years, district enrollment has increased by 2,200 students; School Nurse positions have increased by only 0.1 FTE in those years and yet the increased need for specialized knowledge and skills has increased tremendously.

First and foremost is the safety of our students. We want to have a health services model that allows for the development of Emergency Health Plans for students with Life Threatening Conditions, training of, delegation to, and supervision of other licensed and non-licensed staff in the implementation of those plans.

Second, we want to be compliant with state and federal laws and promote the overall health and safety in each school.

We hope that this information will be helpful in determining an appropriate health services model. A model that is cost efficient, addresses student health and safety as well as being compliant. The current and future economic trends will likely increase the health needs of students in Puyallup.

APPENDIX

A – Summary of Student Needs and Selected Required School Nurse Services by Region

B – Summary of Life Threatening Conditions and Other for Region 1

C – Summary of Life Threatening Conditions and Other for Region 2

D – Summary of Life Threatening Conditions and Other for Region 3

E – Current Health Services Staffing

F – Health Room Staffing by Schools and Uncovered Hours

G – What Do School Nurses Do

H – Phone Interviews and/or Conversations with Other School Districts

1. Lake Washington
2. Federal Way
3. Northshore
4. Spokane
5. Vancouver

I – Financial Analysis of Selected Eight Districts

J – WAC & RCW Information

K – Where Have All the Nurses Gone?

APPENDIX A

SUMMARY OF STUDENT NEEDS and SELECTED REGUIRED NURS SERVICES BY REGION

Summary of Student Needs and Selected Required School Nurse Services by Region

	Region #1	Region #2	Region #3
Life Threatening Conditions	218	164	243
Health Screening Referrals	174	404	409
Special Ed Assessments	322	281	394
Nurse FTE	4.8	4.6	5.2

APPENDIX B

SUMMARY OF LIFE THREATENING CONDITIONS and OTHER FOR REGION 1

School Nurse Survey of Student Needs
Region 1
September 2008 - January 2009

School	Life Threatening	Daily Medications	Health Screening Referrals	Emergency Action Plans	911 Calls	Special Ed Assessments	PRN Medication (as needed)	Communicable Diseases	FTE
Sr. High									
ERHS	***48-Life Threatening:*** and med frag * insulin dependent bee sting food allergies seizures asthma	5 w/daily meds	5 - HS do not do mass screening	48 EAPs	7 several calls to Poison Control	63+ Spec Ed Assmt	35 PRN	send 5-10 home per day	1.0 FTE
JR HIGH									
Ferrucci	***15 Life Threatening:*** asthma bee sting diabetes food allergies seizure	2 w/daily meds	50 referrals	25 EAPs	3 calls	30 Sp Ed assmts	40 PRN	15 per wk	.6 FTE
Glacier View	***31 Life Threatening:*** heart condition Supra ventricular severe asthma insulin pump hyperthroidism sickle cell aplastic anemia cystic fibrosis bee sting severe allergy	6 daily meds	8 referrals	31 EAPs	1 call	27 Sp Ed Assmts	49 PRN	23 per wk	.6 FTE

ELEMENTARY									
Edgerton	***14 - Life Threatening:*** severe asthma severe food allergies diabetes	4 w/daily meds	29 referrals	18 EAPs	1 call	5 so far *	30 PRN	35 seen	.4 FTE
Hunt	***26 Life Threatening:*** diabetics food allergies unknown allergy heart conditions post stroke severe asthma severe migraine seizures cerebral palsy tube feedings	7 w/ daily meds	47 referrals	26 EAPs	0 calls	25 Sp Ed assmts	46	30 wkly	.6 FTE
Pope	***9 Life Threatening:*** severe asthma food allergies	4 w/daily meds	34 referrals	10 EAPs	0 calls	20 (est) assmts	13 PRN	35	.4 FTE
Ridgecrest	***11 Life Threatening:*** allergies diabetic seizures asthma brain surgery hives	3 w/daily meds	24 referrals	11 EAPs	0 calls	30 Sp Ed Assmts	31 PRN	10 wkly	.4 FTE
Shaw Road	***15 Life Threatening:*** diabetic allergies seizure	1 w/ daily meds	20 referrals	25 EAPs	2 calls	65 Sp Ed assmts	35 PRN	10	.4 FTE
Sunrise	***11 Life Threatening:*** seizure bee sting asthma food allergy	2 w/daily meds	53 referrals	11 EAPs	1 call	19 Sp Ed assmts	26 PRN	10-12 per week	.4 FTE

Wildwood	***33 Life Threatening:*** heart conditions allergies diabetics food allergies tube feeding seizure w/rectal	8 w/daily meds	77 referrals	34 EAPs	2 pr yr	38-40 yr	43 PRN	10	.4 FTE
Totals:	***218***		***174***			***322***			***4.8 FTE***

APPENDIX C

SUMMARY OF LIFE THREATENING CONDITIONS and OTHER FOR REGION 2

School Nurse Survey of Student Needs
Region 2
September 2008 - January 2009

School	Life Threatening	Daily Medications	Health Screening Referrals	Emergency Action Plans	911 Calls	Special Ed Assessments	PRN Medication (as needed)	Communicable Diseases	FTE
Sr. High									
RHS	***20 Life Threatening:*** diabetics severe allergies seizures asthma other	8 w/daily meds	10 referrals	20 EAPs w/ 20+ unsigned	2 calls	70 per yr	68 PRN	6-10 day	1.0 FTE
JR HIGH									
Ballou	***26 Life Threatening:*** insect sting allergies asthma food allergies seizure Musc Dyst heart condition Sickle cell diabetes post chemo ventricle shunt	4 w/daily meds	43 referrals	26 EAPs	2 calls	40 per yr	48 as needed	10 wkly	.6 FTE
Stahl	***29 Life Threatening:*** asthma allergies diabetes seizures cardiac condition	13 w/daily meds	52 referrals	29 EAPs	4 calls	34 Sp Ed Assmts	39 PRN	24 wkly	.6 FTE

ELEMENTARY									
Brouillet	***19 Life Threatening:*** 9 - seizure disorders 10-allergies	2 w/daily meds	58 referrals	23 EAPs	1 call	28 Sp Ed Assmts	40 PRN	15 wkly	.4 FTE
Carson	***35 Life Threatening:*** heart conditions seizure allergies sickle cell Asphasia diabetes rectal prolapse rheum arthritis	5 w/daily meds	55 referrals	51 EAPs	2 ths yr	20 this yr 40 lst yr	81 PRN	40	.6 FTE
Firgrove	***11 Life Threatening:*** diabetic allergies heart condition seizures	2 w/daily meds	52 referrals	19 EAPs	4 calls	45 Assmt	30 PRN	25	.5 FTE
Woodland	***13 Life Threatening:*** diabetes allergies sickle cell	7 w/ daily meds	87 referrals	14 EAPs	2 calls	18 Sp Ed assmts	28 PRN	3-15 daily	.5 FTE
Zeiger	***12 Life Threatening:*** seizure severe food allergies severe bee sting ITP asthma	10 w/daily meds	47 referrals	12 EAPs	0 calls	26 yrly	32 PRN	15 wkly	.4 FTE

Totals: ***164*** ***404*** ***281*** ***4.6 FTE***

APPENDIX D

SUMMARY OF LIFE THREATENING CONDITIONS and OTHER FOR REGION 3

School Nurse Survey of Student Needs
Region 3
September 2008 - January 2009

School	Life Threatening	Daily Medications	Health Screening Referrals	Emergency Action Plans	911 Calls	Special Ed Assessments	PRN Medication (as needed)	Communicable Diseases	FTE
Sr. High									
PHS	***31 Life Threatening:*** allergies heart conditions asthma seizures	7 w/daily meds	5 approx.	30 EAPs	1 call	90 Sp Ed Assmts	50 PRN	3-8 day	1.0 FTE
WHS	***8 Life Threatening:*** diabetics asthma neurological blood disorder	2 w/daily meds	12 referrals	8 EAPs	0 calls	12 Sp Ed Assmts	8-15 PRN	5-6 per wk	.2 FTE
Advance	***3 Life Threatening:*** kidney diabetes	3 w/daily meds	0 screen	3 EAPs	0 calls	7-15 Sp Ed Assmts	0 PRN	0 reported	0 FTE on call
Summit	***1 Life Threatening:*** diabetes	0 w/daily meds	0 referrals	1 EAP	0 calls	0 Assmts	0 PRN	0 reported	0 FTE on call
JR HIGH									
Aylen	***39 Life Threatening:*** Cong Adrenal Hyp asthma food allergies diabetes insect sting VP shunt seizures sclerosing cholangitis	9 w/daily meds	13 referrals	39 EAPs	4 this year	45 average	31 PRN	15	0.5

Edgemont	***16 Life Threatening:*** diabetes allergies asthma	2w/ daily meds	13 referrals	14 EAPs	0 calls	15 lst yr	30 PRN	1 per wk	.4 FTE
Kalles	***21 Life Threatening:*** food allergies asthma seizure diabetics	6 w/daily meds	32 referrals	21 EAPs	2 calls	26 Sp Ed assmts	54 PRN	10-12 wkly	.6 FTE

ELEMENTARY									
Fruitland	***12 Life Threatening:*** blood condition seizure severe allergies	1 wdaily meds	55 referrals	15 EAPs	2 calls	15 Assmt this yr 28 lst yr	45 PRN	20	.4 FTE
Hilltop	***9 Life Threatening:*** allergies seizure asthma nebulizer	10 w/daily meds	16 referrals	8 EAPs	1 call	10 Assmt	10 PRN	4 wkly	.2 FTE
Karshner	***10 Life Threatening:*** allergies seizures asthma heart condition cerebral palsy muscular dystrophy	2 w/daily meds	42 referrals	10 EAPs	1 call	30 Sp Ed Assmts	9 PRN	15 wkly	.4 FTE
Maplewood	***15 Life Threatening:*** diabetic allergies seizure asthma cardiac	4 w/daily meds	15 referrals	15 EAPs	0 calls	15 Sp Ed assmts	25 PRN	4-5 wkly	.2 FTE
Meeker	***11 Life Threatening:*** food allergies latex allergies seizure asthma	5 w/daily meds	36 referrals	17 EAPs	0 calls	22 sp ed assmts	42 PRN	5-6 wkly	.2 FTE

Mt. View	***11 Life Threatening:*** asthma seizure GT tube	2 w/daily meds	22 referrals	10 EAPs	1 call	20 sp ed evals	13 PRN	6-8 wkly	.2 FTE
Northwood	***13 Life Threatening:*** allergies asthma seizure	2 w/ daily meds	23 referrals	13 EAPs	0 calls	16 Sp Ed Assmts	22 PRN	1 daily	.2 FTE
Spinning	***10 Life Threatening:*** asthma heart allergy	6 w/daily meds	48 referrals	18 EAPs	0 calls	28 Sp Ed assmts	13 PRN	3	.3 FTE
Stewart	***24 Life Threatening:*** diabetic severe allergies seizures asthma aspiration	2 w/daily meds	48 referrals	24 EAPs	1 call	19 Sp Ed assmts	23 PRN	7-8 wkly	.2 FTE
Waller Rd	***9 Life Threatening:*** severe allergies diabetes shunt heart condition	2 w/daily meds	29 referrals	13 EAPs	0 calls	16 Sp Ed Assmts	15 PRN	15 pr wk	.2 FTE
Totals	***243***		***409***			***394***			***5.2 FTE***

APPENDIX E

Current Health Services Staffing

NURSE	Monday	Tuesday	Wednesday	Thursday	Friday	FTE
Andrew, Sarah	Woodland-8373		Woodland-8373	Woodland-8373 alt. weeks		0.5
Bailey, Beth	Pope-6746	Edgerton- 2713	Pope-6746	Ridgecrest-8376	Edgerton -2712	1
Cook, Celeste	Shaw Rd-8882	Firgrove-8219	Shaw Rd-8882		Firgrove-8219	0.8
Cook, Rebecca		Stahl 8036	Stahl 8036	Stahl 8036		0.6
Fitzgerald, Charlene	Hunt 8603	Ridgecrest-6760	Hunt-8603		Hunt-8603	0.8
Higgins, Diana		Ballou-8275	Ballou-8275	Ballou-8275		0.6
Jepsen, Kitty		Wildwood-8637	Wildwood-8637		Meeker-2599	0.6
Kinnaman, Jean	PSS-435-6718	PHS 6616	PSS-435-6718	PHS 6616	PSS-435-6718	1
Neumaier, Dolora	Carson - 2135	Fruitland 6578	Carson - 2135	Fruitland 6578	Carson - 2135	1
Webber, Karen	Ferrucci 8255	Ferrucci	Ferrucci	Spinning 6644	Stewart/Spinning	1
Penalver, Meg	Kalles-2804	Sunrise- 8356	Sunrise	Kalles-2804	Kalles-2804	1
Rouse, Debbie	Zeiger 8985	Brouillet-6736	Zeiger-8985	Brouillet-6736		0.8
Rowe, Joan	ERHS-6352	ERHS-6352	ERHS-6352	ERHS-6352	ERHS-6352	1
Short, Darlene		Stewart-8351	WHS-8823 Stewart-8351	Maplewood-8323/WHS		0.6
Smith, Karen	PHS-6616		PHS-6616		PHS-6616	0.6
Sondker, Cindy	Karshner			Float alt. Weeks	Karshner-8317	0.5
Tibbitts, Trish	RHS-8968	RHS-8968	RHS-8968	RHS-8968	RHS-8968	1
Vanaman, Denise	Northwood-8337	Hilltop-8312	Edgemont-8285	Mt. View-8333	Edgemont-8285	1
Wardle, Tess	Aylen-6831	Waller Rd-8363	Aylen-6831	Aylen/Firgrove alt weeks		0.8
Yoest, Janet	Glacier View-6816		Glacier View	Glacier View		0.6

Ariota, Linda	Fruitland 9-3 (5.5)	Mt View/Northwood9:30-1:30 alt wk		Carson (2135) 9 - 3:00 (5.5)	Waller Rd (4.5)	19.5
Bleu, Maria - HA	RHS 8-2:15(5.75)	Glacier View 8:00-1:30 (5)	Karshner 9-12:30/RHS/PHS (3.5)	PHS 8-2:15(5.75)	Glacier View 8:00-1:30 (5)	25
Bussell-Warden, Melissa - HA	Firgrove 8:30 - 3:00 (8219)	Shaw Rd 8882 8:45-3:15 (6)		Firgrove 8:30-3:00/Stewart Alt Weeks (6)	Shaw Rd 8:45-3:15 (6)	24
Gordon, Toni - HA	Ballou 8275 7:45 - 2:15 (6)	Meeker 8:45 -3:15 (6)	Meeker (4.25) 8:25-12:40	Zeiger 8:25 - 2:55 (6)	Ballou7:45-2:15 (6)/ Firgrove 2:15-3:00 (.75)	29
Roscoe, Jennifer	Ridgecrest 6760 8:30 - 3:00 (6)	Spinning 8348 9:00 - 3:00 (5.5)		Hunt alt wk 9:00-3:30 (3)	Pope 6746 9:00-3:00 (5.5)	20
Johnson, Lisa - HA	Stahl 8:30-2:30 (5.5)	Kalles 8:00-2:30 (6)	Kalles 8-2 (5.5)	Sunrise 8356 8:45 - 2:45 (5.5)	Stahl 8:30 - 2:30 (5.5)	28
Kurz, Diana - HA	Edgemont (5.5) 7:45-1:45	Aylen 8265 7:45-2:15(6)		Aylen/Karshner7:45-1:45/ 9-3 (5.5)	Aylen 8265 7:45-1:45 (5.5)	22.5
Kruse, Christine	Waller Rd(5.5) 9am - 3 pm 8363		ERHS 8:30-12:00 (3.5)	Ferrucci (5.5) 8:00-2:00	Ferrucci 8:00-2:00 (5.5)	20
Winter, Annette-HA	Edgerton (2713) 9:00-3:30 (6)	Zeiger (8985) 8:30-3:00 (6)	Edgerton 9:00-1:00(4)	Edgerton (2712) 9:00 - 3:30 (6)	Fruitland (8306) 9:00 - 3:30 (6)	28
LPN's	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	Hrs
Plunkett, Renee-LPN	Wildwood (8637) 8:30-2:15 (5.25)	Carson (2135) 8:30-2:15 (5.25)	Firgrove 8:30-12:30 (4)	Wildwood (5.25)	Wildwood (5.25)	25
Swanson-Cramer, Stacy - LPN		Woodland (8373) 9:00 - 2:30 (5)		Woodland (8373) 9:00 - 2:30 Alt wks	Woodland (8373) 9:00 - 2:30 (5)	12.5
Terhune, Catherine - LPN	Brouillet 6736 8:20-2:20 (6)	Pope- (6746) 9:00-3:00 (5.5)	Brouillet 8:30-12:00 (3.5)	Pope- (6746) 9:00-3:00 (5.5)	Brouillet 8:20 - 2:20 (6)	26.5
Theer, Judy - LPN	Maplewood 9:00-3:30 (6)	Hunt 9:00 - 3:30 (6)	Maplewood 9:30-12:30 (3)	Hunt/Maplewood alt wk 9:00-3:30 (6)	Maplewood 9:00 - 3:30 (6)	27

APPENDIX F

Health Room Staffing by Schools And Uncovered Hours

Health Room Staffing by School

School **Enrollment/ LTC**	**M**	**T**	**W**	**TH**	**F**	**RN hrs/wk**	**LPN Hrs/wk**	**HA hrs/wk**	**Hrs/wk w/o staff**
Carson 843/35	7.5 RN	5.25 HA	7.5 RN	5.5 HA	7.5 RN	22.5	0	10.75	**1.75**
Firgrove 734/11	6 HA	7.5 RN	4 LPN	7.5 RN/6 HA *	7.5 RN	17.75	4	9	**.25**
Hunt 720/26	7.5 RN	6 LPN	7.5 RN	6 LPN/6 HA*	7.5 RN	22.5	9.25	3.25	**.5**
Pope 630/10	7.5 RN	5.5 LPN	7.5 RN	5.5 LPN	5.5 LPN	15	16.5	0	**1.5**
Woodland 634/13	7.5 RN	5 LPN	7.5 RN	7.5 RN/5 LPN*	5 LPN	17.75	12.5	0	**3.125**
Edgerton 703/	6.0 HA	7.5 RN	4 HA	6.0 HA	7.5 RN	15	0	12	**.5**
Brouillett 548/19	6.0 LPN	7.5 RN	3.5 LPN	7.5 RN	6.0 LPN	15	14.5	0	**.5**
Zeiger 603/11	7.5 RN	6 HA	7.5 RN	6 HA	0	15	0	12	**6.25**
Fruitland 548/12	5.5 HA	7.5 RN	0	7.5 RN	6 HA	15	0	11.5	**4.5**
Wildwood 608/33	5.25 LPN	7.5 RN	7.5 RN	5.25 LPN	5.25 LPN	15	15.75	0	**3**
Ridgecrest 478/11	6.0 HA	7.5 RN	4 LPN	7.5 RN	0	15	4	6.0	**6.5**
Shaw Rd 487/15	7.5 RN	6 HA	7.5 RN	0	6 HA	15	0	12	**6.75**
Sunrise 481/11	0	7.5 RN	7.5 RN	5.5 HA	0	15	0	5.5	**13.25**
Meeker 393/11	0	6.0 HA	4.25 HA	0	7.5 RN	7.5	0	10.25	**12.75**
Karshner 386/10	7.5 RN	0	HA 3.5 alt wks*	HA 5.5 alt.w*	7.5 RN	15	0	4.5	**11.75**
Waller Rd 343/9	5.5 HA	7.5 RN	0	0	4.5 HA	7.5	0	10	**15**
Spinning 335/10	0	5.5 HA	0	7.5 RN	7.5 RN alt wks*	10.75	0	5.5	**13.75**
Stewart Elementary 331/24	0	7.5 RN	3.75 RN	6HA Alt	0	11.25	0	3	**~17.5**
School	**M**	**T**	**W**	**TH**	**F**	**RN hrs/wk**	**LPN hrs/wk**	**HA hrs/wk**	**Hrs/wk w/o**

									staff
Maplewood 302/15	6 LPN	0	3 LPN	3.75 RN/6 LPN altwks	6 LPN	3.75	18	0	**7**
Mt. View 292/11	0	4 HA alt wk	0	7.5 RN	0	7.5	0	2	**23**
Northwood 264/13	7.5 RN	4HA alt wk	0	0	0	7.5	0	2	**23**
Hilltop 222/9	0	7.5 RN	0	0	0	7.5	0	0	**25**
Ferrucci 822/15	7.5 RN	5.5 HA	7.5 RN	5.5 HA	7.5 RN	22.5	0	11	**2**
Glacier V 823/31	7.5 RN	5 HA	7.5 RN	7.5 RN	5 HA	22.5	0	10	**3**
Stahl 774/29	5.5 HA	7.5 RN	7.5 RN	7.5 RN	5.5 HA	22.5	0	11	**2**
Ballou 770/26	6 HA	7.5 RN	7.5 RN	7.5 RN	6 HA	22.5	0	12	**1**
Aylen 745/39	7.5 RN	6 HA	7.5 RN	7.5 RN/ 5.5 HA altw*	5.5 HA	18.75	0	13.75	**2**
Kalles 679/21	7.5 RN	6 HA	5.5 HA	7.5 RN	7.5 RN	22.5	0	11.5	**.5**
Edgemont 429/16	5.5 HA		7.5 RN		7.5 RN	15	0	5.5	**14**
Walker 193/8	0	0	3.75 RN	0	3.75 RN	7.5	0	0	**~25.5**
Rogers High 1794/20	7.5 RN+5.75HA	7.5 RN	7.5 RN	7.5 RN	7.5 RN	37.5		5.75	**0**
Puyallup High 1603/31	7.5 RN	7.5 RN	7.5 RN	7.5 RN	7.5 RN+5.75 HA	37.5		5.75	**0**
ER 1568/41	7.5 RN	7.5 RN	7.5 RN	7.5 RN	7.5 RN	37.5			**0**

Elementary day = 6.25 hrs (Wed = 3.5hrs) **Total hours w/o staff ~232.125**
Secondary day = 6.5 hrs (Wed = 5.5 hrs) **Total HA Hrs/wk = 196**

APPENDIX G

What Do School Nurses Do

WHAT DO PUYALLUP SCHOOL DISTRICT NURSES DO?

School Nurses contribute the skills and perspectives of the schools' only credentialed licensed and qualified health professionals.

- Promote learning readiness
    - Perform vision, hearing and dental screening and initiate appropriate referrals
    - Collaborate with families and community agencies to access appropriate heath care for students and their families
    - Problem solve with families and students regarding attendance concerns
    - Control the spread of communicable disease through assessment, initiation of referrals and follow up for students and staff
    - Counsel staff, students and parents regarding primary health care, emergency care and referrals
    - Administer the Children's Emergency Fund which provides financial assistance with health care, clothing and housing
    - Partner with Medical Teams International to provide free dental care on site at 3 district elementary schools
    - Develop implement and monitor accommodations for students with health concerns or special needs

- Collaborate with parents and health care providers to develop Individual Health Plans for students with life threatening conditions.

- Train, delegate and supervise non-licensed and licensed staff to implement Individual Health Plans and administer oral medication.

- Ensure standard of care though medical case management, child abuse recognition and referrals, crisis intervention and triage.

- Provide a consistent liaison between home and school, hospital and school, school and the medical community.

- Educate about health, nutrition, special health care needs of children, health care access, appropriate self care, domestic violence and safe school environments

- Provide the perspective of a school health care professional to committee work at the district, building and community levels
    - Safety Committee
    - SRC
    - Care/Core Teams
    - Intervention Teams
    - Crisis Team
    - Children's Emergency Fund
    - AED Implementation Committee

APPENDIX H

Phone Interviews and/or Conversations with Other School Districts

1) **Lake Washington**
2) **Federal Way**
3) **Northshore**
4) **Spokane**
5) **Vancouver**

School Interviews

1) Lake Washington School District

Health Services Supervisor

Cost of Health Services/student = $68.96

1. **How many schools are there at each level?**
   Elementary 23
   Middle 11
   High Schools 6 (1200-1300 students)

2. **How many health services personnel are there at each level?**
   Certificated Nurses 0
   Classified Nurses 12 FTE + Classified Health Services supervisor
   Health Assistants 0

4. **Briefly describe your Health Services Model.**
   Each nurse is responsible for 3-4 buildings; they visit the schools on the days the "guidance team" meets, and then return to a central office in the afternoon to do paperwork, make parent contacts, etc. Nurses are not responsible for any health room duties.

   Office staff is responsible for all health room duties, including medication administration and assisting diabetic students who do not need assistance with insulin administration/syringe. Parent volunteers also help in the health rooms.

5. **How do you meet the medical needs of students diagnosed with potentially life threatening conditions, i.e. diabetes, seizure disorders, severe asthma or food allergies?**
   The nurse responsible for the building writes the plans and trains the office staff to implement them.
   Nurses in schools with diabetics who require assistance from a licensed nurse return to those schools at the hour that the diabetic requires help. Ed paras are assigned to accompany some diabetic students to the health room to support their care according to their plans. Office staff assist other diabetics in carb counting and checking insulin pens.
   Protocol for students with food allergies: office staff administers epipen to any student who has ingested an allergen regardless of whether symptoms are present.

6. **Who delegates, trains and supervises the administration of oral medications by non-nursing personnel?**

   The health services supervisor trains all office staff yearly before the school year begins.

How is that delegation implemented?

   Annual training

7. **Who conducts the annual training (asthma, diabetes, HIV/AIDS) of school staff mandated by the state?**

   The building nurse shows a film (asthma, diabetes, seizure disorders for office staff) and gives staff written information. Blood born pathogen training for is done by health services supervisor.

8. **Who assesses students with health concerns, then develops and evaluates Individual Health Plans for those students?**

   The nurse assigned to the building.

9. **Are there challenges with your model of Health Services delivery**?

   Office personnel don't like health room duties, although health room responsibilities are part of their contract.

   Due to the increasing incidence of students with serious health concerns, "we look at our model, but so far we haven't changed it."

2) Federal Way School District

Health Services Supervisor

Cost of Health Services/student = $103.86

1. **How many schools are there at each level?**
   Elementary 23
   Middle 7
   High Schools 4
   Alternative High School 1

2. **How many health services personnel are there at each level?**
   Certificated Nurses 13.1 + supervisor
   Classified Nurses – 3.85
   Health Assistants 7

3. **Briefly describe your Health Services Model.**
   Elementary schools have a cert. nurse assigned 1 ½ day/wk + HA 12 hrs/wk
   Middle schools have a cert. nurse assigned 2 days/week + HA 12 hrs/wk
   High schools have a cert. nurse assigned 3 ½-4 ½ days/wk + HA 6 hrs/wk

   Classified nurses are assigned to certain schools for a limited number of hours per week, but most of their time is spent as itinerants assisting building nurses as needed, assisting diabetics, subbing for certificated nurses when they are absent or are attending conferences.

   Office staff covers the health room when health room staff is not present.

4. **How do you meet the medical needs of students diagnosed with potentially life threatening conditions, i.e. diabetes, seizure disorders, severe asthma or food allergies?**
   Itinerant nurses offer flexibility to assist those students. Parents are asked to help as they are able.

5. **Who delegates, trains and supervises the administration of oral medications by non-nursing personnel?**
   The building nurses.

   How is that delegation implemented?
   The building nurse trains non professional staff and reviews training annually.

6. **Who conducts the annual training (asthma, diabetes, HIV/AIDS) of school staff mandated by the state?**
   Power point presentations are emailed to staff and they verify they have read by emailing back. Plan to use Safe School site for blood borne pathogens training.

7. **Who assesses students with health concerns, then develops and evaluates Individual Health Plans for those students?**
   The building nurse

8. **Are there challenges with your model of Health Services delivery**?
   Office staff does not like covering the health room.

3) North Shore School District

Health Services Supervisor

Cost of Health Services/student = $99.23

1. How many schools are there at each level?

Elementary 20
Middle 6
High Schools 3

2. How many health services personnel are there at each level?

Certificated Nurses 1
Classified Nurses 27 (1/3 have ESA certification)
Health Assistants 0

3. Briefly describe your Health Services Model

One Full time Health Services (classified) Administrator (also responsible for Safe & Drug Free School program, title 4 and Tobacco fund administration)
Each building has a full time nurse, except for 8 buildings which share 4 nurses (new this year). Some extra office staff was hired to accommodate the increased work load. No differentiation between nurses who hold an ESA certification and those who do not.

4. How do you meet the medical needs of students diagnosed with potentially life threatening conditions, i.e. diabetes, seizure disorders, severe asthma or food allergies?

In buildings that have a full time nurse, there is no problem.
In the 8 buildings that share, nurses travel between buildings, parents assist when possible. It has been a challenge to meet the needs of young diabetics in these buildings.

5. Who delegates, trains and supervises the administration of oral medications by non-nursing personnel?

The building nurses.

How is that delegation implemented?

The building nurse trains office staff and supervises when in the building.

6. Who conducts the annual training (asthma, diabetes, HIV/AIDS) of school staff mandated by the state?

The building nurse

7. **Who assesses students with health concerns, then develops and evaluates Individual Health Plans for those students?**
   The building nurse

8. **Are there challenges with your model of Health Services delivery**?
   Classified model in the minority; most school districts have certificated model

4) Spokane School District

Director for Health Services

Cost of Health Services/student = $54.61

1. How many schools are there at each level?

Elementary 34
Middle 6
High Schools 6

2. How many health services personnel are there at each level?

Certificated Nurses 9
Classified Nurses 21

4. Briefly describe your Health Services Model.

13 Classified nurses support nurses who are assigned to buildings
5 LPNs assigned to classrooms to provide trach & seizure care
2 LPNs act as a float to cover needs a s needed and substitute when needed

Agency nurses on contract to provide care for 52 diabetic elementary students
Office staff at each building cover Health Room at all times, reviews all immunizations for compliance, reviews all health histories for LTC and administers all oral medications

5. How do you meet the medical needs of students diagnosed with potentially life threatening conditions, i.e. diabetes, seizure disorders, severe asthma or food allergies?

Office staff review health histories and notifies a School Nurse immediately if a student has a Life Threatening condition. RN writes the IHP for the students. Agency nurse are hired to provide care to diabetic students at the elementary level. Classified nurses provide care to students with seizure disorder or needing trach care. Office staff provide daily care at secondary level of stable diabetics.

6. Who delegates, trains and supervises the administration of oral medications by non-nursing personnel?

All oral meds are given by Office Staff, paras, teachers. RNs provide training to staff only every Three Years (not annually). Supervision is conducted 3 times a year via audit on a form. Actual administration of medication is observed on occasion. There have been medication errors, but not a lot.

7. **Who conducts the annual training (asthma, diabetes, HIV/AIDS) of school staff mandated by the state?**

   One of the weak areas of this model. Copies of the IHP are provided to teachers with a signature required indicating that the teacher has received plan (can not know if teacher read the IHP). No meeting/training with teacher or other staff members.

8. **Who assesses students with health concerns, then develops and evaluates Individual Health Plans for those students?**

   RNs performs the assessments and then writes the IHP and evaluates the response to the plan.

9. **Are there challenges with your model of Health Services delivery**?

   1. Finding coverage for nurses who are absent or on leave
   2. Difficulty in recruiting and retaining nurses.
   3. Staff training on students with Life Threatening Conditions is a challenge
   4. Role definition problems between Certificated and Classified nurses
   5. Work load and morale issues with building office staff. Would like to add Health Assistants to the model to provide coverage for Health Room.

5) Vancouver School District

Executive Director for Special Services

Cost of Health Services/student = $33.75

1. **How many schools are there at each level?**
   Elementary 21
   Middle 6
   High School 6

2. **How many health services personnel are there at each level?**
   Certificated Nurses 18 (not certain of FTE)
   Classified Nurses 3 assigned to specific students with healt care needs
   Health Clerk – 0.5

3. **How do you meet the medical needs of students diagnosed with potentially life threatening conditions, i.e. diabetes, seizure disorders, severe asthma or food allergies?**
   School nurse is responsible for writing the IHP for students in her building and then manages the on going care.
   Building office staff calls the building school nurse when she is working at another school if there are questions or concerns.
   School nurses have back-up nurses “on-call” if the building nurse is not in district.
   District has problems meeting the needs of young/unstable diabetics who need nursing care daily.

4. **Who delegates, trains and supervises the administration of oral medications by non-nursing personnel?**
   The building school nurse

5. **Who conducts the annual training (asthma, diabetes, HIV/AIDS) of school staff mandated by the state?**
   School nurses

6. **Who assesses students with health concerns, then develops and evaluates Individual Health Plans for those students?**
   School nurse is responsible for her building(s).
   Each High School has a full time school nurse. Other nurses may have 2 or maybe 3 schools that they provide coverage.

9. Are there challenges with your model of Health Services delivery?

a) Need more school nurse time.

402 students with Life Threatening Conditions

Increase in the number of students visiting the health room

b) Nurses are spending increasingly more time on clerical tasks. Would like to hire health clerk for each of the 4 regions of the district to perform the clerical work and allow the nurse to do what only the RN can.

c) Difficulty finding nurse who will provide care for one-on-one care or provide diabetic care if school nurse is not available. Has a contract with an agency to provide nurse as needed.

APPENDIX I

Financial Analysis of Selected Eight Districts

2008-2009 Budgeted	Bethel	Federal Way	Northshore	Tacoma	Lake WA	Average	Puyallup
	Total	Total	Total	Total	Total	Total	Total
ENROLLMENT							
Total Student FTE Basic Ed Enrollment	16,945	21,207	18,478	26,945	22,866	21,288	21,059
SPED Student Enrollment	2,505	2,856	2,615	3,825	2,641	2,888	2,630
EXPENDITURE SUMMARIES							
Total General Fund Expenditures	$ 165,240,231	$ 209,190,000	$ 186,200,000	$ 322,295,157	$ 217,981,865	220,181,451	$ 201,244,235
State SPED Revenue (4121)	11,348,037	13,870,791	12,570,140	18,183,001	12,778,254	13,750,045	13,034,060
Portion of State Basic Ed Apportionment Revenue Allocated to SPED Students (3121)	2,466,985	3,870,214	3,697,255	5,576,414	2,665,738	3,655,321	3,108,697
Total SPED Expenditures	19,195,170	26,149,592	28,116,933	40,589,383	22,436,956	27,297,607	27,392,007
SPED Expenditures as a % of Total General Fund Expenditures	11.62%	12.50%	15.10%	12.59%	10.29%	12.40%	13.61%
Estimated Portion of SPED Expenditures from Local Revenue (including out-of-district students served)	1,832,152	4,475,818	7,828,326	10,014,094	3,154,079	5,460,894	7,663,128
Subsidy as a % of Total SPED Expenditures	9.54%	17.12%	27.84%	24.67%	14.06%	20.01%	27.98%
ESTIMATED AVERAGE PER STUDENT COSTS							
Total General Fund Expenditure per Basic Ed Student	$ 9,752	$ 9,864	$ 10,077	$ 11,961	$ 9,533	$ 10,237	$ 9,556
Total SPED Expenditure per SPED Student	$ 7,663	$ 9,156	$ 10,752	$ 10,612	$ 8,496	$ 9,336	$ 10,415
EXPENDITURE DETAIL BY OBJECT							
Expenditures	19,195,170	26,149,592	28,116,933	40,589,383	22,436,956	27,297,607	27,392,007
Debit/Credit Transfers	89,810	10,090	125,100	23,500	55,273	60,755	12,682
Certificated Salaries	8,226,910	11,991,774	13,157,509	21,244,142	10,672,313	13,058,530	13,118,698
Classified Salaries	4,129,519	5,020,871	5,402,732	7,759,058	4,197,011	5,301,838	6,100,745
Employee Benefits	4,802,325	6,906,427	6,849,461	11,205,495	5,701,303	7,093,002	6,711,510
Supplies	196,763	288,045	166,906	138,232	137,718	185,533	191,013
Purchased Services	1,724,035	1,860,146	2,392,125	211,456		1,566,040	1,211,512

					1,642,438		
Travel	25,808	55,725	23,100	7,500	30,900	28,607	38,847
Capital Outlay	-	16,514	-	-	-	3,303	7,000
STAFFING (FTEs)							
Total Certificated	**138.28**	**218.50**	**194.75**	**310.50**	**176.80**	**207.77**	**213.96**
21/24-21-130 Other District Administrator	2.800	2.000	3.000	6.000	3.600	3.480	4.800
21/24-21-400 Other Support Personnel	5.400	1.000	2.900	1.000	-	2.060	1.000
21/24-23-230 Secondary Principal	-	-	-	1.000	-	0.200	-
21/24-24-420 Counselor	-	1.000	-	-	-	0.200	7.000
21/24-24-440 Social Worker	-	2.200	-	-	-	0.440	2.000
21/24-25-250 Other School Administrator	-	1.500	-	-	-	0.300	-
21/24-26-400 Health Svcs Other Support Personnel	-	1.000	-	-	-	0.200	-
21/24-26-430 OT	4.000	7.000	13.300	18.500	12.700	11.100	13.100
21/24-26-440 Social Worker	-	-	-	5.000	-	1.000	-
21/24-26-450 Communications Disorder Specalist	11.600	28.800	29.700	36.200	24.400	26.140	23.400
21/24-26-460 Psychologist	13.700	26.300	17.500	26.200	12.100	19.160	17.500
21/24-26-470 Nurse	0.426	-	0.250	1.200	-	0.375	-
21/24-26-480 PT	-	5.100	6.000	10.600	2.600	4.860	3.300
21/24-27-310 Elementary Teacher	-	59.400	-	-	-	11.880	53.514
21/24-27-320 Secondary Teacher	2.000	73.100	-	-	-	15.020	69.500
21/24-27-330 Other Teacher	97.350	4.000	121.600	203.000	119.400	109.070	18.797
21/24-27-400 Instructional Other Support Personnel	1.000	6.100	0.500	1.800	2.000	2.280	0.045
Total Classified	**128.917**	**154.119**	**135.063**	**286.119**	**116.936**	**164.231**	**157.314**
21/24-21-940 Admin Office/Clerical	4.620	6.409	5.454	6.350	5.056	5.578	7.038
21/24-21-960 Admin Professional	-	-	-	-	1.004	0.201	0.333
21/24-21-970 Admin Svc Wkrs	-	-	-	-	0.250	0.050	
21/24-21-980 Technical	-	-	-	4.000	-	0.800	0.500
21/24-21-990 Director/Supervisor	1.000	-	-	-	-	0.200	-
21/24-23-940 Admin Office/Clerical	0.003	-	-	-	-	0.001	-
21/24-24-913 Counseling Aides	0.891	-	-	-	-	0.178	-

21/24-25-910 Student Safety/Supervision Aide	9.410	-	-	6.250	-	3.132	-
21/24-25-970 Student Safety/Supervision Svc Wkr	-			-	-	-	0.623
21/24-26-910 Health Svcs Aides	2.240	-	2.002	26.831	1.384	6.491	-
21/24-26-940 Health Svcs Office/Clerical	3.621	0.697	-	-	-	0.864	-
21/24-26-960 Health Svcs Professional	-	4.386	-	-	-	0.877	4.634
21/24-27-910 Instructional Aides	107.132	137.080	127.607	242.688	108.755	144.652	128.206
21/24-27-960 Instructional Professional	-	5.547	-	-	-	1.109	15.980
21/24-27-980 Instructional Technical	-	-	-	-	0.487	0.097	

APPENDIX J

WAC & RCW Information

1) **Life Threatening Conditions**
2) **Food Allergies**
3) **Diabetic Care**
4) **Infectious Diseases**
5) **Registered nurse – Activities allowed**
6) **Standards of nursing conduct or practice**
7) **Heath Screening Requirements – RCW listings**

1)

RCW 28A.210.320
Children with life-threatening health conditions — Medication or treatment orders — Rules.

(1) The attendance of every child at every public school in the state shall be conditioned upon the presentation before or on each child's first day of attendance at a particular school of a medication or treatment order addressing any life-threatening health condition that the child has that may require medical services to be performed at the school. Once such an order has been presented, the child shall be allowed to attend school.

(2) The chief administrator of every public school shall prohibit the further presence at the school for any and all purposes of each child for whom a medication or treatment order has not been provided in accordance with this section if the child has a life-threatening health condition that may require medical services to be performed at the school and shall continue to prohibit the child's presence until such order has been provided. The exclusion of a child from a school shall be accomplished in accordance with rules of the state board of education. Before excluding a child, each school shall provide written notice to the parents or legal guardians of each child or to the adults in loco parentis to each child, who is not in compliance with the requirements of this section. The notice shall include, but not be limited to, the following: (a) The requirements established by this section; (b) the fact that the child will be prohibited from further attendance at the school unless this section is complied with; and (c) such procedural due process rights as are established pursuant to this section.

(3) The superintendent of public instruction in consultation with the state board of health shall adopt rules under chapter 34.05 RCW that establish the procedural and substantive due process requirements governing the exclusion of children from public schools under this section. The rules shall include any requirements under applicable federal laws.

(4) As used in this section, "life-threatening condition" means a health condition that will put the child in danger of death during the school day if a medication or treatment order and a nursing plan are not in place.

(5) As used in this section, "medication or treatment order" means the authority a registered nurse obtains under RCW 18.79.260(2).

[2006 c 263 § 911; 2002 c 101 § 1.]

Notes:
Findings -- Purpose -- Part headings not law -- 2006 c 263: See notes following RCW 28A.150.230.

2)

Guidelines for Care of Students with Life-Threatening Food Allergies 2008

SECTION 2 STATE AND FEDERAL LAWS Several state and federal laws provide protection for students with life-threatening food allergies. School districts are legally obligated by these laws to ensure that students with life-threatening food allergies are safe at school. School districts must have and follow their own policies and procedures for the health and well-being of such students.

Washington State Laws RCW 28A.201.260 Administration of Oral Medication in School
This law describes the administration of oral medications in the school setting. It also states who may administer oral medication and under what conditions and circumstances. See RCW 28A.210.260–270.

RCW 28A.210.270 Immunity from Liability
Under this law districts are not liable for students receiving oral medication administration when the district is in substantial compliance with the law. To review, see RCW 28A.210.260–270 or the OSPI Bulletin B034-01 at http://www.k12.wa.us/HealthServices/pubdocs/b034-01.pdf.

RCW 18.79 Nurse Practice Act
This law establishes that only licensed nurses (Registered Nurses or Licensed Practical Nurses) can provide nursing care and medication administration to individuals for compensation. The law includes oral medications, ointments, eye and ear drops, suppositories, or injections. To review, see RCW 18.79. However, under the school law RCW 28A.210.260–270, nurses may delegate, with training and supervision, oral medication administration to unlicensed staff under specific conditions. Another exception in the Nurse Practice Act (RCW 18.79.240 (1) (b)) allows for the administration of medication in the case of an emergency. This exception includes the administration of injectable epinephrine during an anaphylactic, life-threatening emergency.

RCW 28A.210.320 Children with Life-Threatening Health Conditions
This law adds a condition of attendance for students with life-threatening conditions. Treatment and medication orders and nursing care plans requiring medical services must be in place prior to the student's first day of school. For additional information see RCW 28A.210.320 or WAC 392-380-005–080 and OSPI Bulletin B061-02 at http://www.k12.wa.us/HealthServices/pubdocs/SHB2834-ESSB6641/B061-02.pdf.

RCW 28A.210 370 Students with Asthma [and Anaphylaxis]
This law directs the Superintendent of Public Instruction and the Secretary of the Department of Health to develop a uniform policy for all school districts providing for the in-service training for school staff on symptoms, treatment, and monitoring of students with asthma. The law also provides that students may self-administer and self-carry medication for asthma and anaphylaxis contingent upon specific conditions. Additionally, students are entitled to have backup asthma or anaphylaxis medication, if provided by the parent, in a location to which the student has immediate access. See RCW 28A.210.370 for further details.

Federal Laws and Regulations Section 504 of the Rehabilitation Act of 1973 (Section 504) Under this law, public school districts have a duty to provide a Free Appropriate Public Education (FAPE) for students with disabilities. A student with a life-threatening food allergy qualifies as a disabled student under Section 504, if in a licensed health care provider's assessment, the student is at risk of having a life-threatening (anaphylactic) reaction. This section of the federal law protects disabled public school students from discrimination. See 504 fact sheet at http://www.hhs.gov/ocr/504.pdf or Frequently Asked Questions (FAQs) and further information from the Office for Civil Rights at http://www.ed.gov/about/offices/list/ocr/504faq.html.

The Americans with Disabilities Act (ADA) of 1990 The ADA law also prohibits the discrimination of individuals with a disability. A life- threatening food allergy is identified as a physical disability that substantially limits one or more of the major life activities. For more information, see http://www.dol.gov/esa/regs/statutes/ofccp/ada.htm.

The Individuals with Disabilities Act of 1976 (IDEA) IDEA is a federal law that governs how states and public agencies provide early intervention, special education, and related services. IDEA district procedures must be followed if the student is determined to be eligible for special education services under IDEA. For additional information, visit http://www.k12.wa.us/SpecialEd/regulations.aspx.

Accommodating Children with Special Dietary Needs in the School Nutrition Programs-Child Nutrition Program Regulations: 7 CFR Part 15b; 7 CFR Sections 210.10(i)(1), 210.23(b), 215.14, 220.8(f), 225.16(g)(4), and 226.20(h) The United States Department of Agriculture (USDA) provides guidance for public schools concerning special dietary needs of children. The school must provide a special diet if requested by the parent of a student with a life-threatening food allergy. However, the diet must follow USDA guidelines, including a special diet order as defined under the School Nutrition Services on page 21 of this document. If a student does not have a life-threatening food allergy, school nutrition services may, but are not required to, make food substitutions. To review the entire federal guide, see http://www.fns.usda.gov/cnd/Guidance/special_dietary_needs.pdf. **The**

SECTION 3 SCHOOL DISTRICT GUIDELINES Any student diagnosed with a life-threatening food allergy, must have an individual health plan (IHP) and/or emergency care plan (ECP). An ECP may be separate or a part of the IHP. The ECP/IHP may also be the 504 plan. The plans must be completed prior to the student attending school. Care plans are developed by the school nurse in collaboration with the family and a team of professionals, addressing the school's overall responsibilities for the provision of a safe school environment. The ECP/IHP is distributed to school staff having contact with the student. The school nurse organizes and trains school staff regarding their responsibilities and care under the guidance of the written care plan(s).

State law requires all students with life-threatening health conditions to have medication or treatment orders, a nursing care plan, and staff training completed prior to attending school.

Prior to the beginning of every school year, the school nurse should review the health history forms submitted by parents and obtain any additional information necessary regarding life-

threatening food allergies. The school nurse may request written permission from the parents to communicate with the student's LHCP if needed. An ECP/IHP should then be developed by the nurse with team input including the student and parents. The parents should supply the medications ordered by the LHCP. If the parents do not provide the appropriate information needed to complete the care plans and orders, the school district may exclude students from school as required in RCW 28A.210.320 (requiring a medication or treatment order as a condition for students with life-threatening conditions to attend public school). If the parents are requesting meal accommodations from the district nutrition services, a diet prescription form must also be completed by a licensed physician.

Developing Individual and Emergency Care Plans – The Team Approach The parents and student are the experts on the student's food allergy. To ensure a safe learning environment for the student with a life-threatening food allergy, the parents and the student should plan to meet with the school nurse, school officials, school nutrition services, and other school staff as necessary to develop the IHP and/or ECP. This meeting needs to occur prior to the student attending school, upon returning to school after an absence related to the diagnosis, and any time there are changes in the student's treatment plan.

Having the parents actively involved in the development of the IHP/ECP greatly eliminates many unnecessary concerns. The IHP and/or ECP are integral parts of the overall school policies and procedures for ensuring a safe learning environment for students with life-threatening food allergies. The IHP/ECP may serve as the 504 plan as determined by the district. The general guidelines in this manual must be individualized for each student with a life-threatening allergy to foods.

The ECP is distributed to all appropriate school staff trained to respond to a student's anaphylactic emergency. The ECP is student specific and should have a current picture of the student on the plan to aid in identification. Only those staff who will have direct responsibility for the student will be trained in student specific procedures, but all school staff should receive awareness training yearly in symptoms of anaphylaxis.

All School Staff Training

Awareness training for all school staff must be provided each school year. This could be included in any or all staff training opportunity. The Spokane School District uses the video "It Only Takes One Bite″ as one training tool. This video is available to borrow through OSPI Health Services and the School Nurse Corps program in each Educational Service District. The video is a part of the Food Allergy Kit prepared by the OSPI Child Nutrition Services. See the Nurse Administrator contact list a http://www.k12.wa.us/HealthServices/ESDcontacts.aspx.

Student Specific Training The school nurse conducts student specific training for staff who will have responsibility to implement the student's ECP. Student specific training has three components:

Training in avoidance procedures to prevent exposure of the student to the food allergen.

Training in the recognition of symptoms, especially early symptoms.

Training in the administration of epinephrine and other needed emergency medications.

Avoidance training must include establishing a list of food items that commonly contain food allergens that may not necessarily be obvious for possible exposure. Avoidance training is site specific. In the classroom, teachers need to be aware of potential allergens and avoid use in science and laboratory materials, arts and craft materials, snacks, and party foods. More than one staff person must be trained for each situation or location including, but not limited to: the student's classroom teacher, classroom aides, and any specialists. Special attention is needed to ensure that trained school staff accompanies the student on field trips.

Protocols must be in place to ensure that substitute teachers are informed of the student's life-threatening allergy, the location of the ECP, and duties associated with implementing the ECP.

ECP Training Staff designated to implement the student's ECP must be trained in early recognition of symptoms of anaphylaxis and the administration of epinephrine and other necessary emergency medications. The LHCP prescribes the appropriate epinephrine injector which the parent provides for the school. Training needs to occur annually and/or before the start of the school year and/or before the student attends school for the first time. **It is essential to ensuring the child’s safety while at school to: secure LHCP orders, develop the ECP, and train designated school staff prior to the child attending school.**

3)

Guildelines for Care of Students with Diabetes

DEVELOPING AN INDIVIDUAL HEALTH PLAN (IHP)/SECTION 504 PLAN: THE TEAM APPROACH

Parents and the student should plan to meet with school officials and the school nurse to develop theindividual health plan (IHP)/Section 504 plan (Appendices B and C) prior to the student attending school. Additional meetings should occur at least annually or upon returning to school after an absence related to the diagnosis, and any time there are changes in the student's treatment plan. These planned team meetings will ensure a safe, therapeutic, learning environment for the student with diabetes. The IHP/Section 504 team will consist of at least the school nurse and parents. Other members could be added as needed (e.g., teachers). The school nurse must be involved in the initial and ongoing discussions since it will be the nurse who establishes the school treatment and disaster and emergency plans, coordinates the nursing care, and trains and supervises school staff in the monitoring and treatment of symptoms (Appendix D). The school nurse is ultimately accountable for the quality of the healthcare provided during the school day to students with diabetes. She or he has the responsibility of consulting and coordinating with the student's parents and healthcare provider (HCP) to establish a safe, therapeutic learning environment.

Most students with diabetes currently attending school have an IHP in place. **The new statute adds the requirement that schools are responsible for ensuring there is an IHP for every student with diabetes.** The statute instructs the school district board of directors to adopt policies as a prerequisite condition to providing IHPs for students with diabetes. Refer to Appendix E for a detailed explanation of the required policies and a sample policy.
The school district board of directors is directed to designate a professional person licensed under RCW 18.71 (medical doctors), RCW 18.57 (doctors of osteopathy), or RCW 18.79 as it applies to R.N.s and A.R.N.P.s to:
• Consult and coordinate with the student's parents and healthcare provider.
• Train and supervise the appropriate school district personnel in proper procedures for care of students with diabetes.

PERSONNEL GUIDELINES FOR CARE OF STUDENTS WITH DIABETES IN THE SCHOOL SETTING

This section describes who may assume responsibility for activities in the IHP/Section 504 plan as determined by statute, regulation, Nursing Care Quality Assurance Commission (NCQAC) guidelines (Appendix L), or best practice. While these are guidelines only, it is strongly recommended that they be followed in order to maintain safety and quality of care. Determinations that relate to these guidelines become part of the student's IHP/Section 504 plan. A table (pages 24 and 25) summarizes these guidelines.

Blood Sugar Monitoring

• Blood sugar monitoring, if ordered, will be provided before meals (not including snacks).

• The student, parent, family member, PDA (Appendix I), or licensed staff R.N. or licensed practical nurse (L.P.N.) may perform this procedure as defined in the IHP/Section 504 Plan. A HCP's order is needed if blood sugar monitoring is being done by a licensed school health professional. Assessment of the student's ability to independently perform this procedure will be determined by the parent, school nurse, and HCP. Additionally, RCW 28A.210.330 requires

school districts to develop district policy addressing the acquisition of orders from a HCP for monitoring and treatment at schools. Supervision of the student may be needed due to the student's developmental ability, level of independence, proximity to initial diagnosis, and/or age. Such supervision can only be provided by a parent, family member, PDA, or licensed personnel. Based on an advisory opinion from the Nursing Care Quality Assurance Commission, this procedure and necessary student supervision cannot be delegated to nonlicensed personnel (Appendix L).

• Verification of the number on the meter by nonlicensed school personnel for a student independent in the management of his/her self-monitoring can be performed after training, supervision, and delegation by the school nurse (Appendix L).

• The test can be done at most locations with planning for blood containment, clean up, and lancet disposal in the physical setting where the testing will occur (Appendix M). It will be necessary to establish a plan with the student, parent, and school nurse in advance. Provisions for storage of supplies must be made.

• Blood sugar monitoring for symptoms of low (hypoglycemia) or high (hyperglycemia) blood sugar will be done by the student (if able), the parent, family member, or PDA. The school nurse, if available and with a HCP order, can also perform the procedure. The same provisions, as stated above, for containment of blood and sharps must be applied.

• In special circumstances such as extended day, field trips, and after-school sports or activities, blood sugar monitoring can be performed by the student, licensed staff member, parent, family member, or PDA. Provisions for containment and clean up of blood and sharps disposal must be available (Appendix M). Also, provisions must be made for safe storage of supplies and equipment.

Insulin Injection

• An insulin injection prior to meals may be needed based on the individual's insulin prescription. A HCP's written order stating the sliding scale ranges for the amount and type of insulin to be injected is required (Appendix K). Adjustments in the daily dosage amount of insulin can be made by consultation with the parent as long as the parent's recommendations are within a range ordered on the HCP's written sliding scale. The HCP must also clearly state that parents may be consulted for daily dosage adjustments. Parents may not order treatments or changes to the treatment plan independently as they are not authorized prescribers (Appendix L). Guidelines for

Assessment of the student's ability to independently perform this procedure will be determined by the parent, school nurse, and HCP. If licensed staff perform the procedure, the HCP order is necessary. Again, RCW 28A.210.330 requires school districts to develop district policy addressing the acquisition of orders from a HCP for monitoring and treatment at schools. Supervision that may be needed due to the student's developmental ability, level of independence, proximity to initial diagnosis, or age can only be provided by a parent, family member, PDA, or licensed staff member.

• After training, supervision, and delegation by the school nurse, nonlicensed school personnel can verify the amount dialed, by the student, on the insulin pen for a student who is independent in the management of her or his self-injecting (Appendix L).

• Drawing up of insulin, verification of dose, and injection can be done only by the student (if able), a parent, a family member, a PDA, or licensed staff (R.N. or L.P.N.).

• The injections can be done at any location where privacy is provided, with planning for blood containment, clean up, and lancet disposal, in the physical setting where the injections will occur (Appendix M). It will be necessary to establish a plan with the student, parent, and school nurse in advance. Provisions must be made for storage of medication and syringes.

• If extra insulin injections are needed, the student, parent, family member, PDA, or school nurse can perform the procedure. Extra injections are those needed as determined by testing done other than before meals. These injections can occur anywhere as long as provisions are made for blood containment, clean up, sharps disposal, and storage of medication.

Low Blood Sugar (Hypoglycemia) Treatment

• The school nurse, parent, and HCP should determine a plan that includes the individual student's symptoms and treatment of low blood sugar. Blood glucose determination can be done by the student, nurse, parent, or PDA, if available. **Treatment, however, should not be withheld if testing is not available and the student is symptomatic**. If there is ever a doubt that the student is experiencing low blood sugar (hypoglycemia) symptoms, treatment should be given **immediately**. Treatment should be a food snack that the parent has provided. A quick acting carbohydrate (fruit juice, glucose tablets, glucose gel, etc.) is appropriate. A more substantial follow-up snack may be needed. All snacks should be readily available. Low blood sugar (hypoglycemic) episodes and snack usage should be reported to the parent. Note that glucose tablets and food are not considered to be medication. Anyone can treat the student who is experiencing symptoms of low blood sugar. If the student is excused from class to seek treatment at another location, **she or he needs to be escorted to that location**. It is important to treat symptoms **immediately**. Document and inform parents as noted in the student's IHP/Section 504 plan.

Treatment for low blood sugar can occur anywhere. For this reason, it is important for the student and the adult in charge to know where the student's emergency food supplies are stored.

• **Severe low blood sugar** (hypoglycemia) occurs when the student is unconscious and cannot safely swallow food or liquid. School staff should be trained in emergency response for this situation. If the student is unconscious or unable to take food or drink safely by mouth, **call 911**. Place the student on his or her side to prevent aspiration. School personnel must remain with the student until medical help arrives. It is extremely helpful to have the student's medical information available for the paramedics treating the student. Parents should be contacted after **911** has been called.

4)

Infectious Disease Control for School Staff Exclusion from School

The local health officer is the primary resource in the identification and control of infectious disease in the community, including child care centers and schools. School staff knowing of a case or suspected case of a notifiable disease such as contained in Chapter 246-110 WAC (see Appendix III), shall report the name and other identifying information to the principal or school nurse. The school is required in WAC 246-101-420 (see Appendix III) to notify their local health jurisdiction. Additionally, both Chapter 246-100 WAC Communicable and certain other diseases and Chapter 246-101 WAC Notifiable conditions (see Appendices IV and V), define “health care provider” as “any person having direct or supervisory responsibility for the delivery of care who is: a) Licensed or certified in this state under Title 18 RCW…” As health care providers licensed under Title 18 RCW, school nurses (registered nurses) shall follow the requirements of the following WACs (see Appendix V):

- WAC 246-101-101 Notifiable conditions and the health care provider.
- WAC 246-101-105 Duties of the health care provider.
- WAC 246-101-110 Means of notification.
- WAC 246-101-115 Content of notification.
- WAC 246-101-120 Handling of case reports and medical information.

5)

RCW 18.79.260
Registered nurse — Activities allowed — Delegation of tasks.

(1) A registered nurse under his or her license may perform for compensation nursing care, as that term is usually understood, to individuals with illnesses, injuries, or disabilities.

(2) A registered nurse may, at or under the general direction of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, naturopathic physician, podiatric physician and surgeon, physician assistant, osteopathic physician assistant, or advanced registered nurse practitioner acting within the scope of his or her license, administer medications, treatments, tests, and inoculations, whether or not the severing or penetrating of tissues is involved and whether or not a degree of independent judgment and skill is required. Such direction must be for acts which are within the scope of registered nursing practice.

(3) A registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient.

(a) The delegating nurse shall:

(i) Determine the competency of the individual to perform the tasks;

(ii) Evaluate the appropriateness of the delegation;

(iii) Supervise the actions of the person performing the delegated task; and

(iv) Delegate only those tasks that are within the registered nurse's scope of practice.

(b) A registered nurse, working for a home health or hospice agency regulated under chapter 70.127 RCW, may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care.

(c) Except as authorized in (b) or (e) of this subsection, a registered nurse may not delegate the administration of medications. Except as authorized in (e) of this subsection, a registered nurse may not delegate acts requiring substantial skill, and may not delegate piercing or severing of tissues. Acts that require nursing judgment shall not be delegated.

(d) No person may coerce a nurse into compromising patient safety by requiring the nurse to delegate if the nurse determines that it is inappropriate to do so. Nurses shall not be subject to any employer reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety.

(e) For delegation in community-based care settings or in-home care settings, a registered nurse may delegate nursing care tasks only to registered or certified nursing assistants. Simple care tasks such as blood pressure monitoring, personal care service, diabetic insulin device set up, verbal verification of insulin dosage for sight-impaired individuals, or other tasks as defined by the nursing care quality assurance commission are exempted from this requirement.

(i) "Community-based care settings" includes: Community residential programs for people with developmental disabilities, certified by the department of social and health services under chapter 71A.12 RCW; adult family homes licensed under chapter 70.128 RCW; and boarding homes licensed under chapter 18.20 RCW. Community-based care settings do not include acute care or skilled nursing facilities.
(ii) "In-home care settings" include an individual's place of temporary or permanent residence, but does not include acute care or skilled nursing facilities, and does not include community-based care settings as defined in (e)(i) of this subsection.

(iii) Delegation of nursing care tasks in community-based care settings and in-home care settings is only allowed for individuals who have a stable and predictable condition. "Stable and predictable condition" means a situation in which the individual's clinical and behavioral status is known and does not require the frequent presence and evaluation of a registered nurse.

(iv) The determination of the appropriateness of delegation of a nursing task is at the discretion of the registered

nurse. Other than delegation of the administration of insulin by injection for the purpose of caring for individuals with diabetes, the administration of medications by injection, sterile procedures, and central line maintenance may never be delegated.

(v) When delegating insulin injections under this section, the registered nurse delegator must instruct the individual regarding proper injection procedures and the use of insulin, demonstrate proper injection procedures, and must supervise and evaluate the individual performing the delegated task weekly during the first four weeks of delegation of insulin injections. If the registered nurse delegator determines that the individual is competent to perform the injection properly and safely, supervision and evaluation shall occur at least every ninety days thereafter.

(vi) The registered nurse shall verify that the nursing assistant has completed the required core nurse delegation training required in chapter 18.88A RCW prior to authorizing delegation.

(vii) The nurse is accountable for his or her own individual actions in the delegation process. Nurses acting within the protocols of their delegation authority are immune from liability for any action performed in the course of their delegation duties.

(viii) Nursing task delegation protocols are not intended to regulate the settings in which delegation may occur, but are intended to ensure that nursing care services have a consistent standard of practice upon which the public and the profession may rely, and to safeguard the authority of the nurse to make independent professional decisions regarding the delegation of a task.

(f) The nursing care quality assurance commission may adopt rules to implement this section.

(4) Only a person licensed as a registered nurse may instruct nurses in technical subjects pertaining to nursing.

(5) Only a person licensed as a registered nurse may hold herself or himself out to the public or designate herself or himself as a registered nurse.

[2008 c 146 § 11; 2003 c 140 § 2; 2000 c 95 § 3; 1995 1st sp.s. c 18 § 51; 1995 c 295 § 1; 1994 sp.s. c 9 § 426.]

Notes:

Findings -- Intent -- Severability -- 2008 c 146: See notes following RCW 74.41.040.

Effective date -- 2003 c 140: See note following RCW 18.79.040.

Conflict with federal requirements -- Severability -- Effective date -- 1995 1st sp.s. c 18: See notes following RCW 74.39A.030.

Effective date -- 1995 c 295: "This act shall take effect August 1, 1996." [1995 c 295 § 4.]

6)

WAC 246-840-700

Agency filings affecting this section

Standards of nursing conduct or practice.

(1) The purpose of defining standards of nursing conduct or practice through WAC 246-840-700 and 246-840-710 is to identify responsibilities of the professional registered nurse and the licensed practical nurse in health care settings and as provided in the Nursing Practice Act, chapter 18.79 RCW. Violation of these standards may be grounds for disciplinary action under chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the professional and ethical standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following;

(2) The nursing process is defined as a systematic problem solving approach to nursing care which has the goal of facilitating an optimal level of functioning and health for the client, recognizing diversity. It consists of a series of phases: Assessment and planning, intervention and evaluation with each phase building upon the preceding phases.

(a) **Registered Nurse:**	(b) **Licensed Practical Nurse:**
Minimum standards for registered nurses include the following:	Minimum standards for licensed practical nurses include the following:
(i) **Standard I Initiating the Nursing Process:**	(i) **Standard I - Implementing the Nursing Process:** The practical nurse assists in implementing the nursing process;
(A) **Assessment and Analysis:** The registered nurse initiates data collection and analysis that includes pertinent objective and subjective data regarding the health status of the clients. The registered nurse is responsible for ongoing client assessment, including assimilation of data gathered from licensed practical nurses and other members of the health care team;	(A) **Assessment:** The licensed practical nurse makes basic observations, gathers data and assists in identification of needs and problems relevant to the clients, collects specific data as directed, and, communicates outcomes of the data collection process in a timely fashion to the appropriate supervising person;
(B) **Nursing Diagnosis/Problem Identification:** The registered nurse uses client data and nursing scientific principles to develop nursing diagnosis and to identify client problems in order to deliver effective nursing care;	(B) **Nursing Diagnosis/Problem Identification:** The licensed practical nurse provides data to assist in the development of nursing diagnoses which are central to the plan of care;
(C) **Planning:** The registered nurse shall plan nursing care which will assist clients and families with maintaining or restoring health and wellness or supporting a dignified death;	(C) **Planning:** The licensed practical nurse contributes to the development of approaches to meet the needs of clients and families, and, develops client care plans utilizing a standardized nursing care plan and assists in setting priorities for care;
(D) **Implementation:** The	(D) **Implementation:** The

registered nurse implements the plan of care by initiating nursing interventions through giving direct care and supervising other members of the care team; and	licensed practical nurse carries out planned approaches to client care and performs common therapeutic nursing techniques; and
(E) **Evaluation:** The registered nurse evaluates the responses of individuals to nursing interventions and is responsible for the analysis and modification of the nursing care plan consistent with intended outcomes;	(E) **Evaluation:** The licensed practical nurse, in collaboration with the registered nurse, assists with making adjustments in the care plan. The licensed practical nurse reports outcomes of care to the registered nurse or supervising health care provider;
(ii) **Standard II Delegation and Supervision:** The registered nurse is accountable for the safety of clients receiving nursing service by:	(ii) **Standard II Delegation and Supervision:** Under direction, the practical nurse is accountable for the safety of clients receiving nursing care:
(A) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence as defined in WAC 246-840-010(10);	(A) The practical nurse may delegate selected nursing tasks to competent individuals in selected situations, in accordance with their education, credentials and competence as defined in WAC 246-840-010(10);
(B) Supervising others to whom he/she has delegated nursing functions as defined in WAC 246-840-010(10);	(B) The licensed practical nurse in delegating functions shall supervise the persons to whom the functions have been delegated;
(C) Evaluating the outcomes of care provided by licensed and other paraprofessional staff;	(C) The licensed practical nurse reports outcomes of delegated nursing care tasks to the RN or supervising health care provider; and
(D) The registered nurse may delegate certain additional acts to certain individuals in community-based long-term care and in-home settings as provided by WAC 246-840-910 through246-840-970 and WAC 246-841-405; and	(D) In community based long-term care and in-home settings as provided by WAC 246-840-910 through246-840-970 and WAC 246-841-405, the practical nurse may delegate only personal care tasks to qualified care givers;
(E) In a home health or hospice agency regulated under chapter 70.127 RCW, a registered nurse may delegate the application, instillation, or insertion of medications to a registered or certified nursing assistant under a plan of care pursuant to chapter 246-335 WAC;	
(iii) **Standard III Health Teaching.** The registered nurse assesses learning	(iii) **Standard III Health Teaching.** The practical nurse assists in health

needs including learning readiness for patients and families, develops plans to meet those learning needs, implements the teaching plan and evaluates the outcome.	teaching of clients and provides routine health information and instruction recognizing individual differences.

(3) **The following standards apply to registered nurses and licensed practical nurses:**

(a) The registered nurse and licensed practical nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care. Communication is defined as a process by which information is exchanged between individuals through a common system of speech, symbols, signs, and written communication or behaviors that serves as both a means of gathering information and of influencing the behavior, actions, attitudes, and feelings of others; and

(b) The registered nurse and licensed practical nurse shall document, on essential client records, the nursing care given and the client's response to that care; and

(c) The registered nurse and licensed practical nurse act as client advocates in health maintenance and clinical care.

(4) **Other responsibilities:**

(a) The registered nurse and the licensed practical nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice;

(b) The registered nurse and the licensed practical nurse shall be responsible and accountable for his or her practice based upon and limited to the scope of his/her education, demonstrated competence, and nursing experience consistent with the scope of practice set forth in this document; and

(c) The registered nurse and the licensed practical nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or procedures which are in his/her scope of practice.

(d) The registered nurse and the licensed practical nurse shall be responsible for maintaining current knowledge in his/her field of practice; and

(e) The registered nurse and the licensed practical nurse shall respect the client's right to privacy by protecting confidential information and shall not use confidential health care information for other than legitimate patient care purposes or as otherwise provided in the Health Care Information Act, chapter 70.02 RCW.

[Statutory Authority: RCW 18.79.110, 18.79.260 (3)(f),18.88A.210 , 2003 c 140. 04-14-065, § 246-840-700, filed 7/2/04, effective 7/2/04. Statutory Authority: RCW 18.79.110. 02-06-117, § 246-840-700, filed 3/6/02, effective 4/6/02. Statutory Authority: Chapter 18.79 RCW. 97-13-100, § 246-840-700, filed 6/18/97, effective 7/19/97.]

7)
Chapter 28A.210 RCW
Health — screening and requirements

Complete Chapter | RCW Dispositions

RCW Sections

28A.210.010 Contagious diseases, limiting contact -- Rules and regulations.

28A.210.020 Visual and auditory screening of pupils -- Rules and regulations.

28A.210.030 Visual and auditory screening of pupils -- Record of screening -- Forwarding of records, recommendations and data.

28A.210.040 Visual and auditory screening of pupils -- Rules and regulations, forms used in screenings, distribution.

28A.210.060 Immunization program -- Purpose.

28A.210.070 Immunization program -- Definitions.

28A.210.080 Immunization program -- Attendance of child conditioned upon presentation of alternative proofs -- Information regarding meningococcal disease -- Information regarding human papillomavirus disease.

28A.210.090 Immunization program -- Exemptions from on presentation of alternative certifications.

28A.210.100 Immunization program -- Source of immunizations -- Written records.

28A.210.110 Immunization program -- Administrator's duties upon receipt of proof of immunization or certification of exemption.

28A.210.120 Immunization program -- Prohibiting child's presence -- Notice to parent, guardian, or adult in loco parentis.

28A.210.130 Immunization program -- Superintendent of public instruction to provide information.

28A.210.140 Immunization program -- State board of health rules, contents.

28A.210.150 Immunization program -- Superintendent of public instruction by rule to adopt procedures for verifying records.

28A.210.160 Immunization program -- Rules.

28A.210.170 Immunization program -- Department of social and health services' rules, contents.

28A.210.180 Screening program for scoliosis -- Purpose.

28A.210.190 Screening program for scoliosis -- Definitions.

28A.210.200 Screening program for scoliosis -- Examination of children -- Personnel making examinations, training for.

28A.210.210 Screening program for scoliosis -- Records -- Parents or guardians notification, contents.

28A.210.220 Screening program for scoliosis -- Distribution of rules, records and forms.

28A.210.240 Screening program for scoliosis -- Pupils exempt, when.

28A.210.250 Screening program for scoliosis -- Sanctions against school officials failing to comply.

28A.210.255 Provision of health services in public and private schools -- Employee job description.

28A.210.260 Public and private schools -- Administration of oral medication by -- Conditions.

28A.210.270 Public and private schools -- Administration of oral medication by -- Immunity from liability -- Discontinuance, procedure.

28A.210.280 Catheterization of public and private school students.

28A.210.290 Catheterization of public and private school students -- Immunity from liability.

28A.210.300 School physician or school nurse may be employed.

28A.210.310 Prohibition on use of tobacco products on school property.

28A.210.320 Children with life-threatening health conditions -- Medication or treatment orders -- Rules.

28A.210.330 Students with diabetes -- Individual health plans -- Designation of professional to consult and coordinate with parents and health care provider -- Training and supervision of school district personnel.

28A.210.340 Students with diabetes -- Adoption of policy for inservice training for school staff.

28A.210.350 Students with diabetes -- Compliance with individual health plan -- Immunity.

28A.210.360 Model policy on access to nutritious foods and developmentally appropriate exercise -- School district policies.

28A.210.365 Food choice, physical activity, childhood fitness -- Minimum standards -- District waiver or exemption policy.

28A.210.370 Students with asthma.

28A.210.375 Student health insurance information -- Pilot project -- Reports.

28A.210.380 Anaphylaxis -- Policy guidelines -- Procedures -- Reports.

APPENDIX K

Where Have All the Nurses Gone

WHERE HAVE ALL THE NURSES GONE?

Lack of health care professionals in schools affects students', teachers' performance. BY JOHN ROSALES

Nurses are so much in demand in today's job market that school nurse Marianne Capoziello cannot open her mailbox without finding recruitment letters from hospitals, nursing homes, prisons, and health care employment agencies.

"I get recruitment offers all the time," says Capoziello, a licensed practical nurse (LPN) for 30 years and member of the Polk County Education Association in Florida. "But I love school nursing."

Hospitals are the most aggressive recruiters, offering to cover moving expenses along with cash signing bonuses and financial assistance with student loans. In 2007, hospitals had a vacancy rate of just over 8 percent, according to the National Association of School Nurses (NASN).

> "People think we sit behind a desk and that's it. It's not like that at all. They quit on me when they find out that this is not all fun. You have to want to be a school nurse." —Irene Rosales

"The nursing shortage is expected to intensify as baby boomers age and the need for health care grows," says Amy Garcia, NASN executive director. "The problem [for schools] appears to be a shortage of adequately funded positions for school nurses."

The average public school nurse cares for 1,151 students at 2.2 schools. About 25 percent of schools have no school nurse, partly because of funding. The average salary for a school nurse is $42,467, or between $33,929 and $53,622, according to a Certified Compensation Professionals' analysis done for Salary.com.

To measure the need for school nurses, districts try to maintain an appropriate ratio of school nurses to students. Ratios vary from state to state. Students in Vermont, for example, have one nurse per 275 students. In Utah it's one nurse per 4,893 students.

States like Alabama (one nurse per 936 students), Georgia (one per 1,734), and Tennessee (one per 1,415) have committed funds during the last 10 years to significantly improve the ratio of school nurses to students. But with their health on the line, it's vital that students have regular contact with a nurse.

Garcia says the increasing health needs of children suffering from asthma, obesity, diabetes, and substance abuse is escalating.

"School nurses struggle to make sure that all students can see, hear, and feel well enough to learn," she says.

K–12 schools aren't the only institutions suffering from a lack of nurses—universities are grappling with a shortage of instructors in their nursing programs.

"Most nursing schools have long waiting lists," Garcia says. "Students with excellent grades are routinely turned away for lack of [nursing school] teaching positions."

According to the American Association of Colleges of Nursing, more than 30,000 qualified nursing school applicants were turned down last year primarily because of a faculty shortage. California currently has wait lists for nursing programs of over three years.

Insufficient clinical sites, classroom space, and budget constraints also hamper nursing programs. By the year 2020, the Health Resources and Services Administration projects that more than 1 million new registered nurses (RNs) will be needed to meet demands for nursing care at schools and hospitals.

To address the nursing shortage, national organizations such as NASN and the National Federation of Licensed Practical Nurses (NFLPN) work on state and federal government committees to supply research and written and oral testimony to legislatures and Congress. These efforts helped produce the Nurse Reinvestment Act, signed by President Bush in 2002. This initiative is intended to encourage people to enter and remain in nursing careers. The law establishes scholarships, loan repayments, public service announcements, retention grants, career ladders, and grants for nursing faculty.

Statewide initiatives are also under way. In Pennsylvania, for example, six new nursing education initiatives were announced to address faculty shortages by encouraging practicing nurses to return to school, earn graduate degrees, and teach nursing. Illinois is unveiling a

nea.org FOR A LIST OF NURSE CATEGORIES AND BACKGROUND, GO TO WWW.NEA.ORG/REF?NURSES.

SAVINGS						**(363,918)**			**(292,110)**	
		Current (08/09)			**OPTION A**			**OPTION B**		
		FTE	**Cost**		**FTE**	**Cost**		**FTE**	**Cost**	
TOTAL BUDGET			**1,694,639**			**1,330,722**			**1,402,530**	
STAFFING - TOTAL		**21.58**	**1,681,559**	**99.23%**	**15.29**	**1,317,642**	**99.02%**	**16.45**	**1,389,450**	**99.07%**
	Certificated:	**15.79**	**1,360,590**		**15.29**	**1,317,642**		**14.79**	**1,274,694**	
	Registered Nurses	15.79	1,319,888		15.29	1,276,940		14.79	1,235,746	
	4 Supplemental Days		27,702			27,702			25,948	
	Certificated Subsitutes		11,000			11,000			11,000	
	Certificated Extra Hourly		2,000			2,000			2,000	
	Classified:	**5.78**	**320,970**		**-**	**-**		**1.66**	**114,756**	
	Licensed Practial Nurses	1.66	109,756		-	-		1.66	109,756	
	Health Assistants	4.13	197,214		-	-		-	-	
	Classified Substitutes		8,000			-			4,000	
	Classified Extra Hourly		6,000			-			1,000	
NERC TOTAL			**13,080**	**0.77%**		**13,080**	**0.98%**		**13,080**	**0.93%**
	Supplies		5,181			5,181			5,181	
	Purchased Services		6,000			6,000			6,000	
	Travel		900			900			900	
	Equipment		999			999			999	

SAVINGS						**(200,129)**			**(77,627)**	
		Current (08/09)			**OPTION C**			**OPTION D**		
		FTE	**Cost**		**FTE**	**Cost**		**FTE**	**Cost**	
TOTAL BUDGET			**1,694,639**			**1,494,510**			**1,623,012**	
STAFFING - TOTAL		**21.58**	**1,681,559**	**99.23%**	**17.58**	**1,481,430**	**99.12%**	**20.08**	**1,609,932**	**99.15%**
	Certificated:	**15.79**	**1,360,590**		**15.79**	**1,360,590**		**15.79**	**1,360,590**	
	Registered Nurses	15.79	1,319,888		15.79	1,319,888		15.79	1,319,888	
	4 Supplemental Days		27,702			27,702			27,702	
	Certificated Subsitutes		11,000			11,000			11,000	
	Certificated Extra Hourly		2,000			2,000			2,000	
	Classified:	**5.78**	**320,970**		**1.78**	**120,841**		**4.29**	**249,342**	
	Licensed Practial Nurses	1.66	109,756		1.66	109,756		1.66	109,756	
	Health Assistants	4.13	197,214		0.13	6,085		2.63	125,586	
	Classified Substitutes		8,000			4,000			8,000	
	Classified Extra Hourly		6,000			1,000			6,000	
NERC TOTAL			**13,080**	**0.77%**		**13,080**	**0.88%**		**13,080**	**0.85%**
	Supplies		5,181			5,181			5,181	
	Purchased Services		6,000			6,000			6,000	
	Travel		900			900			900	
	Equipment		999			999			999	