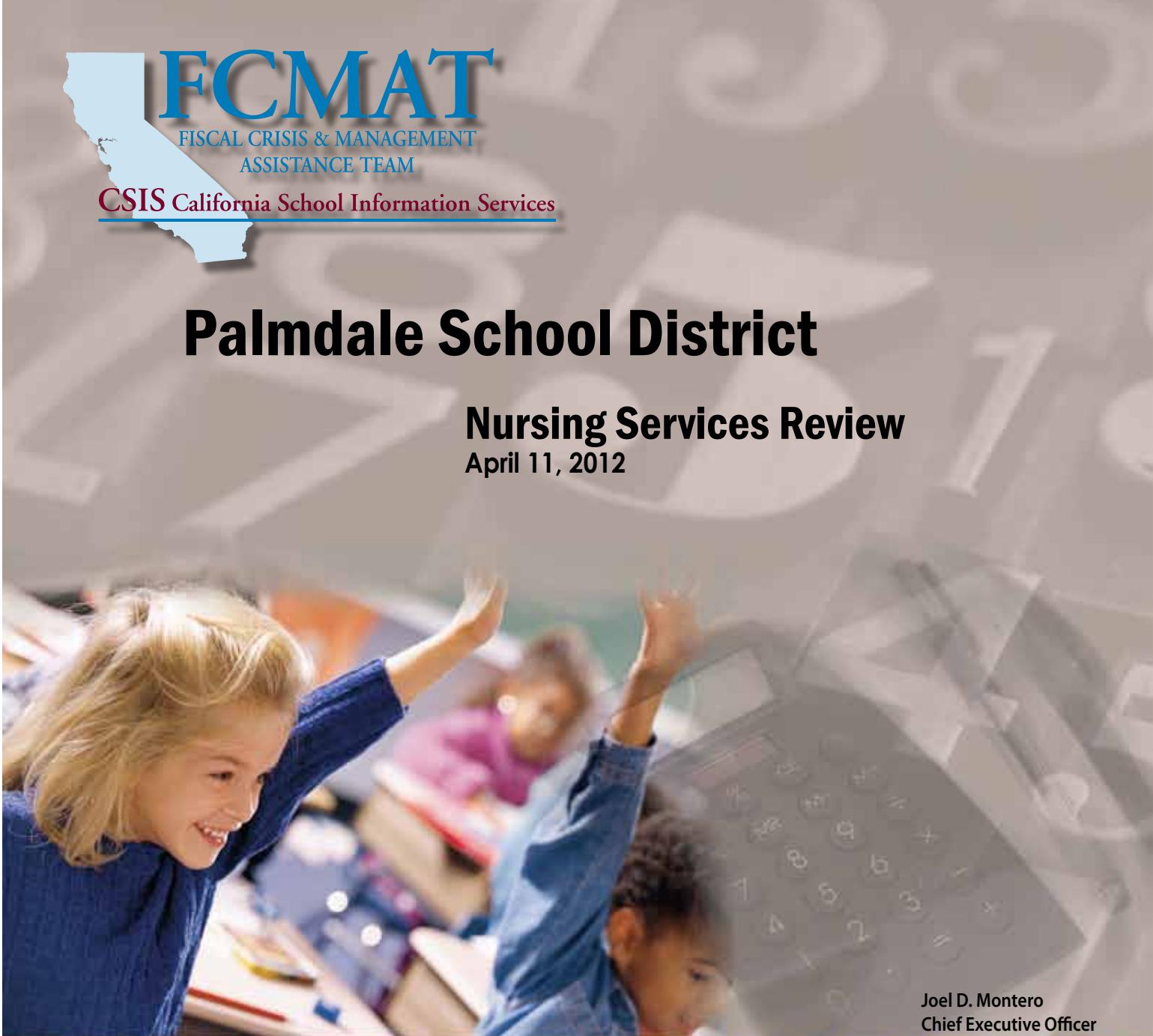




CSIS California School Information Services

Palmdale School District

Nursing Services Review April 11, 2012



Joel D. Montero
Chief Executive Officer





CSIS California School Information Services

April 11, 2012

Roger D. Gallizzi, Superintendent
Palmdale School District
39139 North 10th Street East
Palmdale, CA 93550

Dear Superintendent Gallizzi,

In July 2011, the Palmdale School District and the Fiscal Crisis and Management Assistance Team (FCMAT) entered into an agreement for a nursing services review. Specifically, the agreement stated that FCMAT would perform the following:

Review the district's organizational structure for the health and safety needs for students and provide recommendations regarding best practices to improve the operational efficiency of the department. The district employs California registered nurses (RNs) with a Baccalaureate degree. In addition, the school nurses possess a California School Nurse Services credential. There are eight full time school nurses who serve the health needs for students in a wide range of programs: Infant Special Education, Preschools, Elementary, Secondary, Continuation Schools, Migrant Education Programs, and Special Education and Early Education Centers. The district's nurses are members of a multidisciplinary team to meet the health and educational needs of children. Duties may include health assessment, communicable disease control, state mandated screening such as vision and scoliosis, first aid and disaster preparedness, immunization follow-up, child abuse reporting, suicide risk assessment, utilization of approved community resources, and health education of students and staff. School nurses also train, supervise and assign unlicensed personnel to provide specialized physical health care services.

This final report contains the study team's findings and recommendations in the above areas of review. We appreciate the opportunity to serve the Palmdale School District, and extend our thanks to all the staff for their assistance during fieldwork.

Sincerely,

Joel D. Montero
Chief Executive Officer

FCMAT

Joel D. Montero, Chief Executive Officer

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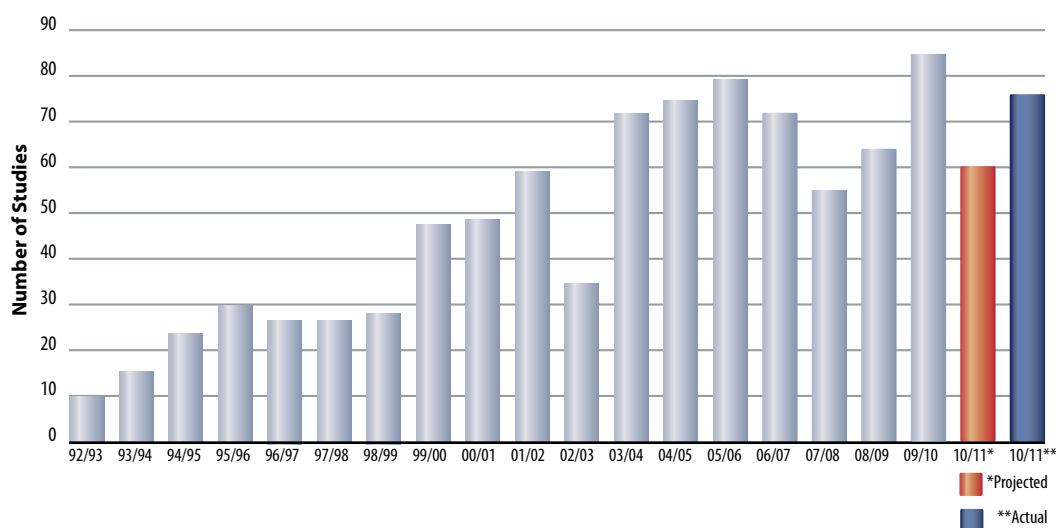
About FCMAT

FCMAT's primary mission is to assist California's local K-14 educational agencies to identify, prevent, and resolve financial and data management challenges. FCMAT provides fiscal and data management assistance, professional development training, product development and other related school business and data services. FCMAT's fiscal and management assistance services are used not just to help avert fiscal crisis, but to promote sound financial practices and efficient operations. FCMAT's data management services are used to help local educational agencies (LEAs) meet state reporting responsibilities, improve data quality, and share information.

FCMAT may be requested to provide fiscal crisis or management assistance by a school district, charter school, community college, county office of education, the state Superintendent of Public Instruction, or the Legislature.

When a request or assignment is received, FCMAT assembles a study team that works closely with the local education agency to define the scope of work, conduct on-site fieldwork and provide a written report with findings and recommendations to help resolve issues, overcome challenges and plan for the future.

Studies by Fiscal Year



FCMAT also develops and provides numerous publications, software tools, workshops and professional development opportunities to help local educational agencies operate more effectively and fulfill their fiscal oversight and data management responsibilities. The California School Information Services (CSIS) arm of FCMAT assists the California Department of Education with the implementation of the California Longitudinal Pupil Achievement Data System (CALPADS) and also maintains DataGate, the FCMAT/CSIS software LEAs use for CSIS services. FCMAT was created by Assembly Bill 1200 in 1992 to assist LEAs to meet and sustain their financial obligations. Assembly Bill 107 in 1997 charged FCMAT with responsibility for CSIS and its statewide data management work. Assembly Bill 1115 in 1999 codified CSIS' mission.

AB 1200 is also a statewide plan for county office of education and school districts to work together locally to improve fiscal procedures and accountability standards. Assembly Bill 2756 (2004) provides specific responsibilities to FCMAT with regard to districts that have received emergency state loans.

In January 2006, SB 430 (charter schools) and AB 1366 (community colleges) became law and expanded FCMAT's services to those types of LEAs.

Since 1992, FCMAT has been engaged to perform nearly 850 reviews for LEAs, including school districts, county offices of education, charter schools and community colleges. The Kern County Superintendent of Schools is the administrative agent for FCMAT. The team is led by Joel D. Montero, Chief Executive Officer, with funding derived through appropriations in the state budget and a modest fee schedule for charges to requesting agencies.

Introduction

Background

The Palmdale School District is located in the high desert region of northeastern Los Angeles County and has a student enrollment of more than 21,000. The district covers approximately 77 square miles and is the fourth largest elementary school district in California. Students are served in 15 K-6 schools, five K-8 schools, four 7-8 intermediate schools and one early childhood education center.

Palmdale is the fastest growing city in Los Angeles County. With affordable housing, Palmdale is a bedroom community for those working in the San Fernando Valley and the greater Los Angeles metropolitan area.

In July 2011, the district entered into a study agreement with FCMAT to perform the following:

Review the district's organizational structure for the health and safety needs for students and provide recommendations regarding best practices to improve the operational efficiency of the department. The district employs California registered nurses (RNs) with a Baccalaureate degree. In addition, the school nurses possess a California School Nurse Services credential. There are eight full time school nurses who serve the health needs for students in a wide range of programs: Infant Special Education, Preschools, Elementary, Secondary, Continuation Schools, Migrant Education Programs, and Special Education and Early Education Centers. The district's nurses are members of a multidisciplinary team to meet the health and educational needs of children.

Duties may include health assessment, communicable disease control, state mandated screening such as vision and scoliosis, first aid and disaster preparedness, immunization follow-up, child abuse reporting, suicide risk assessment, utilization of approved community resources, and health education of students and staff. School nurses also train, supervise and assign unlicensed personnel to provide specialized physical health care services.

Study Guidelines

FCMAT visited the district on December 6-8, 2011 to conduct interviews, collect data, review documents and inspect facilities. This report is the result of those activities and is divided into the following sections:

- District-Provided Health Services
- Organizational Structure

Study Team

The study team was composed of the following members:

Debi Deal, CFE FCMAT Fiscal Intervention Specialist Los Angeles, California	Shelley Northrop, RN, MSN, PHN* Health Services Coordinator II Kern County Superintendent of Schools Bakersfield, California
Laura Haywood FCMAT Technical Writer Bakersfield, California	Linda Hogoboom, RN, BSN, PHN* District Nurse Lucia Mar Unified School District Arroyo Grande, California

*As members of this study team, these consultants were not representing their respective employers but were working solely as independent contractors for FCMAT.

Executive Summary

The Palmdale School District operates a full-time health clinic located at the district office complex. The health services program has approximately 40 employees that serve 25 schools.

With continued state budget reductions, declining enrollment and escalating operational costs, the district is reviewing all programs to increase efficiency and reduce costs wherever possible to sustain the district's fiscal solvency while still maintaining quality programs for students.

District-Provided Health Services

The district operates a full-time Health Clinic providing daily services from 8:30 a.m. to 4:30 p.m. and offering immunization services for all children from infants to 18 years old that reside in the Antelope Valley. The clinic is located at the district office complex in the Welcome and Enrollment Center. In addition to immunization services, the district offers district employees Hepatitis B series vaccinations, and adult TB testing at no charge to employees and school volunteers. Other adults may receive these vaccinations for a nominal fee.

The health clinic serves students from all the surrounding school districts in the Antelope Valley at no charge. With limited resources and ongoing budget cuts, the district must evaluate the advantages and disadvantages of offering this type of service.

This program has evolved over the last 10 years. Initially the district ran a mobile immunization clinic twice monthly at two school sites. Parents and guardians of district students were notified of the dates for the clinics.

During the 2007-08 fiscal year the staff saw an opportunity to centralize clinic services through a federal Vaccination for Children grant that offered free vaccinations to the district for students, with the provision that all children from infants to 18 years of age in the Antelope Valley could participate. This provided an opportunity to centrally locate the health clinic at the Welcome and Enrollment Center, allowing parents/guardians to enroll their students and have them vaccinated at the same time. This program has grown substantially over time.

Many government agencies have been challenged with budget and staffing reductions during the last several years due to continued budget reductions at the state level. Agencies that are mandated to provide vaccinations through county or grant-based programs have long wait times or appointments that need to be scheduled several weeks in advance. These agencies started referring clients to the district's walk-in service. As service offerings declined at other agencies, the district's program caseload increased accordingly.

The health clinic is staffed by one full-time bilingual administrative clerk and one full-time health service technician/licensed vocational nurse. The director for health services has direct oversight responsibility for training and supervision. Although these positions, except for the director, are multi-funded primarily from Medi-Cal Administrative Activities (MAA) and Local Education Agency Medi-Cal Billing Option funds, the cost of the positions exceeds \$144,000 for direct services related to the health clinic. The entire health services budget is \$1,443,019 for 2011-12; therefore, the direct cost for clinic services represents 10% of the current year budget.

Organizational Structure

The district's health services division is staffed with approximately 40 personnel in various classifications.

Each classification has restrictions on the type of health related services that can be performed depending on the licensing, education and skill level required for various medical procedures. The legal authority for the provision of specialized health care services in a school setting is strictly regulated by the Education Code (EC), the Business and Professional Code (BPC), and Title 5 of the California Code of Regulations (CCR). (EC 44267-44267.5; 44877; 49422; 49423-49423.5; 49426-49427. CCR Title 5: 3027; 3051.12 (b)(1)(C)(1); (b)(1)(C)(2); (b) (1)(E)(2); (b)(1)(B); (b)(E)(1)(2); (b)(1)(F); (b)(1)(D)(E); 80050; Title 17 2950-2951. BPC Chapter 6, Section 2700, division 2; Health and Safety Code 124100 and 124085.

Federal and state regulations establish credentialing and licensing requirements to become a school nurse. Requirements and guidelines for the use of unlicensed assistive personnel (UAP) differ from state to state. California, like most states, allows UAPs such as health technicians, health assistants and other school personnel to provide a variety of nursing services including the administration of medications to pupils.

A school nurse must be a registered nurse who has completed the additional requirements for a credential pursuant to Section 44877 of the Education Code and CCR , Title 5, 80050. Under the direction and supervision of a school nurse, unlicensed personnel can be trained and supervised to perform specialized physical health care services if the nurse feels the staff is sufficiently trained and competent in their regular duties.

Findings and Recommendations

District-Provided Health Services

Health Clinic and School Site Services

Palmdale School District operates a full-time Health Clinic from 8:30 a.m. to 4:30 p.m. daily, offering immunization services for all children from infants to 18 years old that reside in the Antelope Valley. The clinic is located at the district office complex in the Welcome and Enrollment Center. In addition to immunization services, the district offers Hepatitis B series vaccinations to its employees, and adult tuberculosis (TB) testing at no charge to district employees and volunteers. Other adults may receive these vaccinations for a nominal fee. As a cost-saving measure, the district could limit free Hepatitis B vaccinations to only those employees identified under its Cal-OSHA Blood Borne Pathogen Plan.

This program has evolved over the last 10 years. Initially the district ran a mobile clinic for student immunizations funded through Healthy Start, with support from the Kaiser Foundation and other community partners. The mobile immunization clinic was held twice monthly at two school sites. Parents and guardians of district students were notified of the dates for the clinics. This service was not offered to students from surrounding districts.

During the 2007-08 school year staff saw an opportunity to centralize clinic services through a federal Vaccination for Children grant that offered free vaccinations to the district for students, with the provision that all children from infants to 18 years of age in the Antelope Valley could participate. This provided an opportunity to centrally locate the health clinic at the Welcome and Enrollment Center, allowing parents/guardians the opportunity to enroll their students and have them vaccinated at the same time. This program has grown substantially over time.

Many government agencies have been challenged with budget and staffing reductions during the last several years of state fiscal distress. Agencies that are mandated to provide vaccinations through county or grant-based programs have long wait times or appointments that need to be scheduled several weeks in advance. These agencies started referring clients to the district's walk-in service. As services decreased at other agencies, the district's program caseload increased accordingly.

Prior to the current fiscal year, the health clinic staff tabulated records for total immunizations but did not distinguish district students from non-district students, or delineate between district employees and district volunteers that were served versus all other adults that received services from the district clinic. TB tests were administered to district personnel, volunteers and other adults at a minimal fee. The following table represents district health clinic data for student immunizations and TB tests for fiscal years 2007-08 through 2010-11:

***Palmdale School District
Health Clinic Activity for Student Immunizations and TB Tests
Fiscal Years 2007-08 through 2010-11***

Fiscal Year	Total Children Immunized	Total TB Tests
2007-08	3,309	2,829
2008-09	2,159	3,512
2009-10	2,195	3,635
2010-11	3,342	4,090

Effective July 1, 2011, a new California immunization requirement, tetanus-diphtheria-pertussis (Tdap), affected all students grades 7-12. Clearly, this new requirement contributed to the increase in total children immunized in 2010-11 over the prior year. However, beginning with 2012-13, the requirement will be for incoming 7th grade students only.

Records for the current fiscal year have been tabulated through November 2011; therefore, the team provides a comparison to prior fiscal years covering the same time period to represent each fiscal year of clinic operations. Based on this information, clinic services are 141.2% higher in 2011-12 than 2010-11 for immunizations, and are fairly level for TB testing.

***Palmdale School District
Health Clinic Activity for Student Immunizations and TB Tests
Each Fiscal Year of Operations, July through November Activity***

Fiscal Year	Total Children Immunized	Percentage Increase/ Decrease Over Prior Year	Total TB Tests	Percentage Increase/Decrease Over Prior Year
2007-08	880	---	1,194	---
2008-09	1,027	16.7%	1,654	38.5%
2009-10	1,405	36.8%	1,892	14.4%
2010-11	1,083	-29.7%	2,044	8.0%
2011-12	2,614	141.2%	2,033	-0.05%

Similar to many California school districts, Palmdale School District has been in declining enrollment over the past five years. The next table compares the decline in district enrollment over the period that the clinic has been in operation with the total number of immunizations and TB tests documented during the same period. Although district enrollment has declined, immunization services have increased dramatically.

Most significant is the enrollment decline in 2010-11 of 1.2% compared with the increase in immunizations and TB testing of 27.47%, as illustrated in the table below.

Palmdale School District

***Health Clinic Activity versus District Enrollment Percentage Change
Fiscal Years 2007-08 through 2010-11***

Fiscal Year	Enrollment	Increase/Decrease Over Prior Year Enrollment	Total TB Tests & Children Immunized	Percentage Increase/Decrease Over Prior Year Immunizations
2007-08	22,193	-1.4%	6,138	---
2008-09	21,498	-3.1%	5,671	-7.6%
2009-10	21,296	-0.9%	5,830	+2.80%
2010-11	21,049	-1.2%	7,432	+27.47%

During the current fiscal year, district staff started recording student vaccinations by individual school district, infant services and a miscellaneous category. Detailed records show that 56.5% of the clinic immunization services are for Palmdale students, which includes the district's Head Start program, and 43.5% are for students that reside in surrounding districts. The table below shows the breakdown in clinic services from July 1, 2011 through November 30, 2011.

Palmdale School District

Health Clinic Activity for Student Immunizations

July 1, 2011 through November 30, 2011

Fiscal Year 2011-12	Palmdale SD Students	Head Start Students	Out of District Students	Total Visits
July	156	20	246	422
August	489	62	313	864
September	335	74	160	569
October	225	36	180	441
November	65	16	237	318
Totals	1,270	208	1,136	2,614

From July 1, 2011 through November 30, 2011 there were 2,614 clinic visits, with 1,270 Palmdale School District students receiving vaccinations. The largest portion of the 1,136 students from surrounding school districts, representing 64.8%, were students from Antelope Valley Union High School, as demonstrated in the table below:

Palmdale School District
Clinic Data for Student Immunizations from Other Districts
Fiscal Year 2011-12

School of Attendance	No. of Students
Antelope Valley	737
Lancaster	90
Keppel	78
Westside	98
Eastside	9
Other	94
Infant	30
Total of Non-District Students	1,136

During interviews with district employees, many expressed concern that much-needed services and resources for the district's school sites are redirected to the district office complex to serve Palmdale students and students from all the surrounding school districts in the Antelope Valley. With limited resources and ongoing budget cuts, the district should evaluate the advantages and disadvantages of offering this type of free service to other school districts versus the discounted prices of immunizations that can be obtained through Los Angeles County Health Services. Should the district continue to offer services to surrounding school districts but reduce the service hours, the district would still be entitled to participate in the Federal Vaccine for Children grant.

Beginning July 1, 2011, district staff expanded the data collection categories. The information below is a compilation from the district's health services division for TB testing, flu shots, sign-ins and collections.

Adults, other than district employees and district volunteers, pay a fee of \$15 for a TB test. TB tests require a reading on the third day. All students and adults pay a fee of \$20 for a repeat TB test after the third day. Requests for copies of records are charged \$1 per copy. In addition to these fees, the clinic accepts donations. During this time period, the clinic collected \$52 for copies and \$102 in donations according to the records below, which are based on the district counts above from July 1, 2011 through November 30, 2011 for TB tests, flu shots and collections:

July 1 - Nov. 30, 2011	Tuberculosis Test								Flu Shots	Total Patients that Signed In	Amount Collected				
	PSD			Head Start		Total PPDs	Paid PPD	Repeat PPDs			Paid Records	Donations	Total \$		
	Employee	Students	Volunteer	Child	Volunteer										
Total	141	858	263	308	299	134	30	2033	387	5376	\$1,890	\$100	\$52	\$102	\$2,144

FCMAT tested the total collections against the various categories of patients that incur charges and noted several recording errors. According to district staff, adults that receive TB tests recorded in the "Other" column pay \$15. Therefore, the total amount collected in the "Paid PPD" column should be \$2,010 ($\$15 \times 134 = \$2,010$), and "Repeat PPDs" should be \$600 ($\$20 \times 30 = \600). The total collections using the counts recorded should be \$2,764 instead of \$2,144, a difference of \$620.

Upon notification that the spreadsheet had several errors, staff made several corrections that substantially agree with the total collections and resubmitted the revised spreadsheet below:

July 1 - Nov. 30, 2011	Tuberculosis Test								Flu Shots	Total Patients that Signed In	Amount Collected					
	PSD			Head Start		Other	Repeats	Total PPDs			Paid PPD	Repeat PPDs	Paid Records	Donations		
	Employee	Students	Volunteer	Child	Volunteer						Paid PPD	Repeat PPDs	Paid Records	Donations		
Total	141	858	263	308	299	122	6	1997	387	5376	\$1,840	\$120	\$52	\$102	\$2,114	

The health service staff responsible for data collection should be trained in a process that includes those data components required by the district office in each fiscal year, and should be taught how to validate the recorded data for accuracy. Establishing period internal control procedures that test the validity of the data will assist the district by identifying areas for future professional development in this area.

***Palmdale School District
Health Clinic Activity for TB Testing
July 1, 2011 through November 30, 2011***

Fiscal Year 2011-12	District Employees, Volunteers and Students	District Head Start Students and Volunteers	Other Adults	Repeat Tests - All Categories	Totals
July	223	62	8	0	293
August	449	187	44	2	682
September	313	239	25	2	579
October	170	93	21	1	285
November	107	26	24	1	158
Totals	1,262	607	122	6	1,997

FCMAT relied on the district's information to prepare the table above even though some counts may be misreported. Based on this information, district employees, volunteers and students represent 94% of the visits to the clinic, of which 141 are employees. District employees are provided coverage for these services under the district's medical plan, which has no deductible or out-of-pocket cost except for management personnel; therefore, some employees may be utilizing the medical policy and others the clinic. The district may want to direct employees to utilize the health benefit offered to employees instead of the clinic, or determine if a change in the health insurance policy to eliminate coverage for TB tests will result in a savings for the district.

The clinic gave 387 flu shots during the same time period. According to staff, the category includes all adults, volunteers and students. It is not possible to determine a breakdown by classification, as no records exist from which to gather this data.

With extremely limited data representing only five months during the current fiscal year, the FCMAT team is unable to make a comparison with previous fiscal years to determine a trend for adult visits, payments for services or donations because the clinic data is aggregated differently in the prior years. The district should mandate consistency with data collection so it can make comparisons and identify trends.

No district board policies or administrative regulations control who may access clinic services or what charges should be imposed. The district should implement a board policy and administrative regulations to give guidance to staff.

The district may want to limit centralized clinic services to peak enrollment months of July, August and September. This would achieve the district's primary objective to allow parents/guardians to enroll students and receive vaccinations during the same visit. This option would redirect services to the school sites for the remaining months of the school year through a periodic mobile clinic. According to the district's director of health services, the district would need to consider the new regulations by the national Centers for Disease Control and Prevention regarding the transportation and storage of vaccinations if this option is utilized.

A second option would be to centralize services during peak enrollment periods and have periodic clinic services throughout the year hosted at the district office complex instead of utilizing a mobile clinic. Staff would be redirected to school sites during the remainder of the school year.

Both options redirect most staff hours back to the district's school sites.

As the district considers various alternatives, several characteristics that are unique to operations and to the community should be considered, including:

1. Barriers to the use of other service providers due to limited service offerings.
2. Community dependence on district-provided services.
3. Realignment of staffing and flexibility in scheduling for various locations of clinic services.
4. New regulations regarding the transportation and storage of vaccinations.

The health clinic is staffed by one full-time bilingual administrative clerk and one full-time health service technician/licensed vocational nurse (LVN). The director for health services has direct oversight responsibility for training and supervision. Although these positions, except for the director, are multi-funded primarily from Medi-Cal Administrative Activities (MAA) and Local Education Agency Medi-Cal Billing Option funds, the cost of these positions exceeds \$144,000 for direct services related to the health clinic. In addition to this cost, LVNs are contracted 10 months per year and are paid for extra days worked in the summer months. The district should limit clinic operations to peak periods, eliminate payments for extra days and realign centralized staff hours accordingly. The entire health services budget is \$1,443,019 for 2011-12; therefore, the direct cost for clinic services represents 10% of the current year budget.

Special Education Health Services

The district has several special education aides and paraeducators. Many special education students require specialized health care services and procedures that paraeducators or special education aides can provide.

The team analyzed special education student records by disability type during a four-year period. The information in the following table demonstrates that in most disability categories, except for mental retardation, multiple disability and autism, the district has not experienced significant increases.

Palmdale School District Students by Disability Type

Disability Type	2007-08	2008-09	2009-10	2010-11
Mental Retardation	131	152	174	173
Hard of Hearing	36	33	32	34
Deaf	12	20	22	18
Speech or Language Impairment	852	634	569	418
Traumatic Brain Injury	7	7	6	8
Visual Impairment	16	8	6	9
Emotional Disturbance	102	124	121	104
Orthopedic Impairment	31	28	28	28
Other Health Impairment	239	245	276	267
Specific Learning Disability	1082	1144	1180	1144
Deaf/Blindness	1	0	0	0
Multiple Disability	24	30	30	32
Autism	186	252	307	313
Total	2,719	2,677	2,751	2,548

Recommendations

The district should:

1. Explore limiting free Hepatitis B vaccinations to only those employees identified under its Cal-OSHA Blood Borne Pathogen Plan.
2. Provide training for the health services staff responsible for data collection in a process that will ensure the consistent collection of the data components required by the district office in each fiscal year.
3. Implement procedures to ensure that recorded data has been validated for accuracy.
4. Implement internal control procedures to test the validity of the daily clinic data.

5. Consider directing employees to utilize the health benefit offered to employees instead of the clinic, or determine if a change in the health insurance policy to eliminate coverage of TB tests will result in a savings for the district.
6. Mandate consistency with data collection from year to year. This will allow staff to make comparisons and identify trends.
7. Develop and implement a board policy and administrative regulations to give guidance to staff.
8. Evaluate the advantages and disadvantages of offering the free vaccination service to surrounding school districts versus the cost of immunizations through Los Angeles County Health Services.
9. Consider limiting centralized clinic services to peak enrollment months and reinstitute the mobile clinic or offer periodic clinic services throughout the school year hosted at the district office complex. Redirect services to school sites during the remainder of the school year.
10. Realign centralized staff hours accordingly and eliminate payments for extra days.
11. Monitor special education trends to ensure adequate coverage for specialized services.

Organizational Structure

Staffing

The Health Services department is staffed with a full-time director, one FTE administrative secretary, eight FTE school nurses, one FTE preschool nurse, three FTE occupational therapists (one FTE is vacant), two FTE certified occupational therapist assistants, two FTE licensed vocational nurses, three FTE paraeducators and approximately 25 FTE health assistants.

Each classification has various restrictions on the type of health-related services that can be performed depending on the licensing, education and skill level required for various medical procedures. The legal authority for the provision of specialized health care services in a school setting is strictly regulated by the Education Code, Business and Professional Code and Title 5 of the California Code of Regulations.

School nurses play a vital role in the overall attendance and health status of students by ensuring that students receive routine care. School nurses are well trained to handle first aid and emergency situations and are uniquely qualified in health assessment, preventive health measures and referral procedures.

According to a study conducted by the University of San Diego School of Law, California has more requirements than most states for school nurse certification. (Shelly Ann Kamei, February 2009. The Health of California's School Children: A Case of State Malpractice.) California requires school nurses to be registered nurses who have completed the additional requirements for a credential pursuant to Section 44877 of the Education Code and CCR , Title 5, 80050.

The role of the credentialed school nurse is multifaceted. According to the National Association of School Nurses (NASN) and as cited in EC 49426, the school nurse "advances the well-being, academic success, and lifelong achievement of students." (Nwabuzor, O. February 2007.

Legislative: Shortage of Nurses: The School Nursing Experience. The Online Journal of Issues in Nursing, Vol. 12, No. 2.) This article states that the role of the school nurse is to:

- Incorporate plans directed by a physician to meet the individual health needs of the pupil;
- Communicate with the primary care provider to assist with the identification of specific factors that relate to the learning process in order to modify the pupil's educational goals;
- Initiate emergency health plans for students with chronic medical conditions;
- Intervene with actual and potential health problems;
- Provide case management services;
- Provide assistance for and attend Individualized Education Plan (IEP) meetings for students with special needs;
- Promote health and safety;
- Facilitate positive student responses to normal development;
- Oversee medication administration;
- Track immunizations assessments;
- Conduct or coordinate tuberculosis testing programs;

- Conduct and supervise state mandated screenings;
- Provide health education to students and staff;
- Collaborate with others to build student and family capacity for adaptation and make appropriate referrals for community resources for necessary services;
- Assist parents/guardians to solve transportation, financial and other barriers to necessary health services;
- Train and supervise staff in assisting students with routine and emergency medications;
- Conduct in-service trainings and be a resource to staff and administrators.

Mandated Screening

California school districts have several mandates codified in regulations that the school nurse must either conduct or supervise. Those mandates include the following:

- Vision Screening (Education Code 49455-49456): Requires that all pupils have a vision screening upon first enrollment in an elementary school district, and every third year thereafter until the child has completed the 8th grade. Color vision - 1st grade boys only.
- Audiometric Screening (CCR, Title 17, 2950-2951): The school nurse will assist an audiometrist for annual hearing assessments for each pupil in kindergarten or 1st grade, 2nd, 5th, 8th, and 10th or 11th grades, and for new students enrolled in the district.
- Scoliosis Screening (Education Code 49452.5): All 7th grade girls and 8th grade boys must be screened.
- Child Health & Disability Prevention Program (CHDP) 124100 and 124085: Students are required to have a physical examination within 18 months prior to, or no later than three months after entering 1st grade.
- Oral Health Assessment (Education Code 49452.8): Requires that by May 31 of each year, students in kindergarten (or 1st grade if this is their first year in public school) present proof of an oral assessment by a licensed dentist or other licensed or registered dental health professional that was performed within 12 months of enrollment.
- Special Education Students (CCR Title 5, 3027): States that all pupils being assessed for initial and three-year review for special education services shall have had a hearing and vision screening unless parental permission is denied.

Unlicensed Assistive Personnel

Requirements for the use of unlicensed assistive personnel (UAP) differ from state-to-state. California, like most states, allows UAPs such as health technicians, health assistants and other school personnel to provide a variety of nursing services. According to a study conducted by the Centers for Disease Control, 76.5 % of states have a policy regarding who may administer medications to students at schools. (School Health Policies and Practices Study, 2006, Centers for Disease Control.) The study, conducted every six years, states that “school faculty and staff were allowed to administer medication to students in 98.7% of all schools.”

Federal mandates under the Individuals with Disabilities Education Act of 1975, Rehabilitation Act of 1973 and Americans with Disabilities Act of 1990 require specialized services for students with special needs during school hours. However, these mandates do not require such services to be performed by school nurses or physicians.

Delegation, Supervision and Training

The Nursing Practice Act in each state regulates the authority of a registered nurse to delegate or assign procedures or medically related tasks to licensed nursing professionals or unlicensed assistive personnel. In California, the Nursing Practice Act is codified in the Business and Professions Code. California Code of Regulations (CCR) 3051.12 and Education Code (EC) 49423.5 provide the authority for unlicensed personnel to perform nursing tasks in a school setting and define the criteria required for the assignment of these tasks by a registered nurse who possesses an appropriate credential issued pursuant to EC Sections 44877, 44267 and 44267.5.

Specialized physical health care services (SPHCS) performed by unlicensed qualified designated school personnel must meet *all* of the criteria in EC 49423.5, which states that the services performed must be:

1. Routine for the pupil.
2. Pose little potential harm for the pupil.
3. Performed with predictable outcomes, as defined in the individualized education program of the pupil.
4. Do not require a nursing assessment, interpretation, or decision making by the designated school personnel.

EC 49423.5 (c) also requires that “Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.”

Qualified designated school personnel means that these individuals are trained in the procedures to a level of competence and safety that meets the objectives of the training as provided by the school nurse. The school nurse is ultimately responsible for the health and safety of the pupil. This includes the accurate and safe delivery of SPHCS provided by qualified designated school personnel. Any departure from the standard of care requires that the school nurse intervene immediately and notify the site administrator.

The school nurse is to determine the level of health care needed based on a health assessment and make a recommendation to the site administrator, who will designate school staff to be trained. The school nurse must assess the qualifications, capability and competency of the personnel who will provide assigned procedures to ensure that they can be conducted safely and accurately.

Under the direction and supervision of a school nurse, LVNs can administer medications, assist pupils with medication, and administer emergency injectable medication. LVNs can also provide a variety of SPHCS that include breathing treatments, urinary catheterization, tube feeding, tracheostomy care and suctioning. LVNs can participate as a member of the student study/IEP team, refer students with medical problems and administer the tuberculosis testing.

Unlicensed assistive personnel include paraeducators and health assistants. These classifications are limited to assisting students with medications, administering emergency injectable medication and maintaining health records. At the direction and supervision of the credentialed school nurse, these personnel can also perform SPHCS. A school nurse can supervise and train paraeducators and health assistants to perform other SPHCS beyond what is described above if the nurse feels the staff is sufficiently trained and competent in the assigned duties.

Job Descriptions and Analysis of Responsibilities/Duties:

The primary duties and responsibilities for the Palmdale School District school nurses and assistive personnel are detailed in each district job description and are summarized as follows:

- School Nurse: Provides delivery of health services including assessment, evaluation, and intervention for the maintenance and improvement of the health of students and school personnel, serving as the link between the school, parent and community to promote optimum student health and success within the educational process.
- Health Technician - Licensed Vocational Nurse: Performs a variety of duties under the direction of the director of health services, or designee (a certificated registered nurse) including general and psychiatric nursing duties, specialized health care procedures and other duties as assigned by the health services administrator.
- Paraeducator - Moderate to Severe: Under the direction of the director of special education and direct supervision of certificated staff, supports student achievement by providing specialized assistance to instruct pupils individually or in groups in accordance with prescribed learning objectives. Other duties include: assisting a teacher or administrator in establishment and maintenance of appropriate classroom and site behavior; performance of medical treatments and procedures necessary in providing specialized physical health care in-services to pupils with exceptional needs; and acting as a paraprofessional assistant to a teacher in performing assigned tasks.
- Health Assistant: Under the supervision of the site administrator and health services coordinator, performs a wide variety of duties and responsibilities in support of a school site health office including rendering first aid and maintaining health records (the district no longer has a health services coordinator; instead, the director, health services provides this function.)

The job descriptions above do not necessarily reflect staff assignments. Instead, the following represents the duties for each position and reflects what each position actually does, according to interviews with staff members in each category:

- School Nurse: Eight school nurses cover three to four school sites each; however, one works with special education students located on two school sites exclusively and one additional nurse is dedicated to the Head Start and preschool programs. The school nurses provide all the mandated services, specialized health care procedures, IEP assessments, MAA and LEA Medi-Cal billing, case management, direct nursing services, development of Individual Health Care Plans and 504 plans, CPR/first aid instruction, parent education, home visits, medication administration, immunization assessment and communicable disease prevention.
- Health Technician - Licensed Vocational Nurses: The primary assignment is to staff and administer the immunization clinic. The two district LVNs have an itinerant assignment and rotate clinic coverage monthly. One LVN provides three to five hours per day of general nursing treatments and services throughout the district, primarily assisting diabetic students with carbohydrate calculations and glucose monitoring. Currently, 36 students require this service.

LVNs provide designated instructional services (DIS) (nursing services) under the direction of the school nurse that include breathing treatments, urinary catheterization, suctioning, tracheostomy care, medication administration, gastric tube feeding and other specialized health care procedures.

- Paraeducators: The district has three paraeducators in the Health Services department. In addition, several special education instructional aides function as paraeducators and are supervised by special education staff. Paraeducators work under the direction of a teacher or a school nurse, and their job function is primarily instructional in nature because they provide direct instruction to students.

One paraeducator is charged with scheduling all three positions to ensure adequate coverage for school sites. When instructional aides are on leave, paraeducators fill in temporarily. These positions are trained in specific SPHCS for an individual student's needs as required through that student's IEP.

- Health Assistants: These positions work in the health office of a school site, primarily in a clerical role. Health assistants provide first aid; assist students with medications; maintain records; log student visits; assist with LEA Medi-Cal billing and quarterly MAA time survey administration; track inventory for the health room; assist the school nurse with mandated screening record keeping; and are trained in emergency care for students with asthma, diabetes and life-threatening allergic reactions.

The previous recommendation to limit centralized clinic immunization services and redirect services to the school sites would make the best use of two LVN and three paraeducator positions. The district should reassign paraeducators to school site coverage exclusively and utilize LVNs during peak periods of health clinic operations. The paraeducator scheduling function should be reassigned to the administrative assistant. Limiting the clinic service will necessitate restructuring the centralized clerical staffing needs accordingly.

The district should have the school nurses focus only on mandated services and providing DIS coverage to their assigned school sites. As previously discussed, school nurses have several vital duties that must be administered by a school nurse; however, the school nurse can assign direct medical care to LVNs and provide supervision over these services. School nurses are required to attend IEP meetings when it involves a student's medical needs. These meetings should be scheduled during the workday whenever possible.

In addressing school nurse caseloads, the district should consider the distance between assigned schools; social, economic and cultural status of the student population at each site; student enrollment at each site; number of students with chronic health conditions; number of special education students; mobility of the community; and the degree of difficulty in handling more than three school sites.

Recommendations

The district should:

1. Limit centralized clinic services to redirect services to the school sites.
2. Reassign paraeducators exclusively to school site coverage, and utilize LVNs during peak periods of health clinic operations.
3. Reassign the paraeducator scheduling function to the administrative assistant.
4. Restructure the centralized clerical staffing needs to align with health clinic operations.

5. Ensure that school nurses focus only on mandated services and providing DIS coverage to their assigned school sites.
6. In assigning nurse caseloads, consider distance, student socioeconomic factors, student chronic health conditions, number of special education students, community mobility, and the degree of difficulty in handling more than three school sites.
7. When a school nurse is required to attend, hold IEP meetings during work hours whenever possible.

Appendices

Appendix A - Study Agreement



**FISCAL CRISIS & MANAGEMENT ASSISTANCE TEAM
STUDY AGREEMENT**

July 19, 2011

The FISCAL CRISIS AND MANAGEMENT ASSISTANCE TEAM (FCMAT), hereinafter referred to as the Team, and the Palmdale School District, hereinafter referred to as the District, mutually agree as follows:

1. BASIS OF AGREEMENT

The Team provides a variety of services to school districts and county offices of education upon request. The District has requested that the Team provide for the assignment of professionals to study specific aspects of the Palmdale School District operations. These professionals may include staff of the Team, County Offices of Education, the California State Department of Education, school districts, or private contractors. All work shall be performed in accordance with the terms and conditions of this Agreement.

In keeping with the provisions of AB1200, the County Superintendent will be notified of this agreement between the District and FCMAT and will receive a copy of the final report. The final report will be published on the FCMAT website.

2. SCOPE OF THE WORK

A. Scope and Objectives of the Study

The scope and objectives of this study are to:

The District is requesting the FCMAT Team to conduct a review of the Home to School and Special Education Transportation program. The district currently owns all of their own buses but contracts out for the services of drivers, routing and scheduling and maintenance. The district is requesting the team to provide recommendations for best practices for the following components:

1. Currently the District contracts for transportation services including drivers, routing and maintenance while maintaining two full time equivalent positions for the Transportation Department. Evaluate the transportation department's organizational structure and its intergration

with the district's contracted vendor and provide recommendations regarding best practices to improve the operational efficiency.

2. Review the district's organizational structure for the health and safety needs for students and provide recommendations regarding best practices to improve the operational efficiency of the department. The district employs California Registered Nurses (RN) with a Baccalaureate Degree. In addition, the School Nurses possesses a California School Nurse Services Credential. There are eight full time school nurses who serve the health needs for students in a wide range of programs: Infant Special Education, Pre-Schools, Elementary, Secondary, Continuation Schools, Migrant Education Programs, and Special Education and Early Education Centers. The district's nurses are members of a multidisciplinary team to meet the health and educational needs of children. Duties may include health assessment, communicable disease control, state mandated screenings, such as vision and scoliosis, first aid and disaster preparedness, immunization follow-up, child abuse reporting, suicide risk assessment, utilization of approved community resources, and health education of students and staff. School Nurses also train, supervise and assign unlicensed personnel to provide Specialized Physical Health Care Services.

B. Services and Products to be Provided

Orientation Meeting - The Team will conduct an orientation session at the School District to brief District management and supervisory personnel on the procedures of the Team and on the purpose and schedule of the study.

On-site Review - The Team will conduct an on-site review at the District office and at school sites if necessary.

1. Exit Report - The Team will hold an exit meeting at the conclusion of the on-site review to inform the District of significant findings and recommendations to that point.
2. Exit Letter - The Team will issue an exit letter approximately 10 days after the exit meeting detailing significant findings and recommendations to date and memorializing the topics discussed in the exit meeting.
3. Draft Reports - Sufficient copies of a preliminary draft report will be delivered to the District administration for review and comment.
4. Final Report - Sufficient copies of the final study report will be delivered to the District administration following completion of the review.

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5. Follow-Up Support – Six months after the completion of the study, FCMAT will return to the District, if requested, to confirm the District's progress in implementing the recommendations included in the report, at no cost. Status of the recommendations will be documented to the District in a FCMAT Management Letter.

3. **PROJECT PERSONNEL**

The study team will be supervised by Anthony L. Bridges, CFE, Deputy Executive Officer, Fiscal Crisis and Management Assistance Team, Kern County Superintendent of Schools Office. The study team may also include:

- | | |
|-----------------------------|---|
| <i>A. Deborah Deal, CFE</i> | <i>FCMAT Fiscal Intervention Specialist</i> |
| <i>B. To Be Determined</i> | <i>FCMAT Consultant</i> |
| <i>C. To Be Determined</i> | <i>FCMAT Consultant</i> |

Other equally qualified consultants will be substituted in the event one of the above noted individuals is unable to participate in the study.

4. **PROJECT COSTS**

The cost for studies requested pursuant to E.C. 42127.8(d)(1) shall be:

- A. \$500.00 per day for each Team Member while on site, conducting fieldwork at other locations, preparing and presenting reports, or participating in meetings.
- B. All out-of-pocket expenses, including travel, meals, lodging, etc. The District will be invoiced at actual costs, with 50% of the estimated cost due following the completion of the on-site review and the remaining amount due upon acceptance of the final report by the District.

Based on the elements noted in section 2 A, the total cost of the study is estimated at \$12,000.

- C. Any change to the scope will affect the estimate of total cost.

Payments for FCMAT services are payable to Kern County Superintendent of Schools - Administrative Agent.

5. RESPONSIBILITIES OF THE DISTRICT

- A. The District will provide office and conference room space while on-site reviews are in progress.
- B. The District will provide the following (if requested):
 - 1. A map of the local area
 - 2. Existing policies, regulations and prior reports addressing the study request
 - 3. Current or proposed organizational charts
 - 4. Current and two (2) prior years' audit reports
 - 5. Any documents requested on a supplemental listing
 - 6. Any documents requested on the supplemental listing should be provided to FCMAT in electronic format when possible.
 - 7. Documents that are only available in hard copy should be scanned by the district and sent to FCMAT in an electronic format.
 - 8. All documents should be provided in advance of field work and any delay in the receipt of the requested documentation may affect the start date of the project.
- C. The District Administration will review a preliminary draft copy of the study. Any comments regarding the accuracy of the data presented in the report or the practicability of the recommendations will be reviewed with the Team prior to completion of the final report.

Pursuant to EC 45125.1(c), representatives of FCMAT will have limited contact with pupils. The District shall take appropriate steps to comply with EC 45125.1(c).

6. PROJECT SCHEDULE

The following schedule outlines the planned completion dates for key study milestones:

<i>Orientation:</i>	<i>September 25, 2011</i>
<i>Staff Interviews:</i>	<i>to be determined</i>
<i>Exit Interviews:</i>	<i>to be determined</i>
<i>Preliminary Report Submitted:</i>	<i>to be determined</i>
<i>Final Report Submitted:</i>	<i>to be determined</i>
<i>Board Presentation:</i>	<i>to be determined</i>
<i>Follow-Up Support:</i>	<i>if requested</i>

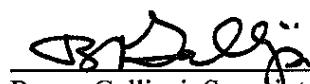
Contract #C1201081

7. **CONTACT PERSON**

Name of contact person: Roger Gallizzi

Telephone: (661) 266-7220 FAX: _____

E-Mail: rdgallizzi@palmdalesd.org


Roger Gallizzi, Superintendent.

AUGUST 2, 2011

Date

Palmdale School District


Anthony L. Bridges, CFE
Deputy Executive Officer
Fiscal Crisis and Management Assistance Team

July 19, 2011

Date