

FY 2024 PERFORMANCE PLAN

School Health Program	PHD/SHB	Sarah Bell x1657 Sandy Barrett x 1653; Robin Harry x1654; Shineca Solomon x1654; Lisa Kaintoch x5334; Sohilah Soliman x82101 Liz Hans x8484
Program Purpose	<ul style="list-style-type: none"> Keep students healthy and safe to promote learning 	
Program Information	<ul style="list-style-type: none"> The School Health Program of the School Health Bureau provides health services to students in 40 Arlington Public Schools (APS) sites/programs. 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 and 2024, services were delivered primarily in person.					
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 and PHN Coordinator (23 positions)○ 0.6 FTEs Public Health Physician (1 position)					
Customers and Service Data		School Year 2020-2021	School Year 2021-2022	School Year 2022-2023	School Year 2023-2024	
	Total APS Enrollment	26,895	26,911	27,455	27,452	
	Students with medical notifications*	6,906	7,504	7,760	7,631	
	Services received					
	Clinic Visits**	4,833	92,582	152,277	168,553	
	Illness	2,168	43,250	64,075	92,277	
	Injury	1,191	27,492	42,394	51,826	
	Clinic Visit Interventions					
	First Aid	2,054	55,384	111,970	125,725	
	Medication Administration	1,110	10,760	24,738	25,416	
	Clinical Procedures	2,062	50,696	70,562	154,187***	
	Immunizations	0	1	119 ⁺⁺	858	
	Other	395	2,342	4,427	4,219	
	Mass Vision Screenings	4,363	7,755	8,218	8,286	
	Total Vision Screenings	5,507	9,639	10,729	9,656	
	Mass Hearing Screenings	4,350	7,840	8,213	8,338	
	Total Hearing Screenings	5,349	9,663	10,444	10,183	
	<p>*Students with chronic health conditions may require a higher level of care during the school day.</p> <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 and 2021, 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>					

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	<p>***In FY 2024, additional clinical procedures were defined out in the dataset and added to the total calculation.</p> <p>†† In FY 2023, SH resumed giving immunizations in schools.</p>
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	7 th and 12 th grade students excluded from school for not receiving Tdap or Meningococcal vaccination

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School Health

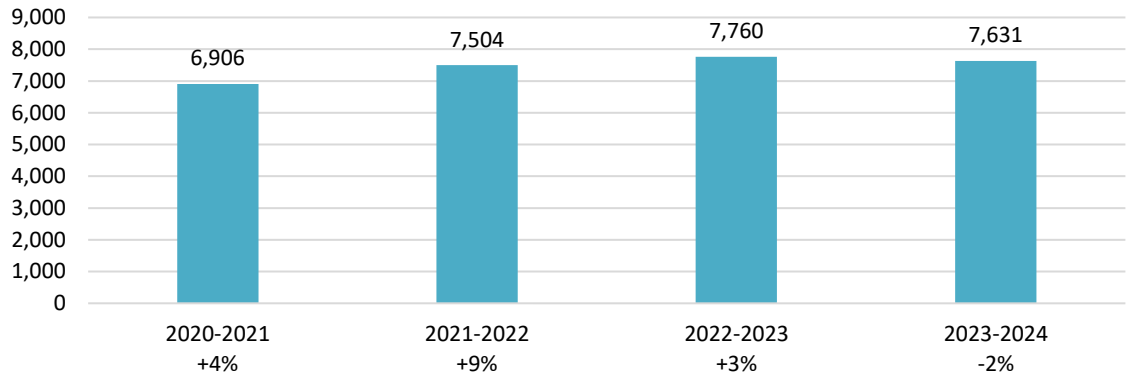
Measure

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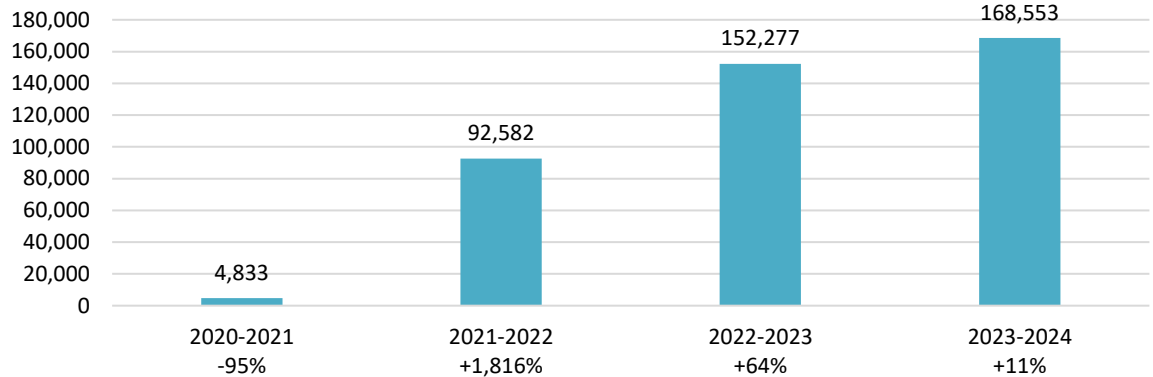
Students with Medical Notification and Clinic Visits

Data

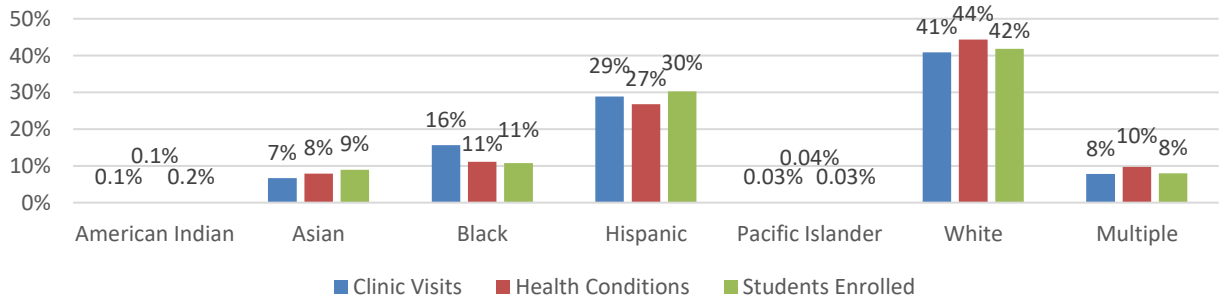
Students with Medical Notifications



Clinic Visits



Clinic Visits and Health Conditions 2023-2024 Racial Equity Analysis



Data Summary

- Data collected in the Arlington Public Schools Student Information System (Synergy)
- The number of students with medical notifications has increased consistently over the last 4 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 percentage 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. In FY 2023, clinics returned to pre-pandemic clinic access.
- 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 compared to their proportion in the student population. Asian students had fewer clinic visits and health conditions compared to their proportion in the student population. Hispanic students had fewer health conditions compared to their proportion in the student population.

Recommendations

- Accommodate the normal volume of students visiting the clinic and continue data collection.

Target Dates

- Ongoing

Forecast

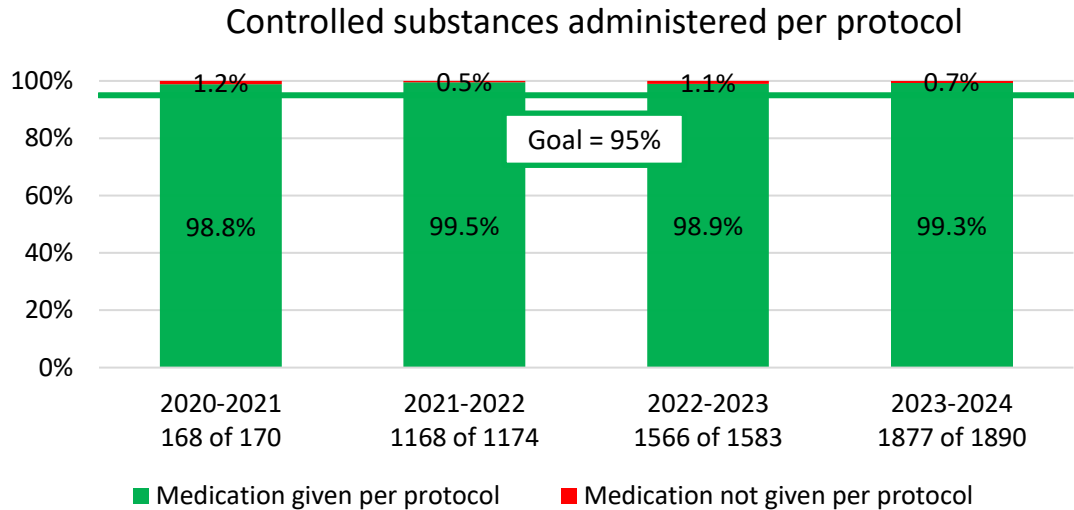
- For FY 2025, the number of students with medical notifications is anticipated to remain the same. The number of clinic visits is anticipated to remain the same.

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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 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 2023-2024, medication was administered per protocol the entire week 99% 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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- 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.

- On-going

Forecast

- In School Year 2024-2025, medication administration per protocol will remain about 99%.

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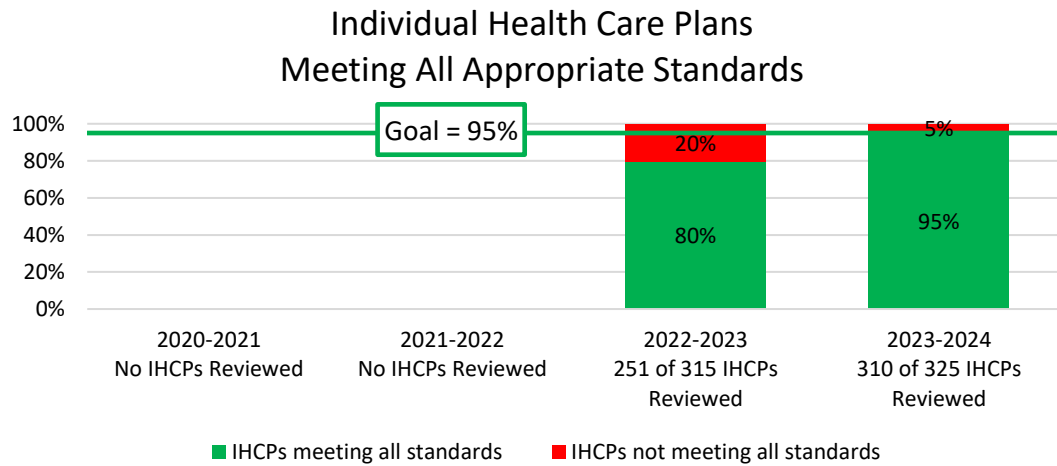
School Health

Measure

2.2

Individual health care plans meet all appropriate standards for the condition

Data



Data Summary

- IHCPs for asthma, seizure, allergies and diabetes 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 annually. A random sample of IHCPs are audited.
- In 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.

What is the story behind the data?

- In 2023-2024, IHCPs meeting all standards improved by 15 percentage points.
- The percentage of IHCPs meeting all standards was lower than pre-pandemic in 2022-2023. This was not unexpected because the audit was re-instituted after not being conducted for 3 years. There was new staff at both the PHN and supervisor levels. All PHNs were re-trained in IHCPs in 2022-2023 as part of the "Back to the Basics" initiative.
- 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

- Continue to train new PHNs on IHCP creation.

Target Dates

- On-going

Forecast

- In School Year 2024-2025, the rate of IHCPs meeting all standards will be 95%.

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School Health

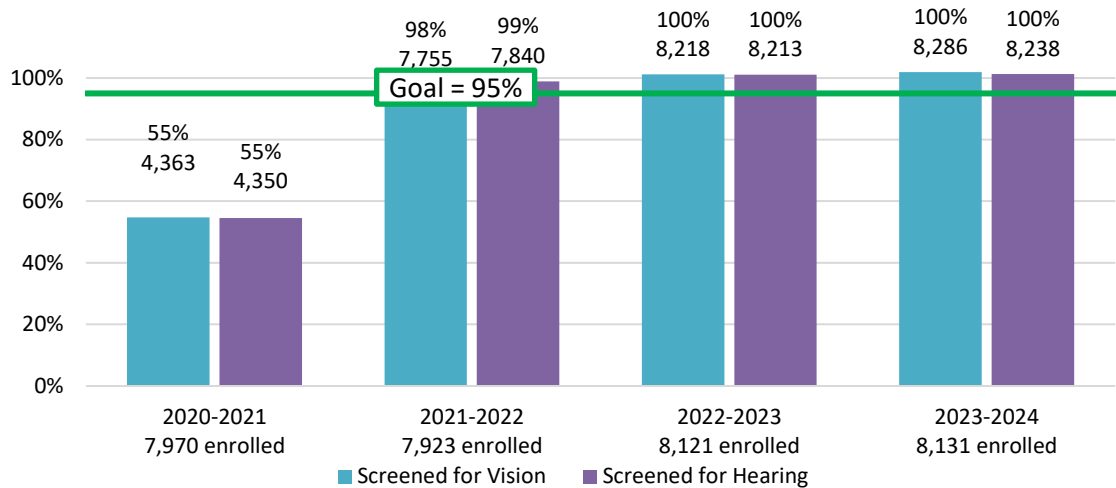
Measure

3.1

Mass vision/hearing screenings completed according to VDOE standards

Data

Percentage of Screening Completed



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
2020-2021	7,970	4,363	274	125	97
2021-2022	7,923	7,755	529	309	219
2022-2023	8,121	8,218	430	225	156
2023-2024	8,131	8,286	367	257	202

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
2020-2021	7,970	4,350	56	12	2
2021-2022	7,923	7,840	86	41	9
2022-2023	8,121	8,213	101	53	19
2023-2024	8,131	8,238	135	80	26

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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 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, additional students may enroll and are also screened, leading to a higher number of students screened than enrolled.
What is the story behind the data?	
<ul style="list-style-type: none">• In 2023-2024, mass vision screenings were conducted for 100% of students in kindergarten and grades 3, 7, and 10 according to Virginia Department of Education (VDOE) requirements. Mass hearing screenings were conducted for 100% of students in kindergarten and grades 3, 7, and 10. 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. 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">• Stay the course.	<ul style="list-style-type: none">• On-going
Forecast	
<ul style="list-style-type: none">• In School Year 2024-2025, vision and hearing screening results will remain at 100%.	

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School Health

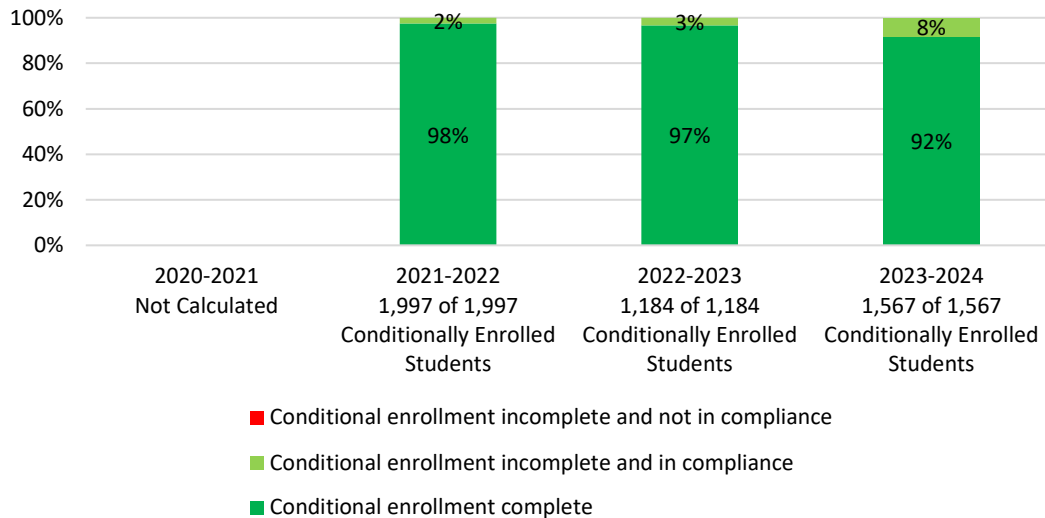
Measure

3.2

Conditionally enrolled students brought into compliance with immunization and tuberculosis requirements

Data

Conditionally enrolled students brought into compliance with requirements



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 2023-2024, 1,567 students were conditionally enrolled, 1,438 students completed requirements, 129 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 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 established in previous years to capture conditional enrollment, the data for this metric was not captured consistently across all schools.

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- Since 2021-2022, the school has been 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 2024-2025, the conditionally enrolled students brought into compliance with immunization and tuberculosis requirements will be similar to 2023-2024.

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School Health

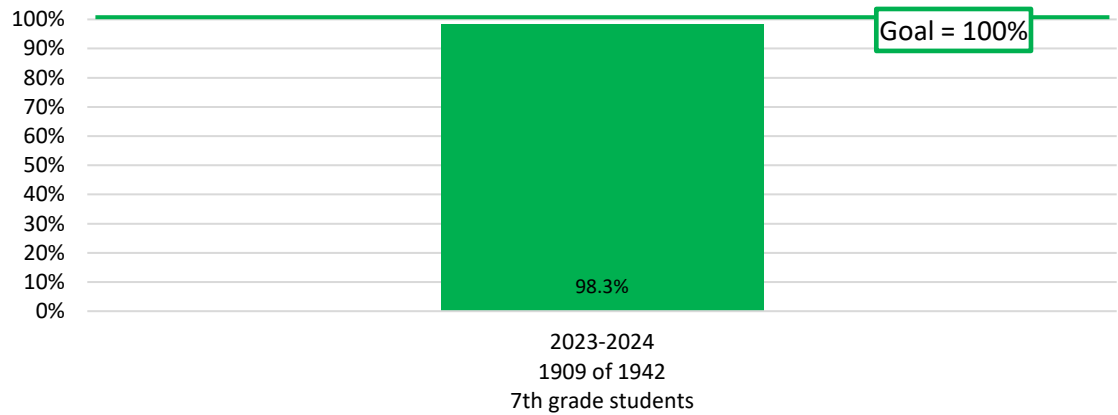
Measure

3.3

7th and 12th grade students excluded from school for not receiving Tdap or Meningococcal vaccination

Data

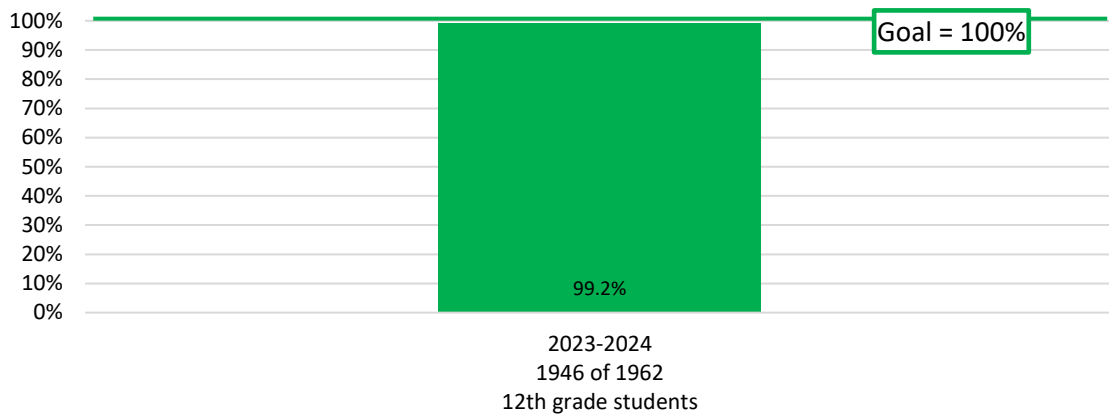
7th Grade Students Up to Date with Tdap and Meningococcal Vaccination on First Day of School



7 th Grade Students	2023-2024
Students excluded from school	10
Students without Tdap or Meningococcal vaccine absent from school	23
Students up to date with Tdap and Meningococcal vaccine	1,909
Total number of 7th grade students	1,942

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12th Grade Students Up to Date with Meningococcal Vaccination on First Day of School



12 th Grade Students	2023-2024
Students excluded from school	16
Students without Meningococcal vaccine absent from school	0
Students up to date with Meningococcal	1,946
Total number of 12th grade students	1,962

Data Summary

- All incoming seventh grade students must provide documentation that they have received a Tetanus-Diphtheria, Pertussis (Tdap) and Meningococcal immunization before the first day of school. Incoming twelfth grade students must provide documentation that they have received a Meningococcal booster before the first day of school.
- Students who have not received Tdap or Meningococcal Vaccination are excluded, and not allowed to attend school until receiving vaccination. Some students without required vaccines 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.

What is the story behind the data?

- In 2023-2024, out of 1,942 7th grade students, 33 (1.7%) did not have proof of Tdap or Meningococcal vaccination before the start of school. Out of 1,962 12th grade students, 16 (0.08%) did not have proof of Meningococcal vaccination before the start of school.
- In 2023-2024, students excluded and absent for missing Meningococcal vaccination began to be formally included in this measure, along with the Tdap vaccination numbers.
- 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 and Meningococcal vaccine. In the spring, School Health staff request updated vaccination records for rising 7th and 12th grade students and conduct vaccinations clinics in the schools. Throughout the summer, School Health works closely with APS to ensure that students meet this requirement, including letters

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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

- Consider modifying measure to report on children excluded on the first day of school for any reason.

Target Dates

- FY 2025 Q1

Forecast

- In School Year 2024-2025, the number of students with Tdap and meningococcal vaccination on the first day of in-person school should be at least 98%.