ESSENTIAL NURSING SERVICES
FOR VIRGINIA'S PUBLIC SCHOOLS

REPORTED TO
THE GOVERNOR AND THE GENERAL ASSEMBLY
FOR THE COMMONWEALTH OF VIRGINIA

House Document No. 8

COMMONWEALTH OF VIRGINIA
Department of Purchases and Supply
Richmond

1975

ESSENTIAL NURSING SERVICES

FOR VIRGINIA'S PUBLIC SCHOOLS

House Joint Resolution No. 46 adopted by the General Assembly in 1974 reads in part as follows:

> "Resolved by the House of Delegates, the Senate concurring, That the State Board of Education and the State Board of Health are directed to jointly study the need for nursing services that are essential to meet the health needs of students in public schools and to determine the appropriate level of such services for the school divisions in the Commonwealth. The Boards shall determine the feasibility and cost of providing the nursing services. The Boards shall complete their study and make their report of findings and recommendations to the Governor and the General Assembly not later than December one, nineteen hundred seventy-four."

Pursuant to this resolution, Dr. Woodrow W. Wilkerson, Superintendent of Public Instruction, and Dr. M. I. Shanholtz, Commissioner of Health, appointed the following Committee:

Mr. Ryland Dishner
Assistant Superintendent for
Professional and Educational
Support Services
State Department of Education

Miss Frances A. Mays, Supervisor
Health and Physical Education
State Department of Education

Dr. J. B. Kenley, Deputy Commissioner
State Department of Health

Dr. Patricia Hunt, Director
Bureau of Child Health
State Department of Health

Miss Sarah E. Sayres, Director
Bureau of Nursing
State Department of Health

Mr. Edward B. Thomas, Administrative
Assistant to the Superintendent
Prince William County Public Schools

Mr. Elton Smith, Jr., Division Superintendent
King and Queen County Public Schools

Dr. W. P. Wagner, Director
Chesterfield Health Department

Dr. Malcolm Tenney, Director
Central Shenandoah Health Department

Mrs. Lofton Alley
Virginia Congress of PTAs

Mrs. Betty Barr
VEA Department of Nurses

EX Officio:

Mr. Preston C. Caruthers, President
State Board of Education

Mrs. Elizabeth M. Rogers
State Board of Education

The Committee invited representatives of various groups throughout the Commonwealth to make presentations at initial meetings of the group. Those making appearances and furnishing materials were as follows:

Mrs. Dona Whipple, Supervisory Nurse
Central Shenandoah Health Department

Mrs. Susan A. Ritter, Public Health Nurse
Chesterfield County

Mrs. Barbara Walker, Executive Director
Virginia Nurses Association

Mrs. Ruth Saunders, President
VEA - Department of Nurses

Mr. Kirby Wright, President
Visiting Teachers Association

Mr. Sanford Snider, President
Virginia Guidance Association

Dr. Warren Gregory, Chairman
School Health Committee
The Medical Society of Virginia

Dr. William Laupus, Chairman
Virginia Chapter
American Academy of Pediatrics

The conduct of the study involved:

1. Presentations and discussions with the preceding groups
2. Review of publications:
   a. School Nurses, VEA Research Service, 1973
   b. Standards for School Nurse Service, Department of School Nurses, NEA, 1970
   c. Health Manual for Schools, State Department of Education-State Department of Health, 1974
   d. Functions and Qualifications for School Nurses, The American Nurses' Association, 1966
3. Review of pertinent legislation
4. Review of the health status of school children:
   a. Recorded health defects and corrections
   b. Identification of handicapped children
5. Identification of health needs
6. Collection of data to reveal the status of:
   a. Health needs being served
   b. Health needs not being served
   c. What departments were active and to what degree in meeting specified needs
   d. The essential nursing services required to meet health needs
   e. Current costs of ongoing programs
   f. Projected costs of documented needs
   g. Analysis of data collected
   h. Recommendations

During the course of the Study the following circumstances became apparent:

1. In some localities the health departments feel they are meeting the essential health needs of pupils.
2. In other localities respondents to the questionnaire employed by local school boards feel they are meeting the essential health needs of pupils.
3. In a few localities very minimal health services, if any, are provided. Some health departments visit schools on call; some do not make school visits and no services are provided by local school boards.
4. The great majority of localities fall in between the preceding listed extremes.
5. In a number of localities the health departments and the local school boards combine their resources to provide health services.

To alleviate this extreme inequity to the children of Virginia, it is imperative that at least a minimum standard of health service be mandated, funded, and administered at the State level. It appears that commendable efforts to meet this need at local levels are in progress with little effort in others. Some localities which stress the importance of such services and are willing and able to fund the local share are evidently receiving State assistance. Obviously, the maturity level of local governing boards, health departments, and school boards in providing such services has determined to a large degree the quality and limits of the services in question.

In the initial meetings of the Committee to Study House Joint Resolution No. 46, some interpretation was necessary as to the intent of the General Assembly regarding terminology contained in the Resolution. First, "nursing services that are essential to meet the health needs of students in public school divisions," was defined in terms of needs rather than services. It was determined that the Resolution intended only those needs to be met which had the highest priority and that service thereof must be afforded every child in the Commonwealth to satisfy this criteria as opposed to the "nice-to-have" category of needs and services. Second, the majority felt that "determine the appropriate level of such services," meant a unit of service per age and/or grade level. For flexibility of administration and assignment of duties at the local level, and to alleviate complicating variables, this report will define this charge as so many nurse units to meet identified needs of a specific number of school children.

The collection of hard data, i.e., data with objectivity, unrefutable and auditable, presented difficulties to the Committee due to the nature of present and past methods of rendering health services, to the various record-keeping approaches, to the maturity level of the delivery of such services at the local level, to the wide divergence of interpretations as to health needs, and to the inclination of localities to identify and service health needs of school pupils.

In order to make any judgments, draw any conclusions, formulate any recommendations, the status of the delivery of health services (regarding needs being met, versus needs not being met, how needs were being met, and why needs were not being met) had to be determined. This was accomplished by the development of questionnaires. Two such data-collecting items were written and mailed: one by the Department of Health to local health departments and one by the Department of Education to school division superintendents. Both questionnaires were completed cooperatively by the local school superintendents and the local health department directors, and each bears the signature of both officials. In only one known instance was there any question regarding the validity of responses between such officials.

The Department of Health mailed 126 questionnaires and received 115 responses. The Department of Education received 103 responses of 139 mailed. It was determined that sufficient information had been provided in each instance to be representative of the delivery of health services to the total State pupil population.

Some question regarding which department should be given the responsibility for health services to public school children arose at the initial meetings. It was determined that an answer was not within the charge of this study; however, for information this question was included on a questionnaire. An overwhelming majority of responses indicated that a joint and cooperative program was necessary for the most effective and efficient results.

The "team approach," i.e., the utilization of school personnel already employed, or those to be employed who have had training in health or training in areas complementary in providing total health services, and the knowledge and talents of physicians and nurses would provide comprehensive services to the broad spectrum of health needs. Health needs of children must be viewed in total perspective, and the unique talents and training of many individuals must be directed and coordinated for optimum results.

PREFACE

The prime mover of human existence, permeating the life span and activity scope of each person and all society collectively, depends upon the status of each individual's physical, mental, emotional and social well-being. Further, the condition of physical well-being is a necessary condition to the alleviation of a legion of disorders in all other areas of health. The attainment of the best possible health condition for each individual is a prerequisite to any and all other commitments of society. Not with the attitude of subservience to someone or some group but, indeed, as a service unto itself which should be considered selfish instead of selfless. This concept of selfishness is virtuous, not demeaning, in that it envisions each individual being able to make a maximum contribution to his and future generations which is a self-perpetuating and sustaining force.

It is probable that a significant percentage of the maladies of society such as (1) increasing crime and juvenile

delinquency, (2) school dropouts, (3) welfare rolls, (4) crowded mental institutions, etc., could have been prevented had unhealthful conditions of the individuals been discovered and treated at the earliest possible stage. A commitment to this end is a commitment to ourselves.

REVIEW OF STATE STATUTES PERTINENT TO STUDY

A review of the Virginia Code reveals the identified chapter and sections that may have some relativity to the Study:

1. Chapter 5.2

   Detection and control of the sickle cell trait

2. Section 22-220.1

   Pre-school physical examinations (Appendix A)

3. Section 22-241

   Expenditures for nurses, physicians, and physical directors

4. Section 22-242

   Payments by State Board of Education and State Board of Health (Appendix A)

5. Section 22-243

   Examinations and health instruction (Appendix A)

6. Section 22-244

   Teacher training institutions to give courses (Appendix A)

7. Section 22-248

   Sight and hearing of pupils to be tested (Appendix A)

8. Section 22-249 (amended 1974)

   Contagious and infectious diseases

9. Section 22-250

Violation of vaccination law (Appendix A)

10. Section 32.11.1

Reporting information about children with health problems or handicapped conditions

11. Section 32.57.1 (amended 1974)

Immunization of children against certain diseases

12. Section 32.60

Towels for common use prohibited

RESULTS OF SURVEY OF LOCAL HEALTH DEPARTMENTS REGARDING SCHOOL HEALTH SERVICES

July - August, 1974

Questionnaires on school health services were distributed in July, 1974, to every local health department in the State. There were 115 responses. Results are summarized as follows:

1. a. The agency officially responsible for school health services:

schools alone	55 localities
health department alone	33
school & health together	22
no one	5

b. Regardless of the agency responsible for the school health program, describe personnel participating in school health services, and frequency and duration of visits.

1) Periodic visits by public health nurses to schools

indefinite intervals or as called	35 localities
twice a week or more	15

once a week	7
once or twice a month	14
a check to indicate regular visits but with no indication of the interval	6
blank or "N.A."	38

2) Regular pediatrician services

Two health departments employ a pediatrician for school health full time.

Three other health districts have full time pediatricians on the staff who among other duties provide direction of the school health program (one serving 9 counties, one serving 4 counties, one serving a 5 county health district). These pediatricians organize and direct the school health program and provide medical direction for the public health nurses serving in the schools.

c. Who provides medical direction for school health services:

health director	69	(includes 3 health districts with 18 counties getting part-time direction and service of health department pediatrician)
no one	11	
"N.A."	4	
no reply	8	
school nurse	6	
LPN	1	
"family doctor" or "various local doctors"	7	
Department of Education or school superintendent	4	
school health doctor	6	

Of the 6 "school health doctors," three are full time school health physicians: two are hired by the health department and one is hired by the school system; 4 part-time doctors include 3 private practicing pediatricians who provide part-time medical consultation to nurse-directed school health programs conducted by schools, and one general practitioner hired by the City who works a third of his time in the schools.

d. Who provides medical direction for those schools who said that they alone are responsible for the health program:

health department	19
part-time school doctors (see above note)	4
one full time doctor	1
no one	11
"N.A."	1
Department of Education or school superintendent	4
"family doctor" or "various local doctors"	6
school nurse	3
LPN	1
no reply	5

Comments:

It is interesting that 6 health departments participating in school health programs replied that "no one" provides medical direction. In personal conversation with these and

a few other health directors who do claim to provide "medical direction" it is learned that they feel no clear responsibility as they have no legal mandate or any firm locally determined responsibility. This group of health directors provides certain services upon request (e.g., screening services by PHN, referral for children with specific health problems, medical back-up in emergency upon request by the school). Anedotes were reported to show that a few are consulted only on occasion, and their advice actually applied if the school nurse or educator agreed with the health director's clinical judgment.

II. Vision and hearing screening activity

a. Vision

102 localities said that children are screened annually

Grades screened:	K-12	50
	K or 1 thru elem.	2
	at intervals K or 1 thru elem.	9
	K-1 thru 11 or 12	7
	1 or 2 grades and others as referred	5

Who does the screening? Often more than one professional discipline is involved in a county screening program:

public health nurse	43
school nurse	53
volunteers	40
teachers	60
aide or LPN	8

optometrist 1

systems that screen but involve no nurse 15

systems in which both PHN and school nurse screen 9

type of screener not indicated 7

In 25 localities in which PHN participates, she does so only at request of the teacher.

Method of screening --

those using the Snellen chart with plus lens 16

those using a machine for all ages 61

Comments:

Young children through about eight years or the third grade have very high powers of accommodation. Often they can focus briefly and "pass" the machine test in spite of significant visual defect. Therefore, the machine used before the third grade will miss and underrefer some children with significant visual difficulties. Further, with use of the machine, the child's eyes are not visible to the screener, important in determining the presence of visual problems. For this reason, the State Health Department concurs with the National Society for the Prevention of Blindness, the School Health Association, the AMA/ENA Committee, and our pediatric ophthalmology consultant, all of whom recommend the Snellen chart with the plus lens for vision screening of children of school age in the lower grades. In addition to that negative factor, the expenditure of funds to purchase this (second choice) tool and maintain it properly is unconscionable when so many

children are unable to pay for the eye specialist's refraction or the glasses he prescribes. There are no public funds for glasses aside from Medicaid which covers only about 1/4 of the medical needy in the State. Lion's Clubs are generous but unable to meet the entire need as was proved in a joint project conducted in a large health district.

b. Hearing Screen

Grades screened:	K-12	21
	K-elementary	19
	at intervals	
	K-elem.	24
	K-12	4
	1 or 2 grades and other individuals as referred	23
	by referral only	2
	not indicated	22
Method		
Audiometer		102
Not indicated		9

Four health departments volunteered the information that the audiometer is used to recheck a teacher's voice test (hand over ear). There may be other school systems using this primitive method as a first level screen test, but the survey was not designed to obtain that information, unfortunately.

Comments:

Health department recommended procedure is to screen with the audiometer, and to recheck no sooner than 2 weeks

later all those with doubtful results, then to have the health department physician or family doctor do a complete check before referral to an ear specialist.

Who does the screening?

one discipline only:		
public health nurses only	5	
school nurses only	16	
volunteers only	5	
teachers only	2	(by voice)
speech therapist only	15	
aides	2	

There were many combinations of screeners. For instance--aides, speech and hearing consultants, or volunteers and public health nurses, or public health nurse--teacher--school nurse, etc.

Public health nurses were involved in 39 localities. School nurses were involved in 43 localities. PHN and SN work together in 9 localities.

Speech therapists worked in 34 localities. Twelve of the localities served by speech therapists, an RN (school nurse or PHN) was also involved. In 20 localities, neither a nurse nor a speech therapist is involved in hearing screening.

Recheck (secondary) Hearing screening is carried out in 71 localities by the PHN or other health department staff and in 7 by the school nurse. The other respondents ("none" or "N.A." or "private doctor" or "visiting teacher") indicate that there is no recheck or secondary screening.

III. Follow-Up

a. Is the health department notified of screening failures:

Yes -- for all income groups	54
Medically indigent only	39
No	18
not answered	4

Comments:

A cause for concern is that in at least 18 counties, medically indigent children who fail the hearing screen are not referred to the local health department, and thus are denied the benefits of the special services of the Bureau of Crippled Children. The Defective Hearing Program services are excellent, ranging all the way from medical to restorative surgical treatment, hearing aids and language training. Though health departments with a few exceptions are unable to provide refractions and glasses, a BCC program for children with squint provides medical or surgical treatment as indicated, and glasses if these are indicated.

b. Is the family notified of screening results?

Yes	112
No	1

c. By whom?

teacher	36
school nurse	35
PHN	31

(others include health aides, screening personnel, home school coordinator, principal)

d. Is the family contacted to learn whether the child has had definitive examination and the results?

Yes	104
No	8
no answer	3

e. Who contacts the family or the physician?

PHN	52
school nurse	49
teacher	45

Comments:

There is obviously some overlap in some localities. Follow-up requires cooperation and coordination, and often all three personnel may be involved in the follow up contact with family and physician.

f. What is the estimated percent of follow up, diagnosis, and treatment completed within the same school year?

Services done by	Vision	Hearing
schools	67	66%
health department	69%	69%
schools & health department together	73%	77%

g. Reasons for failure to achieve diagnosis and correction:

Lack of appropriate resource	60
Resources present, but funds lacking for medically indigent	24
Lack of public transportation	48
Other (write in): Motivation, parent apathy, or lack of parent interest	43

IV. Most health departments report a high (90-100) percentage of children entering school for the first time with a complete physical examination.

V. Number of health departments involved:

In drug education, surveillance, or follow up	46
As resource in case of accident or illness	49

VI. Number of health departments providing dental services for children 62

Number of health departments providing dental services who judge them to be adequate to meet the needs of medically indigent school children in their communities. 30

Addendum

Report of the School Health Survey, 1974, Item IV:

% of Children Entering School for the First time with a Physical Examination		
100%	- 31	
99%	- 13	84 (73.4%)
95% - 98%	- 23	
90% - 94%	- 17	
85% - 89%	- 7	12 (10.4%)
80% - 84%	4	
77%	1	
60%	1	
43%	1	
6%	1	
0%	1	

No answer - 15

DATA CONCERNING THE RESULTS OF

HOUSE JOINT RESOLUTION NO. 46

SCHOOL DIVISION SURVEY

I. Basic Data Collected From Virginia School Divisions:

Of 139 school divisions, 103 responded to the questionnaire. This represented 883,206 pupils in ADM for the 1973-74 school year from a total State ADM of 1,077,596, or 81% of total pupils in ADM. The following information is based on data collected from those reporting.

1. 554.8 - Number of hours per day public health nurses serve the school divisions

2. 1,852.25 - Number of hours per day the pupil population is served by school nurses

3. 248 - Number of school nurses employed by local school boards

4. $2,088,747 - Expenditures of local school boards for nursing services

5. 279 - Number of additional nurses needed to meet identified needs of 883,206 pupils

6. $2,515,773 - Funds needed to provide additional needed services

II. Computations Made From Collected Data:

1. 2,407 - Total hours of nursing services provided to 883,206 pupils in ADM during the 1973-74 school year (12 school divisions listed public health nurses "on call" in addition to these specified hours but gave no specific number of hours.)

2. 7.5 - From the number of public school nurses employed (248), divided into the number of hours per day public school nurses serve (1,852.25), each nurse averages approximately 7.5 hours per day.

3. 322 - Total equivalent full-time nurses available to serve 883,206 pupils

4. 2,746 - Number of pupils per one (1) full-time nurse

5. 601 - Total number of full-time nurses needed to serve 883,206 pupils in ADM
6. 1,470 - Needs indicate employment of one (1) full-time nurse per each unit of 1,470 pupils
7. 74 - At least the equivalent of 74 full-time public health nurses are presently serving 883,206 pupils
8. 11,935 - One (1) public health nurse per 11,935 pupils in ADM
9. $8,422 - Average expenditure per full-time public school nurses employed by school boards
10. $9,017 - Average proposed expenditure per full-time nurses
11. 527 - Public school nurses in service plus those needed for 883,206 pupils
12. $4,751,859 - Total expenditure required to meet needs of 883,206 pupils not including current expenditures by health departments

III. Collected Data Converted to Apply to Total State Pupil Population of 1,077,596 Pupils in ADM

1. 733 - Total full-time nurses needed
2. 659 - Nurses needed, not including the 74 currently assigned through the health departments
3. 6,590,000 - Total funds needed to employ 659 nurses @ $10,000 average salary plus other expenses of position
4. 1,470 - One full-time nurse assigned to a unit of 1,470 pupils in ADM

HEALTH NEEDS OF PUPILS

APPLICABLE TO GRADES K-12

AS REPORTED ON QUESTIONNAIRES

The questionnaires asked for the listing of health needs at various grade levels under two categories: (1) needs being met, and (2) needs not being met. The listings by grade levels as well as listings under the preceding two categories were so similar that only the listings in grades K-12 are included in this report.

Under both foregoing lists of needs, those listed first and in order were most frequently indicated on the school division questionnaires. Generally, these most frequently listed needs are reflected in the next section of this report in terms of NURSING NEEDS FOR THE PUBLIC SCHOOLS OF THE COMMONWEALTH. After the first twelve to fifteen listed, the remainder were indicated only one to three times, i.e., infrequently indicated as needs under either category.

NEEDS BEING MET

1. Visual screening
2. Hearing screening
3 Referral and follow-up on defects
4. Health screening (physical inspection)
5. Emergency care of illnesses and/or injury (first aid)
6. Required immunizations
7. Dental care (indigent families)
8. Health education (assist or conduct program)
9. Health counseling (students, teachers, and/or parents)
10. Home visits
11. Dental screening
12. Sickle cell testing
13. Health resource person
14. Communicable disease control
15. Required physical examination
16. Tuberculin testing

17. Follow-up and/or correction of vision defects
18. Pre-school clinic
19. Nurse-teacher conferences to identify health needs
20. Speech screening and/or referral
21. Physical examination for medically indigent and/or special education students
22. Orthopedic referrals and/or clinic services
23. Teacher - nurse - parent conferences
24. Providing health information
25. Drug addiction, drug counseling, and/or assistance with drug education
26. Medical care
27. Psychological referrals
28. Providing counseling or classes for pregnant students
29. Nutrition
30. Clothing
31. Clinic for special education students
32. Throat screening
33. Providing audio-visual materials
34. Correction of defects
35. Control of prescription drugs taken at school
36. Seizure clinic services
37. Coordinating school health services
38. Nurse liaison between school and community resources
39. Contacts with health department
40. Special screening for impetigo, tinea capitis, pediculosis, ringworm, scabies, etc.
41. Correction of hearing problems - defects
42. Examination and evaluation of children as requested by teachers
43. Family planning - family life education counseling
44. Interpreting health resources
45. Emotional problems
46. Referral to mental health
47. Weekly visit to schools
48. Keep schools informed about school health laws
49. Interpreting health services available in the community to teachers, parents, and pupils
50. Nurse on call
51. Diagnosis of special illness
52. Maintain health records
53. Transportation to clinic
54. Ringworm and diabetic screening
55. Assistance in organizing clinic
56. Arranging appointments for physical examinations for some students
57. Arranging appointments at state clinics
58. Birth control - family planning
59. Counseling on venereal disease
60. Adequate medical supplies
61. Nurse - parent conference on health needs
62. Screening students who request to leave school for medical reasons

63. Pediculosis treatment
64. Sanitation inspection
65. Continuous health appraisal of growth and development
66. Orthopedic screening
67. Cardiac referrals
68. Reports to parents, school personnel, and others on school medical matters
69 Assistance with sex education
70. Assistance with pre-school registration
71. Consultation (on call)
72. Compiles and maintains list of students with physical limitations
73. Determine eligibility status for free health care
74. Providing resource health information for faculty and students
75. Nurse liaison between students, teachers, and administration
76. Assist teachers in assessing health needs
77. Instructs personnel relative to procedures to follow in event of student illness or injury
78. Interpreting physician's recommendations
79. Special education problems
80. Nursing consultation for health observation and screening
81. Chest x-ray
82. Assistance for students with chronic health conditions
83. Emotional and social health evaluation
84. Promotion of health career clubs
85. School safety evaluation
86 Providing a sight conservation program
87. Investigating and processing applications for homebound students
88. Home problems
89. Referrals to clinics for VD and pregnancy
90. Clinics for indigent children
91. Advise school personnel on student health record
92. Organization and implementation of structured volunteer clinic helpers
93. Interpretation of child's problems and his adaptation to the school's environment, to school personnel, and family
94. School diagnostic clinic
95. Limited service for orthopedic and neurological handicapped
96. Nurse assigned to every school
97. Audio-metric testing
98. Menstrual education
99. Routine school visits
100. Check students returning to school after an illness and give permission to attend classes
101. Physicals for work permits
102 Physical clearance for competitive sports
103. Dental education and referral
104. Psychologists and visiting teachers
105. Blood pressure screening
106 Referral to pediatricians in Health Department

107. Pre-school registration conference
108. Court appearance with health problems
109. Reporting all accidents and monitoring insurance forms
110. Urinalysis for sugar annually
111. Keep school updated on school health laws
112. Services for Title I children only
113. Individual health needs as a result of calls from principals

NEEDS NOT BEING MET

1. Dental services
2. More sex education and/or VD instruction and films
3. Health counseling on personal hygiene, nutrition, family, and VD
4. Closer follow-up
5. Vision screening
6. Hearing screening
7. Emergency care and first aid
8. More home-school contact
9. More emphasis on health education
10. Physical examinations for all
11. Speech therapy
12. Nutrition education
13. Clinic for school age children
14. More time in schools
15. Physical inspection of all children
16. Parent education
17. Emotional and mental health problems
18. Transportation to clinics
19. Weight
20. Additional drug education and counseling
21. Family counseling regarding health problems
22. Guidance for pregnant students
23. Involvement in planning for health education
24. School nurse in grades 7-12
25. Psychologicals on more children
26. Up-to-date health records
27. Additional school nurses for adequate follow-up of defects
28. Aid to teachers in identifying possible health problems
29. Medical
30. Better coordination of agencies involved in health services
31. Part or full-time pediatrician to be employed by school board
32. More cooperation from medical and dental professionals in reporting student defects and corrections
33. Group counseling - marriage
34. Services of nurses in each school on a regularly scheduled basis
35. Equipment to test hearing and vision
36. School health services at secondary level
37. Delay of nurse - teacher follow-up of health conferences due to nurse - teacher ratio
38. Acute illnesses that parents fail to care for
39. Not available to disperse prescribed medicines

40. Clothing
41. School referrals
42. Physical examinations for pupils transferring into school system
43. Medical clinics in two schools - hot and cold water
44. Marriage clinics
45 First aid supplies
46. Diagnostic and prescriptive services for visual and hearing handicapped
47. Program on cleanliness
48. Additional services for physical examinations
49. Screening all pre-schoolers for sickle cell
50. Screening for ringworm, scabies, lice
51. Sex education resource assistance
52. Reduction in number of school assignments for nurses
53. Planned weekly staff conferences by all disciplines concerning health and/or school problems of students
54. Lack of time for nurse to do general observation and screening
55. Restrictions prohibit student counseling for family planning
56. Immunizations incomplete
57. Monitoring for total health situation
58. Evaluation of school environment
59. Cardiac screening
60. Visiting funds
61. Postural screening
62 Little time to be involved with student records
63. Designated person in each school to work with trained personnel
64. Funds for prescribed medications for medically indigent
65. Part-time psychologist
66. More time for intensive screening
67. Pupil load of 1,500 per nurse
68. Helping indigent parents with health problems of children
69. Dental screening
70. Adequate communication with teachers, particularly health and physical education teachers, about significant health problems
71. Classroom involvement in health instruction
72. First aid instruction
73. Need to strengthen dental program to provide more care for the indigent
74. Consultative service with children with mental and physical handicaps
75. Neurological examinations when indicated
76. Money for glasses when prescribed
77. Screening children for learning disabilities
78. Physical therapist
79. Preventive health and personal care guidance
80. Better physical fitness in elementary grades
81. Services for transporting children
82. School nurse for each two schools for first aid and home visits
83 Reinforcement of health teaching in schools

84. Related instruction
85. Mother volunteer help
86. Handling school insurance records
87. More screening programs for identifying children with physical defects
88. Tuberculin testing
89. Evaluation of health problems
90. Nurse for multi-handicapped and special education students
91. Assistance to all children, not just Title I
92. Inadequate means of treatment for visual and hearing problems
93. Funds for prescribed medications for medically indigent school referrals
94. Comprehensive drug program
95. Aides for each school
96. Blood pressure screening program
97. Self-breast examination for cancer program
98. Nurses on schedule rather than on call
99. Medical coverage during sports and sport practices
100. Substitute for public health nurse when she is on leave
101. Free physicals for indigent pupils needing work permits
102. Manpower in the clinics at all times
103. Speech and hearing therapist
104. School psychologist
105. Current manual of procedures to follow in case of illness or injury

IDENTIFICATION OF THE ESSENTIAL NURSING NEEDS FOR THE PUBLIC SCHOOLS OF THE COMMONWEALTH

The following is a list of nursing services that are essential to meet the health needs of students in public schools as taken from the health needs indicated on the questionnaire and recommended by the Committee as the minimum essential services which should be provided in all public schools of the Commonwealth. All such identified services should be performed under active medical direction.

1. *Administer a State Standard Developmental Screening Program for defects in the following areas:

a. Vision	e. Height/Weight
b. Hearing	f. Immunization Level
c. Throat	g. Orthopedic or Crippling Defects
d. Dental	h. Others

* See recommendation No. 1 on page 27.

2. Identify children with defects in any of the above areas;
3. Provide follow-up, referrals, and assure correction of defects;
4. Maintain appropriate and accurate uniform health records;
5. Serve as a resource person to students, parents, teachers, and administrators on problems and programs of school health;
6. Serve as counselor on individual health problems;
7. Stimulate the development of the necessary resources for prevention and correction of health problems;
8. Control, and eliminate when possible, communicable diseases in conjunction with other responsible health agencies;
9. Act as liaison between the community and the school on health matters;
10. Assist in enforcement of State statutes on health matters in cooperation with responsible State and local agencies;
11. Provide supervision of school clinics;
12. Assist in special tests, clinics, etc.;
13. Support continuing educational programs for students, teachers, and/or nurses; and
14. Administer to other health needs as time permits and resources expand.

RECOMMENDATIONS

The Committee Recommends:

(1) That supervision, direction and coordination of a State Standard Program of Public School Health Services be administered at the State level through the appropriate established agency or agencies in accordance with regulations promulgated jointly by the State Board of Education and the State Board of Health.

(2) That health service standards, consistent with the essential health needs as identified in this report, and the standards of Child Health Services of the Health Department for the public school children of the Commonwealth be established;

(3) That a plan for joint funding by the State and the various localities be formulated;

(4) That the funding plan provide flexibility of local option in determining which agency (local health department and/or school board) can best provide the needed services and supervision, or

(5) That the funding be administered through one agency and that the State Board of Education jointly with the State Board of Health be directed to promulgate regulations for administering the program which are acceptable to the General Assembly;

(6) That local school divisions and/or health departments be afforded the option of exceeding the standards with local funding;

(7) That funding be provided on the basis of 1,500 pupils in ADM, as determined by the Board of Education, per equivalent one full-time nurse unit;

(8) That the funding formula parallel those currently in use by the Department of Health and/or the Department of Education;

(9) That supervision of nursing services be provided by a nurse supervisor and medical direction be provided by a licensed physician;

(10) That localities be required to fully implement the program over a three-year period beginning with the effective date of the legislation, and

(11) That sufficient funds be provided at the State and local levels to finance the foregoing budgetary requirements for implementation of the program.

	State	Local	Total
1. State Director's Office:			
a. Director	$ 30,000		$ 30,000
b. Secretary	6,000		6,000
c. Office Expenses	6,000		6,000
2. 645 Nursing Positions - Salary plus other expenses @ $10,000 per position	(approx.) $4,837,500	(Approx.) $1,612,500	$6,450,000
TOTAL	$4,879,500	$1,612,500	$6,492,000

APPENDICES

§ 22-220.1. Preschool physical examinations.--Before any child is admitted for the first time to any public kindergarten or to any public elementary school such child must have a comprehensive physical examination of a scope to be prescribed by the State Department of Health, by a qualified licensed physician, who shall make a report of such examination and at the end of such report shall summarize the abnormal physical findings, if any, and shall specifically state what, if any, conditions are found that would identify the child as handicapped. A copy of such report must be presented to the school on the child's behalf. Such report must indicate that the child has received such physical examination no earlier than twelve months prior to the date such child first enters a public kindergarten or public elementary school.

Such physical examination report shall be placed in the child's health record folder at the school, and shall be made available for review by any employee or official of the State Department of Health or any local health department at the request of such employee or official.

Such physical examination shall not be required of any child whose parent or guardian shall object on religious grounds and who shows no visual evidence of sickness, provided that such parent or guardian shall state in writing that, to the best of his knowledge, such child is in good health and free from any communicable or contagious disease.

The health departments of all of the counties and cities of the Commonwealth shall conduct such physical examination for medically indigent children, before their admission to any kindergarten or elementary school or its equivalent, public or private, without charge to such child or his parents or guardians upon request, and may provide such examinations to others on such uniform basis as such departments may establish.

The division superintendent of schools may admit for so long as required any child who has failed to have such physical examination if such failure occurs as a result of a reasonable delay in the conduct of such physical examination.

Every pupil shall, within ten days after entering a public or private school, furnish a certificate from a licensed physician certifying that such pupil has been successfully immunized against communicable diseases as required by § 32-57.1 of this Code. Nothing in this section shall preclude the Department of Health from requiring immediate vaccination in case of an epidemic of smallpox in which said case the Department of Health is specifically authorized and empowered to require such immediate vaccination.

The provisions of this section shall not apply to any child who is admitted to a public school prior to July one, nineteen hundred seventy-two.

§ 22-242. Payments by State Board of Education and State Board of Health.--An amount not exceeding one half of the annual salary of each physical director, physical therapist, occupational therapist and speech therapist or attendant appointed in accordance with the provisions of this article may be paid by the State Board to the local school authorities employing such personnel, and an amount not to exceed one half of the annual salary of each nurse or physician appointed in accordance with the provisions of this article may be paid by the State Board of Health to the local school authorities employing such nurse or physician. (1920, p. 495; 1928, p. 1222; Michie Code 1942, § 705; 1956, c. 656

Former section reenacted.--Chapter 656 of the Acts of 1956 reenacted this section, which had been repealed by chapter 274 of the Acts of 1952, and made it applicable to "physical therapist, occupational therapist and speech therapist or attendant."

§ 22-243. Examinations and health instruction; physical training.--All pupils, in all the public elementary and high schools of the State shall receive as part of the educational program such examinations, health instruction and physical training as shall be prescribed by the State Board and approved by the State Board of Health, in conformity with the provisions hereof. (1920, p. 496; 1928, p. 1222; Michie Code 1942, § 705.)

§ 22-244. Teacher training institutions to give courses.--In order that the teachers of the Commonwealth shall be prepared for health examinations and physical education of school children, every teacher training institution of the State is required to give a course, to be approved by the Superintendent of Public Instruction and the State Health Commissioner, in health examinations and physical education, including preventive medicine, physical inspection, health instruction and physical training, upon which course every person graduating from such an institution must have passed a satisfactory examination. (1918, p. 411; 1920, p. 496; 1928, p. 1222; Michie Code 1942, § 705.)

§ 22-248. Sight and hearing of pupil to be tested.--The Superintendent of Public Instruction shall prepare or cause to be prepared, upon the advice and approval of the State Board of Health, suitable test cards, blanks, record books, and other needed appliances, to be used in testing the sight and hearing of the pupils in the public schools, and shall also obtain necessary instructions for the use thereof; and shall furnish the same free of expense to all the schools of the State, upon request of school board of any county, or city, accompanied with the statement from

the clerk thereof, that the board had, by resolution, adopted the use of such test cards, blanks, record books and other needed appliances, and had directed the use thereof in the schools under their charge. Within fifteen days after the beginning of the term, or after receiving such material, the principal or teacher in all such schools shall test the sight and hearing of all the pupils under their charge, and keep a record of such examinations in accordance with instructions furnished. Whenever a pupil is found to have any defect of vision or hearing, or disease of the eyes or ears, the principal or teacher shall forthwith notify the parent or guardian, in writing, of such defect, with a brief statement thereof. Copies of the report shall be preserved for use of the Superintendent of Public Instruction as he may require. (Code 1919, § 724; 1928, p. 1217; Michie Code 1942, § 689.)

§ 22-250. Violation of vaccination law.--Any parent, guardian or other person having custody or control of a child required to attend school, who fails to obey the notice of the school board requiring the vaccination of such child within the time required by such notice, not less than five days from the date thereof, shall be guilty of a misdemeanor. (Code 1919, § 1530; 1928, p. 1218; Michie Code 1942, § 691.)

§ 22-249. Contagious and infectious diseases; cleanliness; vaccination.--Teachers shall require of the pupils cleanliness of the person and good behavior during their attendance at school, and on their way thereto and back to their homes. Persons suffering with contagious or infectious disease shall be excluded from the public schools while in that condition. As a condition to employment and requisite to continuation thereafter, every public school employee, including, but not limited to teachers, cafeteria workers, janitors, and bus drivers, shall annually submit a signed certificate by a licensed physician stating said employee appears free of communicable tuberculosis. Such certificate is to be based on recorded results of those X-rays, skin tests, and other examinations, singly or in combination, as deemed necessary by the physician and which have been performed within the twelve months' period immediately preceding the beginning of the school session.

APPENDIX B

AN ANALYSIS OF THE SUMMARIES OF PHYSICAL DEFECTS, DEFICIENCIES, CORRECTIONS, AND PHYSICAL FITNESS RATINGS FROM 1963 TO 1973

HEALTH SCREENING

Elementary and Secondary

In comparing the results of the report for 1963-64 with this year's report, some very positive results can be seen in the progress of the health screening program. The total number of pupils inspected has grown from 870,324 in 1963-64 to 964,823 in 1972-73.

	1963-64	1972-73
Percent of pupils having medical examinations	14.0%	27.2%
Percent of pupils with one or more defects or deficiencies	54.0%	42.8%
Percent of pupils having a dental checkup	20.0%	27.7%
Percent of pupils having dental defects	33.7%	25.4%
Percent of pupils with dental defects that had corrections made	33.2%	49.7%
Percent of pupils with an eye defect	17.3%	8.9%
Percent of pupils with eye defects that had corrections made	27.7%	63.6%