

FY 2022 PERFORMANCE PLAN

<p align="center">School Health Program</p>	<p align="center">PHD/SHB</p>	<p align="right">Sarah Bell x1657 Sandy Barrett x 1653; Karin Beecroft x1624; Robin Harry x1654; Hannah Pilgrim x1655; Lisa Kaintoch x5334</p>
<p>Program Purpose</p>	<ul style="list-style-type: none"> • Keep students healthy and safe to promote learning 	
<p>Program Information</p>	<ul style="list-style-type: none"> • The School Health Program of the School Health Bureau provides health services to students in 36 Arlington Public Schools (APS) sites. The following services are provided by School Health staff, according to licensure, scope of practice, and Virginia Department of Education (VDOE) standards. • Manage school health enrollment requirements: <ul style="list-style-type: none"> ○ Review all new and current student health records to ensure required vaccinations and screenings are completed. Students will be conditionally enrolled when they lack the complete series of required immunizations. ○ Administer vaccinations to conditionally enrolled middle and high school students to facilitate compliance with vaccine requirements. ○ Track conditionally enrolled students for compliance until their completion of the full series. • Assess and treat health conditions: <ul style="list-style-type: none"> ○ Review and assess records for new students and annually for students with known health conditions and develop/update medical notifications and individual health care plans as needed for students with chronic conditions that may require a higher level of care during the school day. ○ Recommend to parents medical follow-up for conditions such as asthma, severe allergy, acute illness, diabetes, and concussion. ○ Perform required procedures such as finger sticks for glucose monitoring, nebulizer treatments, and urinary catheterizations. ○ Treat injuries and illnesses and administer approved medications. • Conduct mass hearing and vision screenings for students in kindergarten and grades 3, 7, and 10 according to VDOE requirements. Conduct hearing and vision screening by parent or teacher request or as needed for school entry. • Provide health-related consultation to APS for the special education review process and Section 504 accommodation planning for students with learning disabilities. Staff work with APS to determine the health needs of the child, and help APS understand the potential impact of health conditions on a student’s ability to attend school and learn. • Provide training to APS staff to meet the student’s medical needs. • Coordinate the surveillance, control and prevention of disease outbreaks in schools in conjunction with the Community Health Protection Bureau. • Participate in emergency planning and response in conjunction with Arlington County Public Health and APS. • As required by law, provide free school entry exams for students who are uninsured or underinsured, and special education examinations as requested. • Arlington Public Schools, School Health Advisory Board, Arlington Partnership for Children, Youth, and Families, Virginia Department of Health, Virginia Department of Education, Arlington Department of Parks and Recreation 	

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Service Delivery Model	<ul style="list-style-type: none"> In FY 2020 and FY 2021, most students were not in-person after March 2020. Students began to return to in-person school slowly in FY 2021, with large numbers not returning until March 2021, and then only attending in person 2 days a week. In FY 2022, most students returned to full in-person learning Monday through Friday. In FY 2022, services were delivered primarily in-person with some remote. In FY 2023, services will be delivered primarily in person with some remote.
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PM1: How much did we do?

Staff	<ul style="list-style-type: none"> Total 55.9 FTEs <ul style="list-style-type: none"> 4.9 FTEs Supervisors (5 positions) 29.1 FTEs School Health Aides (37 positions) 21.3 FTEs Public Health Nurses (23 positions) 0.6 FTEs Public Health Physician (1 position)
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Customers and Service Data		School Year 2018-2019	School Year 2019-2020*	School Year 2020-2021	School Year 2021-2022
	Total APS Enrollment	27,436	28,248	26,895	26,911
	Students with medical notifications**	6,782	6,627	6,906	7,504
	Services received				
	Clinic Visits***	130,638	90,356	4,833	92,582
	Illness	65,800	44,876	2,168	43,250
	Injury	34,844	25,387	1,191	27,492
	Clinic Visit Interventions [†]				
	First Aid	81,685	60,506	2,054	55,384
	Medication Administration	27,173	16,619	1,110	10,760
	Clinical Procedures	82,703	69,225	2,062	50,696
	Immunizations	102 ^{††}	93	0	1
	Other	4,381	2,770	395	2,342
	Mass Vision Screenings	8,021	7,994	4,363	7,755
	Total Vision Screenings	9,518	9,885	5,507	9,639
	Mass Hearing Screenings	8,009	8,251	4,350	7,840
	Total Hearing Screenings	9,495	9,846	5,349	9,663

*Numbers reflect through March 13, the last day of in-person school, after which no students attended school in person for the remainder of the year. In March 2020, school health staff deployed to the COVID Response Team.

**Students with chronic health conditions may require a higher level of care during the school day.

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	<p>***Students may receive more than one service in a single visit (such as medication and a clinical procedure). The total number of clinic visits does not represent an unduplicated count of students. In FY 2020, all numbers are lower due to less clinic visits related to a % of the student population being virtual and others in person 2-5 days per week.</p> <p>†In FY 2019, the definitions for clinical interventions categories changed. Most of the interventions previously categorized as “other” are now counted as clinical procedures.</p> <p>††The number of immunizations decreased in 2018-2019 because the requirement for Tdap vaccination changed from entry to 6th grade to entry to 7th grade. Vaccines were not regularly given in schools during COVID. In FY 2023, SH will resume giving immunizations in schools.</p>
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PM2: How well did we do it?

2.1	Students receive controlled substances (medications) per protocol
2.2	Individual health care plans meet all appropriate standards for the condition

PM3: Is anyone better off?

3.1	Mass vision/hearing screenings completed according to VDOE standards
3.2	Conditionally enrolled students brought into compliance with immunization and tuberculosis requirements
3.3	Rising 7 th grade students excluded from school for not receiving Tdap vaccination

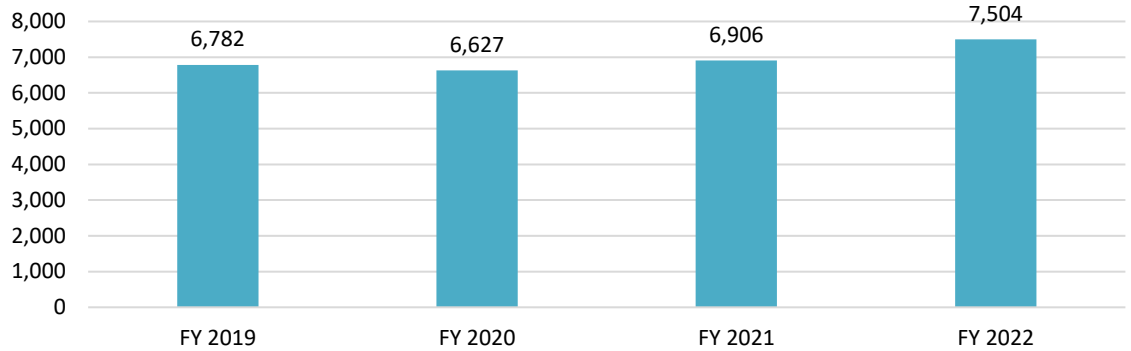
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School Health

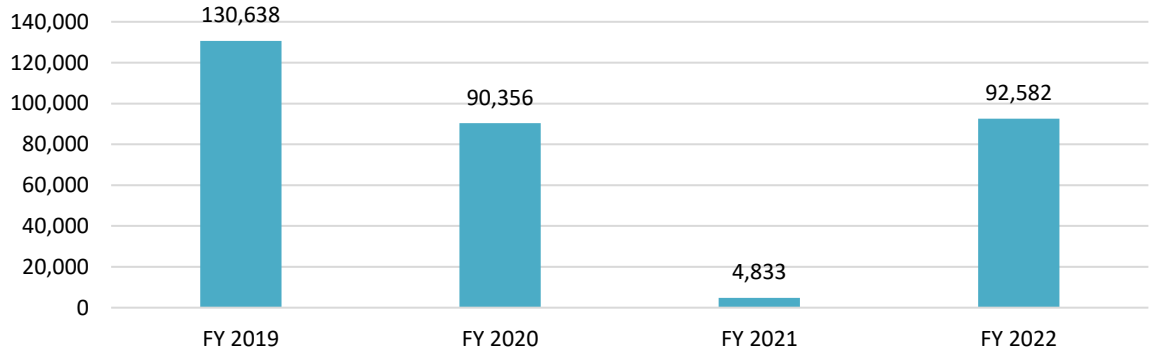
Measure 1 Students with Medical Notification and Clinic Visits

Data

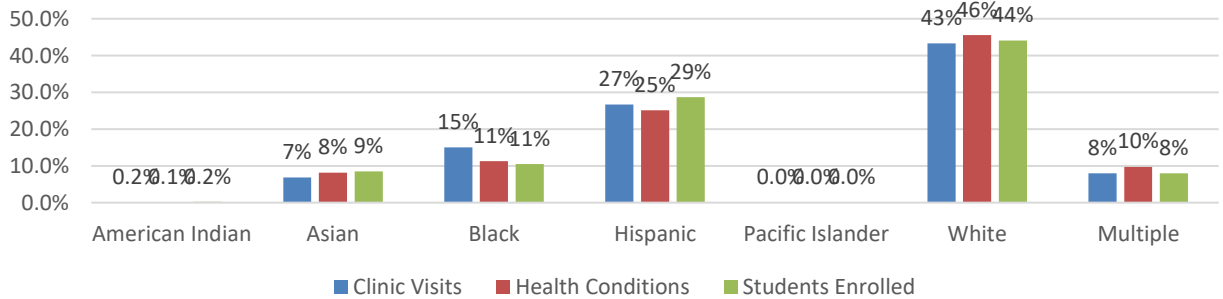
Students with Medical Notifications



Clinic Visits



Clinic Visits and Health Conditions 2021-2022
Racial Equity Analysis



Data Summary

- Data collected in the Arlington Public Schools Student Information System (Synergy)
- The number of students with medical notifications has remained relatively stable over the last four school years.

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- Students may receive more than one service in a single clinic visit (such as medication and a clinical procedure). The total number of clinic visits does not represent an unduplicated count of students. The number of clinic visits dropped dramatically during Covid-19, due to a % of the student population being virtual and others in person 2-5 days per week.

What is the story behind the data?

- Students with medical notifications have chronic health conditions and may require a higher level of care. These students have individualized health care plans (IHCPs).
- In FY 2020 and FY 2021, all clinic visit numbers are lower as most students were not in-person after March 2020. Students began to return to in-person school slowly in FY 2021, with large numbers not returning until March 2021, and then only attending in person 2 days a week. In FY 2022, most students returned to full in-person learning Monday through Friday.
- The distribution of clinic visits and known health conditions by race and ethnicity followed the distribution of the student population. However, Black students had slightly more clinic visits and White students had slightly more health conditions than expected. Asian and Hispanic students had fewer clinic visits and health conditions than expected.

Recommendations

- Accommodate the normal volume of students visiting the clinic and continue data collection.
- Continue analysis of race equity data.

Target Dates

- Ongoing

Forecast

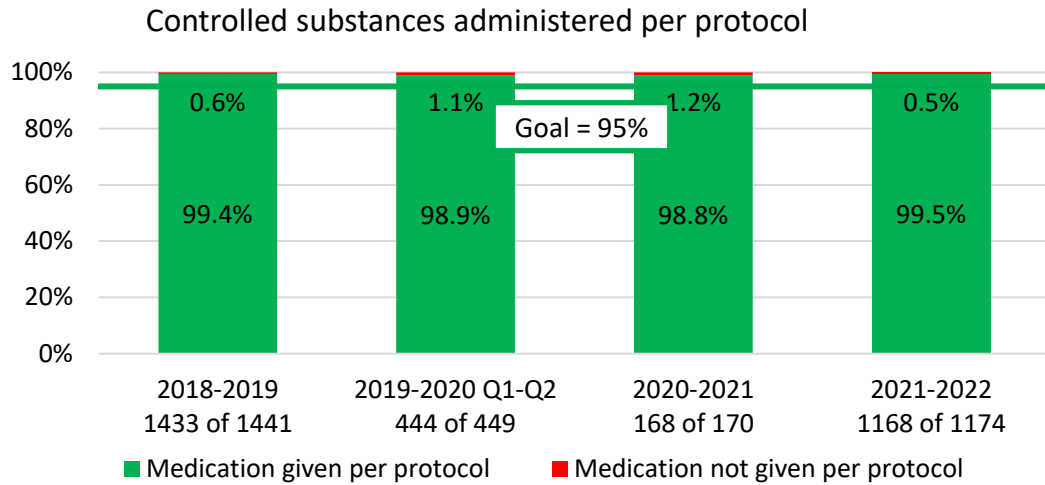
- For FY 2023, the number of students with medical notifications is anticipated to remain the same. The number of clinic visits is anticipated to increase.

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School Health

Measure 2.1 Students receive controlled substances (medications) per protocol

Data



Data Summary

- For one week each month, an audit of all doses of controlled substances for all students is conducted using the Medication Administration Recording (MAR) sheets for controlled substances. The unit of measure for the audit is one medication for one student for one week.
- Medication administration records were reviewed to ensure:
 - Dose given within 30 minutes of scheduled time
 - Documentation completed
 - No indication in comments that dose was not given per protocol
 - School Health Aide completed daily counts of controlled substances
 - School Health Nurse completed weekly counts of controlled substances with School Health Aide
- The supervisor collected the MARs weekly and completed the audit
- If the protocol was followed for the week, the medication counts as being administered per protocol. Otherwise, the week counts as not being administered per protocol.
- In 2019-2020, only the Q1 and Q2 data was included in the audit. In FY 2021, numbers are lower as most students were not in-person after March 2020. Students began to return to in-person school slowly in FY 2021, with large numbers not returning until March 2021, and then only attending in person 2 days a week.

What is the story behind the data?

- For each week school was in session for 2021-2022, medication was administered per protocol the entire week 99.5% of the time.
- Of the medications not given per protocol, there was no pattern identified. After all instances, the staff involved were re-educated.

Recommendations

Target Dates

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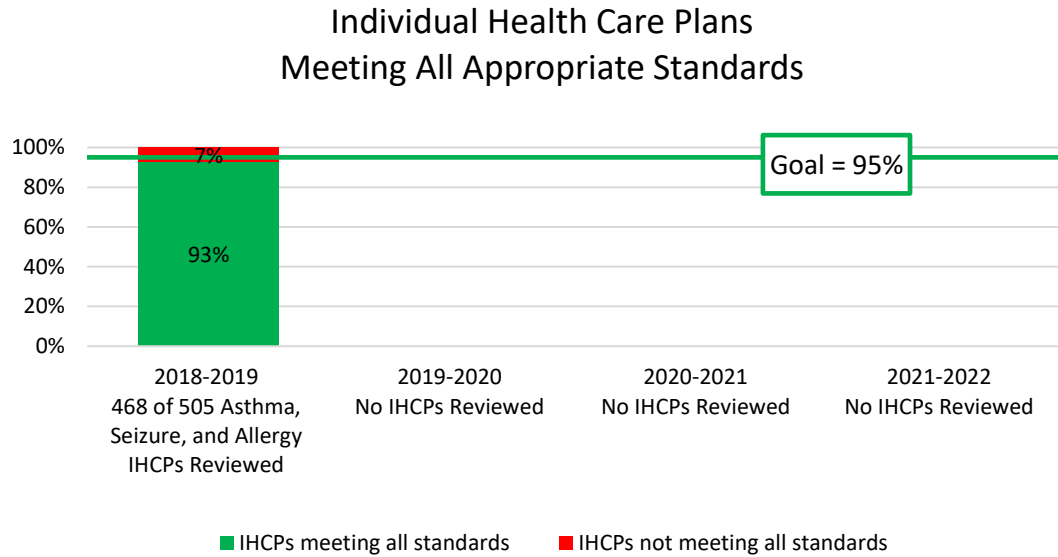
<ul style="list-style-type: none">• If a School Health Aide, Public Health Nurse, and/or Supervisor notes a mistake, the supervisor will review the issue and see if a Corrective Action Plan is necessary.	<ul style="list-style-type: none">• On-going
Forecast	
<ul style="list-style-type: none">• In School Year 2022-2023, medication administration per protocol will remain the same.	

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School Health

Measure	2.2	Individual health care plans meet all appropriate standards for the condition
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Data



Data Summary

- IHCPs for asthma, seizure and allergies are reviewed during the school year by a School Health Supervisor to ensure:
 - The plan followed the template with all sections completed
 - The medical notification was entered into the Synergy data system
 - The medical notification matched the IHCP
- Audits are conducted in the third quarter annually. In the initial review, 10% of IHCPs from each nurse were randomly sampled for review, making sure to include at least 15 IHCPs from each nurse. The number of IHCPs reviewed varies from year to year with fluctuations in the overall number and distribution of IHCPs.
- In 2019-2020, 2020-2021, and 2021-2022 the audit was not conducted because school health and program analyst staff that usually conduct it were reassigned to COVID response.
- Data collection began in 2016-2017 with IHCPs for asthma. IHCPs for seizure were added in 2017-2018 and for allergies in 2018-2019. In 2019-2020, the template for diabetes was to be included in the audit.

What is the story behind the data?

- In School Years 2019-2020, 2020-2021, and 2021-2022 IHCPs were created and followed as usual. However, due to the COVID-19 pandemic, the Public Health Division operated under a continuity of operations plan to focus on essential functions. Through School Year 2021-2022, school health and data analysis staff resources continued to support COVID response efforts, and a quality assurance audit was not completed.

Recommendations

- Reimplement the audit in 2022-2023 school year, as staff resources allow.

Target Dates

- FY 2023 Q3

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Forecast

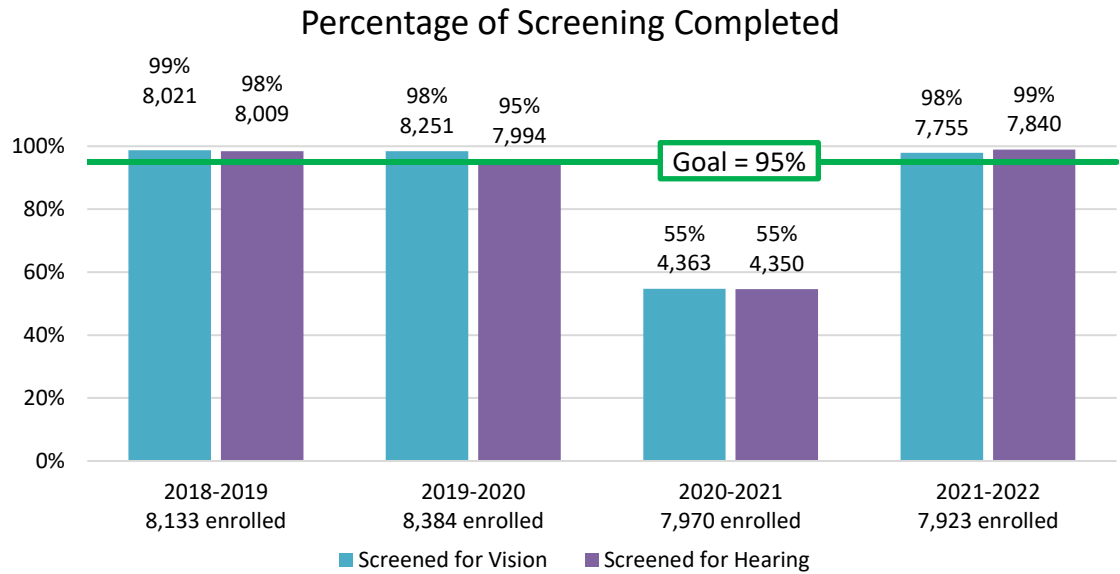
- In School Year 2022-2023, the rate will remain the same as previous audits.

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School Health

Measure 3.1 Mass vision/hearing screenings completed according to VDOE standards

Data



Vision Screening

	Total Number of Students in Grades K, 3, 7, 10 as of Sept. 30	Number of Students Screened	Number Referred for Further Evaluation	Number of Those Referred that Were Seen by a Health Care Provider	Number with Condition Diagnosed by the Health Care Provider
2018-2019	8,133	8,021	531	339	305
2019-2020	8,384	8,251	Unknown	Unknown	Unknown
2020-2021	7,970	4,363	274	125	97
2021-2022	7,923	7,755	529	309	219

Hearing Screening

	Total Number of Students in Grades K, 3, 7, 10 as of Sept. 30	Number of Students Screened	Number Referred for Further Evaluation	Number of Those Referred that Were Seen by a Health Care Provider	Number with Condition Diagnosed by the Health Care Provider
2018-2019	8,133	8,009	65	47	16
2019-2020	8,384	7,994	Unknown	Unknown	Unknown
2020-2021	7,970	4,350	56	12	2
2021-2022	7,923	7,840	86	41	9

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Data Summary	<ul style="list-style-type: none"> • Data is tracked in the Student Information System and the PHN Monthly Report. • The total number of students is taken from September 30th Arlington Public Schools enrollment data, which is the official enrollment for the school year. After this date, students continue to enroll or withdraw from APS, so the number of students screened on the dates of individual school screenings may be higher or lower than the enrollment numbers on September 30th.
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What is the story behind the data?

<ul style="list-style-type: none"> • In 2021-2022, mass vision screenings were conducted for 97.9% of students in kindergarten and grades 3, 7, and 10 according to Virginia Department of Education (VDOE) requirements. Mass hearing screenings were conducted for 99.0% of students in kindergarten and grades 3, 7, and 10. Not all eligible students were screened because, per School Health policy and APS policy, parents could opt out of mass hearing/vision screenings by choice or if their student was not attending in person, and because students with a known hearing loss, a serious hearing impairment in one or both ears, and/or a serious visual impairment were not screened. • Students who need evaluation are followed-up by Nurses to help ensure they are seen by a health care provider. Anecdotally, some follow-up is not captured because parents do not report on follow-up visits or students leave APS. • For vision referrals, most students receive corrective lenses. If there is a more serious issue (vision impairment beyond corrective lenses), there will be a report from the provider and the results are given to the APS Vision Specialist for further follow-up. • For hearing referrals, audiological results are provided. Hearing reports showing abnormal results are given to the APS audiologist for further follow-up. Some screening failures are due to congestion/illness or wax in the ear canal and may be resolved by the provider.

Recommendations	Target Dates
<ul style="list-style-type: none"> • Continue data collection and state-wide reporting 	<ul style="list-style-type: none"> • On-going

Forecast

<ul style="list-style-type: none"> • In School Year 2022-2023, vision and hearing screening results will be similar to 2021-2022.
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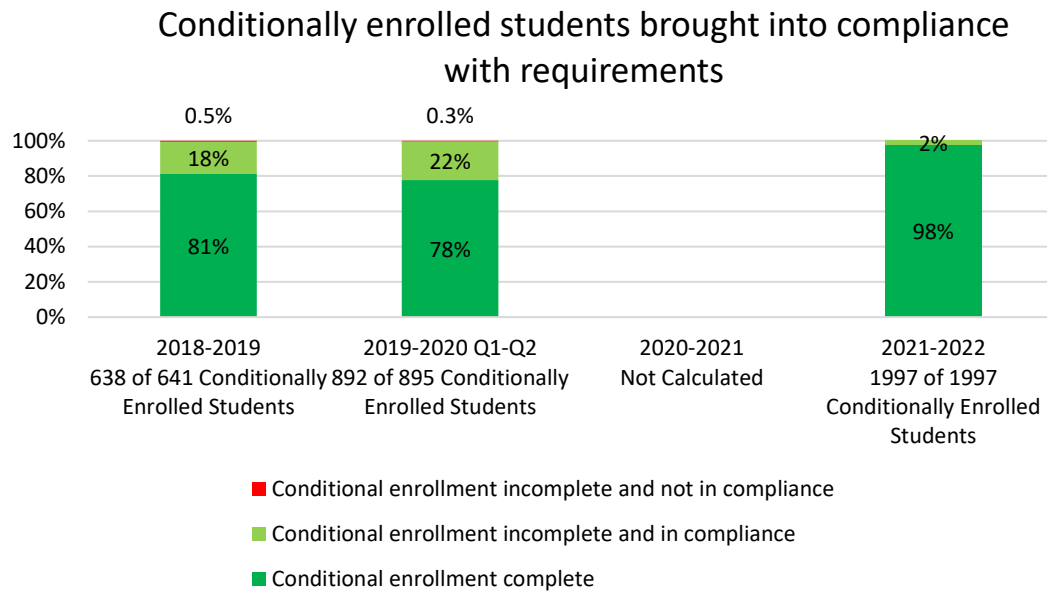
School Health

Measure

3.2

Conditionally enrolled students brought into compliance with immunization and tuberculosis requirements

Data



Data Summary

- Students are conditionally enrolled when they lack the complete series of required immunizations, or they have not met requirements for tuberculosis screening.
- The standardized definitions for categories of conditionally enrolled students ensure consistent data collection. As per § 22.1-271.2 of the *Code of Virginia*, documentation indicating that the child has received the required immunizations for school entry must be provided. Any child whose immunizations are incomplete may be admitted conditionally, if the parent or guardian provides documentation at the time of enrollment, that the child has received at least one dose of the required immunizations and has a written schedule for completing the remaining doses. Immunizations are required in order to reduce the spread of communicable diseases.
- Conditional enrollment data is captured in a local data system.
- In 2021-2022, 1997 students were conditionally enrolled, 1948 students completed requirements, 49 students were in the process of completing requirements and were in compliance, and 0 students did not complete requirements and were recommended for exclusion.

What is the story behind the data?

- In 2019-2020, the data was not compiled and reported during the second half of the school year.
- In 2020-2021, the school year started out with all students in virtual learning. Due to COVID-19 the APS superintendent and the state of Virginia adjusted the timeline for vaccination requirements several times. All conditionally enrolled students were tracked for completion of requirements. However, because students did not neatly fit into the categories

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established in previous years to capture conditional enrollment, the data for this metric was not captured consistently across all schools.

- In 2021-2022 the school year was fully in-person. Relaxed guidelines from 2020-2021 no longer applied, therefore students were required to come into compliance as per § 22.1-271.2 of the Code of Virginia. All students that were conditionally enrolled were tracked for completion of requirements and provided with resources if there was a barrier to obtaining required immunizations.
- Any conditionally enrolled children who do not complete their immunizations by the end of the school year will continue to be followed during the following year.

Recommendations

Target Dates

- Continue data collection

- On-going

Forecast

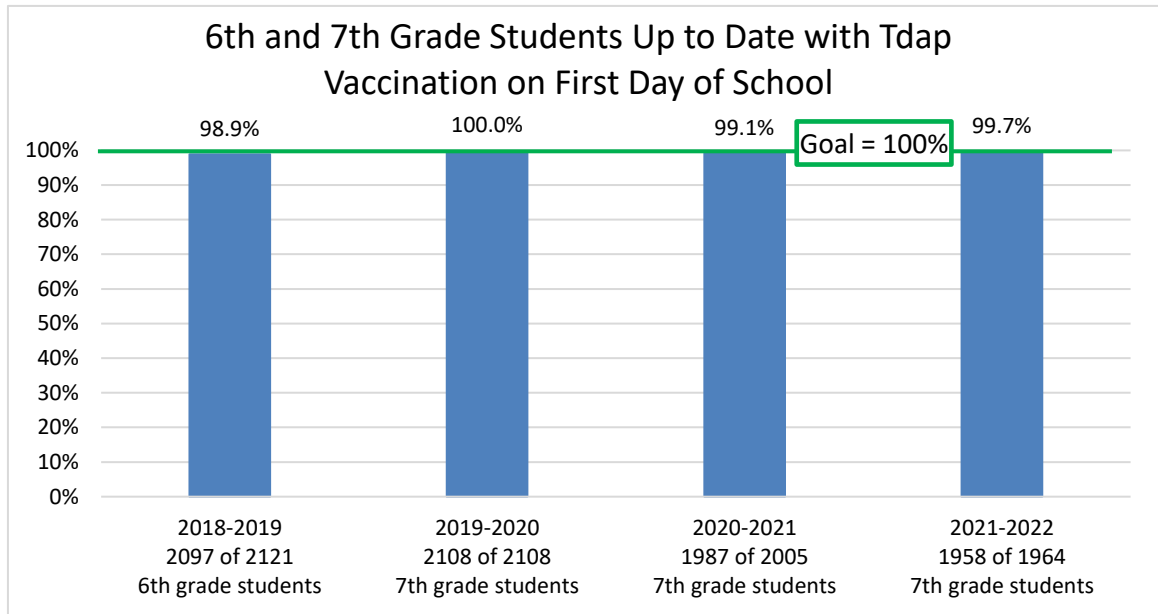
- In School Year 2022-2023, the conditionally enrolled students brought into compliance with immunization and tuberculosis requirements will be similar to 2021-2022.

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School Health

Measure 3.3 7th grade students excluded from school for not receiving Tdap vaccination

Data



	2018-2019	2019-2020	2020-2021	2021-2022
Students excluded from school	6	0	0	0
Students without Tdap absent from school	18	0	0	6
Students without Tdap attending virtual school	0	0	18	0
Students up to date with Tdap	2,097	2,108	1987	1,958
Total number of 6th/7th grade students	2,121	2,108	2,005	1,964

Data Summary

- All incoming seventh grade students must provide documentation that they have received a Tetanus-Diphtheria, Pertussis (Tdap) booster immunization before the first day of school. For the 2019-2020 school year, the Tdap requirement changed from 6th grade to 7th grade.
- 7th grade students who have not received Tdap Vaccination are excluded, and not allowed to attend school until receiving vaccination. Some students without Tdap are absent the first day because they know they will not be allowed to attend school until they are vaccinated; absent students are not counted as being excluded.

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What is the story behind the data?

- In 2021-2022, out of 1,964 7th grade students, 6 (0.31%) did not have proof of Tdap vaccination before the start of school. Of those, 0 (0%) were excluded from school and 6 (0.31%) were absent. Absent students were required to provide proof of Tdap vaccination prior to school entry.
- In 2020-2021, 1,987 of 2,005 7th grade students had proof of Tdap vaccination before the start of school. However, because all students started virtually, APS did not exclude them from school, allowing additional time to receive vaccination before in-person school.
- School Health’s parent outreach usually begins in the spring and goes through the first day of school to help ensure students are vaccinated with Tdap. In the spring, School Health staff request updated vaccination records for rising 7th grade students and conduct Tdap clinics in the elementary schools. Throughout the summer, School Health works closely with APS to ensure that students meet this requirement, including letters and robocalls sent to specific families of students lacking their vaccine. Information is distributed in the 5 languages spoken by APS students, and interpreters are used as needed.

Recommendations

- Continue data collection

Target Dates

- On-going

Forecast

- In School Year 2022-2023, the number of students with Tdap vaccination on the first day of in-person school should be approximately 95%