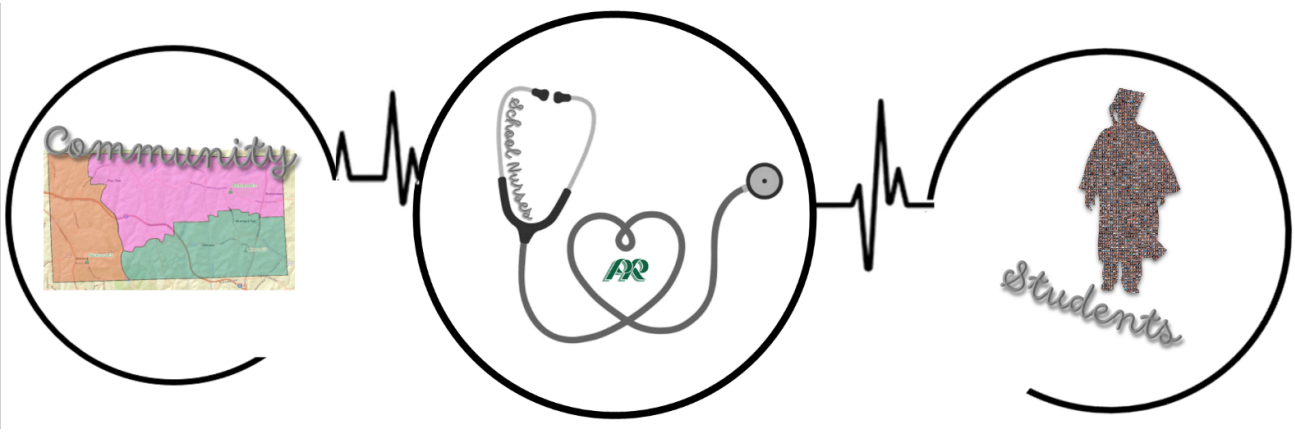
Health Services Program Review



"Connecting family, school, and community to improve the health and well-being of all students through education and quality care".

Pine-Richland School District

June 2023

The information contained in this report is provided by the Pine-Richland Health Services Department for general purposes only. While this report serves as a strategic approach to curriculum planning, recommendations must be considered with respect to all programs provided by Pine-Richland School District.

Health Services Program Review

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Executive Summary

The mission of the Pine-Richland School District is to *Focus on Learning for Every Student Every Day.* Within the PRSD Strategic Plan, long-term and short-term goals outlined in the Teaching and Learning category form the foundation for continuous improvement. One of the short-term goals for 2016 - 2017 was to design and pilot an in-depth program review process for two of our departments (i.e., Science and Health & Physical Education). That initial work led to a final report and set of recommendations for program improvement. The process itself was refined and used in 2017 - 2018 in the areas of Mathematics and Business & Computer Science. **Since that initial year, our district has now supported this comprehensive process for sixteen departments and/or programs**. The sequence of departmental study and implementation for 2019 - 2023 is outlined in Figure 1. Each of the summary reports are publicly available on the Pine-Richland School District website ("Academics" and "In-Depth Program Review").

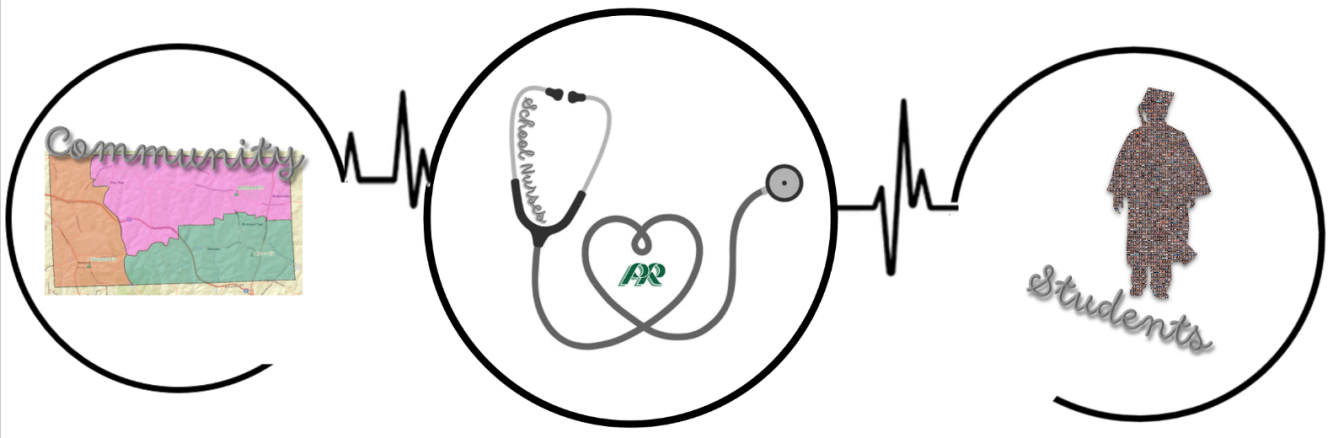
Figure 1. Strategic Plan: Mini-Engine

2019 - 2020	2020 - 2021	2021 - 2022 Revised	2022 - 2023 Revised
Pine-Richland School District Strategic Plan			
Teaching and Learning			
2019 - 2020	**2020 - 2021**	**2021 - 2022**	**2022 - 2023**
Refine and strengthen each element of the model for teaching and learning with a focus on integration.			
	Educational Continuum (During COVID-19)	**Educational Model Transition and Transformation (Post COVID-19)**	
In-Depth Program Review: Study (English, Library and Music)	**In-Depth Program Review: Study (Special Education, World Language, and Art)**	**In-Depth Program Review: Study (Special Education, World Language, and Art)**	**In-Depth Program Review: Study (H/PE, Counseling & Health Svcs., Family & Consumer Science)(Technology Education, Science)**
In-Depth Program Review: Implement Recommendations and Resource Integration (Science, Health/PE, Math, B/CS, Gifted, SS)	**In-Depth Program Review: Implement (Math, B/CS, Gifted, SS, English, Library, Music)**	**In-Depth Program Review: Implement (Math, B/CS, Gifted, SS, English, Library, Music)**	**In-Depth Program Review: Implement (English, Library, Music, Special Ed., W. Lang., Art, Health/PE, Counseling/Health Svcs., FCS)**

This report outlines the process, findings, and recommendations from that work related to the World Language Program. As an organization, it is understood that the pace of change may be dependent upon the impact of that change on other aspects of the educational program. When conducting this work in an individual department, it is important and difficult to balance competing interests and constraints. The process model reflects this challenge as the "ripple effect" of balancing people, time and money. Practically, the committee utilized the action-priority matrix to evaluate each recommendation and established an implementation timeline with associated cost estimates.

One element of the in-depth program review was the establishment of a departmental philosophy and vision (Figure 1). As a result, the vision is captured through the following image and words:

Figure 1



"Connecting family, school, and community to improve the health and well-being of all students through education and quality care".

Recommendation Overview

Recommendation #1: Philosophy and Vision

1. Adopt and communicate the Health Services Department Vision and Philosophy to internal and external stakeholders: "*Connecting family, school, and community to improve the health and well-being of all students through education and quality care".*

Recommendation #2: Health Services Education

1. Deliver planned instruction on specific topics (direct) and collaborate with other departments where appropriate (indirect) to support the health services related learning goals (e.g., health, physical education, and school counseling).

Recommendation #3: Student Supports

1. Based on the degree of medical need, evaluate and refine the approach for 504 Service Agreement development and management to ensure the most appropriate point person is assigned. Case managers could include:
    - School Nurse (e.g., Diabetic plan facilitated by the nurse)
    - School Counselor (e.g., Certain ADHD diagnoses with medical requirements)
    - Special Education Teacher (e.g., IEP that may embed elements of a 504 and/or include medical requirements)

Recommendation #4: Nurse & Family Engagement

1. Improve proactive communication, education, and family involvement regarding Health Services' Department activities.
    a. Improve communication to parents to inform them of the educational lessons being taught in school so they can further practice at home and reinforce learning.

b. Engage families with learning opportunities to support and improve students' learning, development, and health.
c. Evaluate the current communication methods being used and assess for further improvement in communication.
    i. Annual review of PRSD health services website
    ii. Parent survey
d. Frequently Asked Questions (FAQs) for common areas of misconception, etc.

Recommendation #5: Compliance & Regulations

1. Establishing best practices and procedures while ensuring compliance in state and local mandates/regulations, while systematizing and ensuring continuity in the improvement of processes and communication.
    a. Immunizations compliance regulations
    b. Health Screenings
        i. Vision screening
        ii. Hearing screening
        iii. Growth screening
        iv. Scoliosis screening
        v. Physical examination requirements
        vi. Dental examination requirements
    c. Maintaining Health Records

Recommendation #6: Professional Development

1. Refine emergency operations plans and professional development for nurses, other Pine-Richland staff members and third-party partners (e.g. bus drivers, food service).

    A. Ongoing Professional Development for Nurses
        a. CPR / AED
        b. Stop-the-Bleed
        c. Naloxone - Overdose training
        d. Emergency Preparedness
        e. Seizure Training
    B. Ongoing Professional Development for Pine-Richland Staff
        a. Epi-pen
        b. Diabetes
        c. Seizures
        d. Stop-the-Bleed
        e. CPR / AED
        f. Heimlich for cafe staff
    C. Ongoing Professional Development for Third Party Providers
        a. Bus Alerts
        b. Epi-Pen
        c. Diabetes

Recommendation #7: Staff Utilization

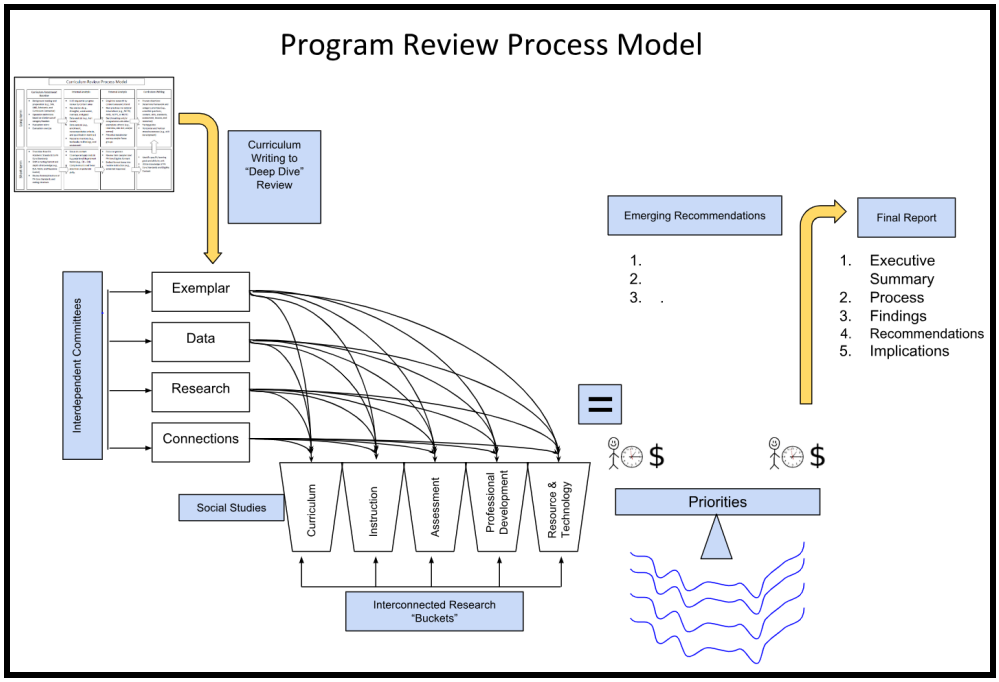
1. Evaluate health service staff capacity to ensure adequate levels of care for routine operations and periods of increased need (e.g., screenings, reports, field trips, parochial coverage, etc.) with potential recommendations included in the 2024 staffing process.

In-Depth Program Review Process

The process for in-depth program review was developed in the 2016 - 2017 school year and has been refined through multiple cycles of improvement. The process was "paused" during the 2020 - 2021 school year given workforce capacity and response to the pandemic. The departments scheduled for that year were shifted to 2021 - 2022 with some modifications to the meeting schedule to accommodate pandemic-related constraints.

To help ensure a clear understanding of the systematic approach to program improvement, the following process diagram was developed and reviewed on a regular basis. Major elements of this image are further described below:

Figure 3 IDPR Process Model



Curriculum Writing to "Deep Dive"

Given the time and effort invested into curriculum writing at Pine-Richland from 2014 - 2016, it is important to understand the relationship of that work to the in-depth program review process. The two-year curriculum writing process was designed to capture the current content in a consistent format through vertical teams (e.g., units, big ideas, and learning goals). That process allowed the department to identify strengths and opportunities for improvement. Most of the attention was directed internally at a review of our district's current structure and practices.

The **in-depth program review process has a broader focus** on all elements of the department. Importantly, the process was designed to emphasize a balance of internal needs and a review of best practices from external

sources. It asks questions, such as, “Are we doing the right things?” or “Do we need to consider more significant changes in program design?” In the image above, the curriculum writing process is like a “springboard” to “dive” more deeply into the content area. The personnel, structure, and work were organized into four major sub-committees.

Committee Composition and Structure

We strongly believe that meaningful and lasting change requires engagement of all key stakeholders. The overall size of the department is an important consideration in study team design. In smaller departments, all members participate in the process. In very large departments, a representative sample of teachers are included. In medium departments, effort is made to ensure that all levels and courses are addressed by at least one member. Within the study team, members were then organized by **four main subcommittees**: (1) Research; (2) Exemplar K-12 Schools/Districts/Programs; (3) Connections to Universities, Businesses, and the Community; and (4) Data and Information. Two overarching elements were critical. First, the arrows on the left side of the subcommittees indicate that the groups must collaborate and exchange information (i.e., no silos). Second, the arrows on the right side of the subcommittees demonstrate that key findings/learnings were captured and organized by major research buckets.

It is important to note that the study teams also used a systematic approach to listen to students and parents. Student focus groups were organized at the high school, middle school, upper elementary, and the primary buildings. These groups were representative of the student body and a wide range of academic rigor. In addition, parent and community input was gathered during day and evening town hall sessions. Parents who were unable to attend those face-to-face meetings were able to submit comments electronically.

Research “Buckets”

Within each discipline, information and findings that emerge from each subcommittee become known as research buckets. These buckets help the department members begin to organize concepts and themes. In the early months of the process, the buckets are dynamic, meaning that some initial concepts were removed or combined with other key themes. As the process evolves and teams continue to learn, the themes begin to solidify. Importantly, the arrows on the bottom of the buckets also demonstrate the relationship between areas (i.e., no silos). The subcommittees’ learning and identification of information for the buckets were interconnected, as information from one area informed others. Based upon the information gathered through the bucket findings, a set of emerging recommendations was developed.

Emerging Recommendations

A systems thinking approach was critical to the in-depth program review process. The transition from “findings” to “emerging recommendations” required skills of synthesis, critical thinking, healthy debate, and communication. At both the start of the study phase and again at the point of emerging recommendations, the team revisits the departmental strengths and opportunities that had been historically developed in the department. Some emerging recommendations were designed to improve current gaps and weaknesses. Other emerging recommendations were identified in the analysis of exemplary programs, universities, businesses, or in the research literature. The team brainstormed recommendations by identifying recurring themes, ideas, and opportunities for growth. The team then discussed, modified, and edited the recommendations. Emerging recommendations were consolidated into a draft. The expanded team worked with the draft to link the emerging recommendations to data provided by the subcommittees.

Balancing Priorities and Resources

The action-priority matrix evaluates the impact versus the effort of the emerging recommendations (Figure 4). Emerging recommendations were categorized as fill-ins, quick wins, major projects, and hard slogs. For example, a hard slog was used to categorize those recommendations that would require much effort but have little impact on student learning. As a system, the "ripple effect" of recommendations was built into the process model (Figure 5). This is further described in the next section.

Figure 4. Action Priority Matrix

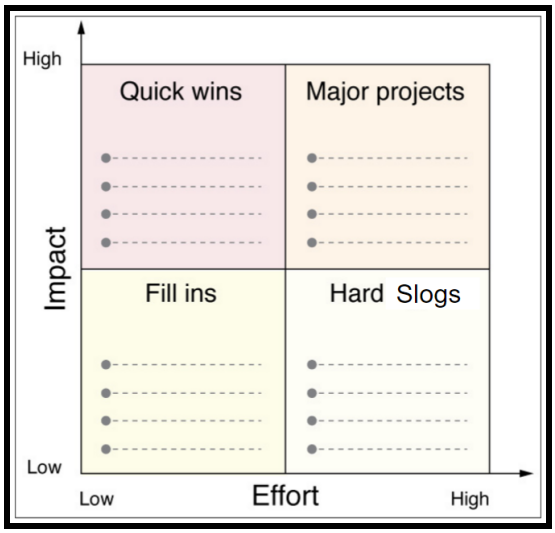
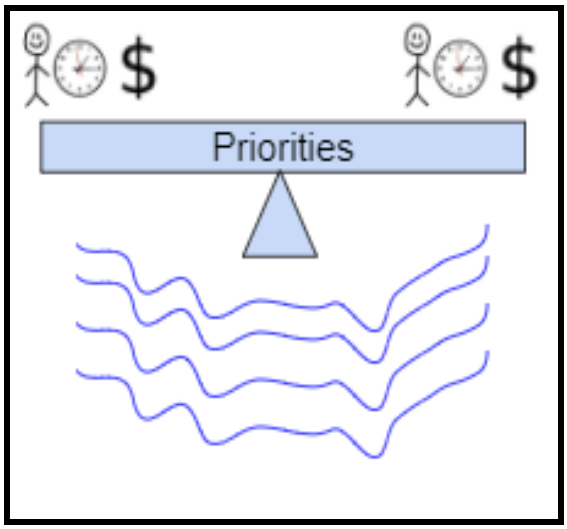


Figure 5. Balance of People, Time and Money



Elmansy, Rafiq. "Time Management Tips for Designers:
The Action Priority Matrix."*Designorate*, 14 June 2016,
www.designorate.com/time-management-the-action-priority-matrix/.
Accessed 14 Mar. 2017.

Tensions of Balancing People, Time and Money with a Rigorous Research Process

It is important to address the challenge that emerges at this stage of the work. At Pine-Richland, we have a culture that believes in the pursuit of excellence at the organizational, department and individual levels. Our departments are composed of certified, experienced, dedicated and passionate educators. Through the in-depth program review, the process exposes department members to current literature/research, exemplary programs, data/information, community connections and focused dialogue about internal strengths and opportunities.

At this point, it is common for a recommendation to directly or indirectly require expanded resources of additional people, time and/or money. Time is impacted by the structure and schedule of the existing day at each level (i.e., K - 3, 4 - 6, 7 - 8 and 9 - 12). Simply stated, additional time for one content area has the effect of reducing time in another area. Additional staff added to one department may have the effect of possible reduction in another department. The assignment of staff and/or scheduling parameters are also addressed through the collective bargaining agreement (e.g., teaching periods and course preparations).

These discussions can be difficult. They are conducted with honesty, support and an understanding of potential implications for the entire system. For example, the concept of adding requirements and/or courses - with associated staff - were discussed in Health/Physical Education, Music, Business & Computer Science to name a few. We work creatively to determine how we can strengthen the specific department, take steps on the

improvement continuum and also ensure sustainability and fiscal responsibility. For example, personal finance was addressed at the high school level as a graduation competency and not a required course. If a course was required, we would need to increase staff and that requirement would have decreased flexibility for elective course selections. In science, a recommendation was implemented for “science every day” at Eden Hall. This recommendation caused a major “ripple” in the master schedule and student day. It required a curriculum revision. It impacted multiple other content areas (i.e., ELA, math and social studies). However, it was also able to be addressed without additional staffing requirements.

Given all of this discussion, the team then identified the final emerging recommendations to support continuous improvement.

Continuum of Improvement

Throughout the in-depth program review process, it was important to maintain perspective on the nature of program improvements. Especially when considering effective elements of exemplary schools or programs, the desire to move from the current program ("Point A") to an ideal future ("Point Z") is natural. However, it is more realistic to recognize that meaningful program improvement within an organizational system will often result from a series of smaller steps ("Points B, C, D, etc."). Although depicted as a straight line in the image below (Figure 6), the in-depth program review committee recognizes that continuous improvement is not always a linear process.

Figure 6 Continuum



Recommendations

Recommendation #1: Philosophy and Vision

1. Adopt and communicate the Health Services Department Vision and Philosophy to internal and external stakeholders: "*Connecting family, school, and community to improve the health and well-being of all students through education and quality care".*

Internal Analysis

- There was not a formally articulated and shared philosophy or vision statement for the Health Services Department (PRSD Vertical Team, 2023).
- Clearly communicate the purpose of the Health Service Department in alignment with the School Health Division within the PA Department of Health (PRSD Vertical Team, 2023).
- Promote health and wellness as an area that impacts every person every day with the concept of improving the health status of children and have them achieve the maximum benefit from their educational experience (PRSD Vertical Team, 2023).
- Pine-Richland School District recognizes that student wellness and proper nutrition are related to students' physical well-being, growth, development and readiness to learn. The board is committed to providing a school environment that promotes student wellness, proper nutrition, nutrition education and promotion, and regular physical activity as part of the total learning experience. In a healthy school environment, students will learn about and participate in positive dietary and lifestyle practices that can improve student achievement (PRSD Vertical Team, 2023).

External Analysis

- The National Association of School Nurses (NASN) defines school nursing as a specialized practice that "protects and promotes student health, facilitates optimal [student] development, and advances academic success. School nurses, grounded in ethical and evidence-based practice, are the leaders who bridge healthcare and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential" (NASN, 2017).
- "The National Association of School Nurse's (NASN) *Framework for 21st Century School Nursing Practice*™ creates an overarching structure that includes concepts integral to the complex clinical specialty practice of school nursing. The framework provides a graphic illustration of the key principles of professional school nursing practice, reflecting the organization's stance for evidence-based best practice and providing focus to priority school nursing activities. The framework provides guidance for the practicing school nurse to reach the goal of supporting student health and academic success by contributing to a healthy and safe school environment" (NASN, 2023).
- "In the CDC's 2023 Healthy Schools Program model, school nurses provide first aid, emergency care, and assessment of and planning for chronic conditions. Additionally, they promote staff and student wellness, refer students to prevention services (such as HIV testing), and provide student and parent education. The services provided also ensure access or referrals to outside health care providers." (CDC Healthy, 2023)
- "We can't educate children who are not healthy and we cannot keep them healthy if they are not educated. There has to be a marriage between health and education" is a famous quote from Joycelyn Elders (Minnesota, nd), the Surgeon General for the United States from 1993 -1994, (Minnesota Department of Health, 2023).

Implementation Timeline (Anticipated Start/Finish): August 2023 - June 2024

Key Personnel: Health Service Department Members; Communications Director; Principals; Assistant Superintendents

Major Action Steps: (1) Introduction of philosophy and vision at all levels including: department, building and district levels (2) Have philosophy and vision woven in daily practice

Estimated Budget/Resources: Minimal costs associated with printing posters and communication efforts

Potential Implications (Short-Term and Long-Term): Increase consistent high quality practices in the health services department and core philosophy and vision driving the department forward in alignment with the District's MVV as well.

Recommendation #2: Health Services Education

1. Deliver planned instruction on specific topics (direct) and collaborate with other departments where appropriate (indirect) to support the health services related learning goals (e.g., health, physical education, and school counseling).

Internal Analysis

- Students expressed interest in learning more about substance abuse and mental health issues (PRSD Student Focus Group, 2023).
- Students requested more time for CPR and Heimlich Maneuver education, demonstration and practice (PRSD Student Focus Group, 2023)
- Parents suggested education regarding screen time and finding a healthy balance and mindfulness (PRSD Town Hall Parent Focus Group, 2023).
- District school nurses have collaborated with academic teaching staff in the past to provide instruction on health topics in the classroom as permitted (PRSD Health Services Team, 2023).

External Analysis

- Recommended by the Director of Slippery Rock University Health Services Department that students at the K-12 level should learn how to: administer narcan and use an AED, make an appointment, recognize mental health issues and when help is needed, and that students with chronic conditions should know how to manage their conditions and access their health care providers (Benkeser, 2023).
- It is the position of the National Association of School Nurses (NASN) that a comprehensive, developmentally appropriate, and evidence-based health education program be implemented for all students. NASN recognizes the vital role of parents and families as an integral source of health education. The registered school nurse (hereinafter referred to as the school nurse) is a valuable resource to parents and educators. NASN supports the implementation of comprehensive health education that promotes healthy development for all students ("Comprehensive health", 2022).
- The education, public health, and school health sectors have each called for greater alignment that includes integration and collaboration between education leaders and health sectors to improve each child's cognitive, physical, social, and emotional development. Public health and education serve the same children, often in the same settings. The Whole School Whole Community, Whole Child (WSCC) model focuses on the child to align the common goals of both sectors to put into action a whole child approach to education ("Whole School", 2023).
- "School-based and Early Childhood Education (ECE) programs promoting hand hygiene can result in less gastrointestinal and respiratory illness and fewer missed school or program days." (Handwashing CDC, 2022)

Implementation Timeline (Anticipated Start/Finish): August 2023 - Ongoing

Key Personnel: Health Service Department Members; Building Administrators; Assistant Superintendents; Health teachers; School Counselor

Major Action Steps: (1) Department planning of direct educational curriculum topics; (2) Plan out direct teaching topics for school year and building levels; (3) Implementation of direct and indirect instruction (teaching in classroom, PA and PRTV announcements, educational posters, bulletin boards); (4) Evaluate the effectiveness of health fair for students; (5) Department support of indirect / supportive education through collaborate with health, physical education, and school counseling departments on health education topics

Estimated Budget/Resources: (1) Substitute nurses to cover the health office when the nurse is needed to teach in the classroom; (2) Time for planning / creating educational materials for direct instruction in classrooms, announcements, bulletin boards etc.; (3) Cost of purchasing materials / printing for bulletin boards, posters

Potential Implications (Short-Term and Long-Term): Improved student wellness through education and collaboration with other staff members. More students will get to know their school nurses through classroom-based learning activities. Through wellness initiatives, student attendance may improve.

Recommendation #3: Student Supports

Based on the degree of medical need, evaluate and refine the approach for 504 Service Agreement development and management to ensure the most appropriate point person is assigned. Case managers could include:

- School Nurse (e.g., Diabetic plan facilitated by the nurse);
- School Counselor (e.g., Certain ADHD diagnoses with medical requirements);
- Special Education Teacher (e.g., IEP that may embed elements of a 504 and/or include medical requirements).

Internal Analysis

- The school nurses have expressed a concern with being able to ensure academic accommodations are legally and comprehensively written and carried out when serving as the 504 case manager (PRSD Vertical Team, 2023).
- The current practice in Pine Richland SD is that the school nurse manages all 504 Service Agreements for students with a health condition. This includes writing the document, holding the meeting, collecting signatures and distributing the documents to appropriate staff. In academic accommodations, the nurse is not the responsible party for the accommodation (PRSD Vertical Team, 2023).
- The current practice in Pine Richland SD is that the school nurse is not always included in IEP meetings unless health related accommodations are necessary. Frequently medical information is provided to academic staff and not communicated to the nurse (PRSD Vertical Team, 2023).

External Analysis

- North Hills SD nurses are collaborators only in the 504 Service Agreement process. This allows pertinent information to be included in regards to health history, but permits the academic experts to write, manage and maintain the legal documents (Ravenstahl, 2023).
- Bethel Park School District Nurses are only contributors to the 504 Service Agreement process (Wallace, 2023).
- "The certified school nurse should be case manager of only 504 Service Agreements which are primarily health related. If a service agreement is primarily academic related, a principal, school psychologist, or school counselor should assume the role as case manager" (Wilson, 2022).
- 'It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as a school nurse) is an essential member of a multidisciplinary education team that identifies, evaluates, and monitors students who may be eligible for services through the Individuals with Disabilities Education Improvement Act (IDEIA; 2004) or Section 504 of the Rehabilitation Act of 1973 (NASN, Position).
- "School nurses have the unique knowledge and experience essential to evaluate the health of students in order to identify health-related barriers to learning and the accommodations necessary to provide students proper access to education" (NASN, Position).

Implementation Timeline (Anticipated Start/Finish): August 2023 - Ongoing

Key Personnel: Health Service Department Members; Building Administrators; District Administrators

Major Action Steps: (1) Collaboration with director of pupil services, school counseling, and administration to discuss and develop guideline for 504 case manager assignments; (2) Training for nurses on 504 writing, managing for those cases where the nurse is the case manager; (3) Develop plan with special education department for nurses to be included in IEP meetings for students with medical concerns

Estimated Budget/Resources: (1) Cost of training (financial for courses and substitute coverage); (2) Staffing coverages for nurses to be in IEP meetings.

Potential Implications (Short-Term and Long-Term): By adding 504 case management responsibilities to other staff , those staff members would be impacted. Through training, nurses would have improved knowledge of 504 case management. With a defined process, the assignment of case managers would be improved.

Recommendation #4: Nurse & Family Engagement

Improve proactive communication, education, and family involvement regarding Health Services' Department activities.

1. Improve communication to parents to inform them of the educational lessons being taught in school so they can further practice at home and reinforce learning.
2. Engage families with learning opportunities to support and improve students' learning, development, and health.
3. Evaluate the current communication methods being used and assess for further improvement in communication.
    a. Annual review of PRSD health services website
    b. Parent survey
4. Frequently Asked Questions (FAQs) for common areas of misconception, etc.

Internal Analysis

- Parents who participated in the Town Hall focus group are not aware of the education provided to their students by the Certified School Nurse (PRSD Town Hall Parent Focus Group, 2023).
- Parents have expressed interest in knowing about the health and wellness education by the Certified School Nurse in their student's building (PRSD Town Hall Parent Focus Group, 2023).
- Health Services website has information but needs a refresh (PRSD Vertical Team, 2023).
- Electronic communications are sent to parents / community on an as needed basis (PRSD Vertical Team, 2023).

External Analysis

- The CDC's Whole School, Whole Community, Whole Child (WSCC) Model emphasizes the collaboration of families and school staff to support and improve students' learning, development, and health (WSCC, 2023).
- Parents and other family members play a crucial role in nurturing the education and health of their children. Research indicates that when parents are engaged in school health education efforts, students exhibit better behavior, better social skills, fewer health risk behaviors, and higher academic achievement (Kolbe, 2019 as cited in NASN, 2022).
- Professional practice websites are a platform through which individual school nurses can communicate school health information through a link on the school or school district website in which they are employed. Professional practice websites provide the school nurse with the opportunity to increase their visibility, inform stakeholders of their multifaceted role in the health of our country's youth, and positively influence the public narrative of school nursing (Moss, 2021).
- North Hills SD nurses use newsletters to update and inform families about their health services activities (Ravenstahl, 2023).
- Bethel Park SD uses electronic newsletters in coordination with school principals (Wallace, 2023).

Implementation Timeline (Anticipated Start/Finish): August 2023 - June 2024

Key Personnel: Health Service Department Members; Building Administrators; Assistant Superintendents; Director of Communications; eNewsletter director; Webmaster

Major Action Steps: (1) Refresh health services website; (2) Plan parent communications throughout school year for notification of health services activities (ie: screenings); (3) Plan parent communications throughout school year for parent education health topics (ie; medication in school, when to keep your child home for illness); (4) Gauge community / family interest in district health fair vs open house activity.

Estimated Budget/Resources: (1) Staff coverage for time to refresh health services website; (2) Staffing coverage time for planning and writing communications; (3) Cost of health fair (space, staff coverage for planning and for the day of event).

Potential Implications (Short-Term and Long-Term): Other staff time will be impacted for assistance in health services website refresh. Parent satisfaction will be improved with improved communication. Parents will gain a greater awareness and understanding of health services programs.

Recommendation #5: Compliance & Regulations

Establishing best practices and procedures while ensuring compliance in state and local mandates/regulations, while systematizing and ensuring continuity in the improvement of processes and communication.

A. Immunizations compliance regulations
B. Health Screenings
    a. Vision screening
    b. Hearing screening
    c. Growth screening
    d. Scoliosis screening
    e. Physical examination requirements
    f. Dental examination requirements
C. Maintaining Health Records

Internal Analysis

- Nurses follow the guidelines. Challenges with non-compliant immunizations and administration support for exclusion after provisional enrollment expires (PRSD Vertical Team, 2023).
- PA Department of Health Mandated Service Overview grid - Grid showing all the mandate services per grade level

- Staffing Needs for Mandated School Health Services Requirements
    - Health Screenings
        - High School - 15 days
        - Middle School - 12 days
        - Eden Hall - 20 days
        - Wexford - 8 days
        - Hance - 8 days
        - Richland - 5 days
        - Parochials - 2 days each (Eden Christian & Blessed Francis Seelos)
        - Additional time needed for rescreenings, screening students who were absent, sending / following up on referrals. Time varies (PRSD Vertical Team, 2023).

    - Mandated Examinations
        - Notification, collection, and data entry
        - Scheduling of school examinations
            - School Physician and Dentist scheduled annually
            - Students, in mandated grades, with parental consent receive the examination (PRSD Vertical Team, 2023)

External Analysis

- Vaccination regulations PA Department of Health (PA Department of Health, 2023).
- The Allegheny County Health Department follows immunization regulations established by the Pennsylvania Department of Health (ACHD, 2023).

Implementation Timeline (Anticipated Start/Finish): August 2023 - Ongoing

Key Personnel: Health Service Department Members; Building Administrators; Assistant Superintendents; School Physician; School Dentist

Major Action Steps: (1) Review screening programs and ensure that the procedures used meet the guidelines established by the PADOH; (2) Schedule screenings on timelines determined by the the PADOH regulations

Estimated Budget/Resources: (1) Staffing / substitute coverages for screenings; (2) Cost of school Physician and Dentist for school physical/ dental exams

Potential Implications (Short-Term and Long-Term): Identification of students with health issues that can impact learning. Student learning can be improved when corrective measures, such as glasses, are implemented. There will be a need for clear, concise and accurate information shared with families. Increased awareness and understanding of health-related practices will benefit all students, staff, and community.

Recommendation #6: Professional Development

Refine emergency operations plans and professional development for nurses, other Pine-Richland staff members and third-party partners (e.g. bus drivers, food service).

A. Ongoing Professional Development for Nurses
    a. CPR / AED
    b. Stop-the-Bleed
    c. Naloxone - Overdose training
    d. Emergency Preparedness
    e. Seizure Training
B. Ongoing Professional Development for Pine-Richland Staff
    a. Epi-pen
    b. Diabetes
    c. Seizures
    d. Stop-the-Bleed
    e. CPR / AED
    f. Heimlich for cafe staff
C. Ongoing Professional Development for Third Party Providers
    a. Bus Alerts
    b. Epi-Pen
    c. Diabetes

Internal Analysis

- The staff focus group concluded:
    - Utilizing podcast training is sufficient and flexible in nature (PRSD Staff Input Questionnaire, 2023).
    - The school nurse is available as a resource and for return demonstrations of EpiPen for the beginning of the year requirements (PRSD Staff Input Questionnaire, 2023).
- Diabetes training is a requirement of school board policy (PRSD Vertical Team, 2023).
- School nurses have expressed the need for additional staff training in emergency preparedness such as CPR and Stop the Bleed (PRSD Vertical Team, 2023).
- Current Pine-Richland Professional staff (ie teachers) training include annual epi-pen and diabetes. CPR is optional every 2-3 years. Stop the Bleed is not currently offered to staff. Bus Drivers have annual epi-pen and diabetes training at their kick-off meeting (PRSD Vertical Team, 2023).

External Analysis

- "Act 93 Epinephrine Auto Injector Training Act 93 of 2018 expanded the list of organizations and individuals authorized to administer an Epinephrine Auto-Injector. The Act creates training requirements for agents of employees of the authorized entities who choose to have Epinephrine Auto-Injectors available" (PA Department of Health, 2023).
- North Hills SD nurses do teaching for teachers only on epi-pen, no bus driver training (Ravenstahl, 2023).
- Bethel Park School District Nurses do training for teachers epi-pen, and CPR (Wallace, 2023).
- "Act 86 of 2016 amended the Public School Code (Article XIV; 24 P.S. §§ 14-1401 – 14-1424) with a number of provisions related to diabetes education and care in Pennsylvania schools." (Management of Students)

Implementation Timeline (Anticipated Start/Finish): August 2023 - Ongoing

Key Personnel: Health Service Department Members; Building Administrators; Assistant Superintendents

Major Action Steps: (1) Update staff training videos (epi-pen, diabetes) (2) Find or develop training for staff on other health topics and emergency procedures

Estimated Budget/Resources: (1) Cost for staff / nurse trainings; (2) Cost of substitutes / nurses to allow for staff training; (3) Impact on other professional development for staff due to time constraints

Potential Implications (Short-Term and Long-Term): With training, nurses and staff will be better prepared to care for students in the event of an emergency situation.

Recommendation #7: Staff Utilization

Evaluate health service staff capacity to ensure adequate levels of care for routine operations and periods of increased need (e.g., screenings, reports, field trips, parochial coverage, etc.) with potential recommendations included in the 2024 staffing process.

Internal Analysis:

- While the workforce size has increased in recent years, the PRSD Health Services team does not have the capacity to cover more than 1 fail-to-fill without impact to programming. This can result in cancelation of health screenings for PRSD or coverage for visitations to parochial schools, which need to be rescheduled (IDPR Team, 2023).
- As noted in Recommendation #5, annual screenings and examinations require a significant amount of time that stresses the ability to maintain routine operations (IDPR Team, 2023).
- Field trips and student activities, particularly during "non-workday hours" are difficult to staff with a nurse, given the shortage of nurse substitutes (IDPR Team, 2023).
- Student focus group suggested additional staffing to provide an additional space and make office visits more efficient (PRSD Student Focus Group, 2023).
- Staff focus group suggested additional staffing in order to provide classroom health education and decrease student time in the health office (PRSD Student Focus Group, 2023).

External Analysis:

- "To optimize student health, safety, and learning, NASN advocates for a school nurse to be present in school all day, every day, and this presence is especially beneficial in planning for and responding to emergency situations". (NASN Emergency, 2023).
- "Ratio alone is no longer sufficient when considering staffing. Other factors to consider are safety, acuity, health needs of students, social needs" (NASN, 2023).
- "Every child of school age shall be provided with school nurse services: Provided, however, That the number of pupils under the care of each school nurse shall not exceed one thousand five hundred " (1949 Act 49).
- "NASN recommends a formula-based approach with minimum ratios of nurses-to-students depending on the needs of the student populations as follows: 1:750 for students in the general population, 1:225 in the student populations requiring daily professional school nursing services or interventions, 1:125 in student populations with complex health care needs, and 1:1 may be necessary for individual students who require daily and continuous professional nursing services" (Durant, 2011).
- North Hills SD currently has two nurses in each building to include a CSN and a support nurse. They use support/agency nurses for support staff, field trip coverage, team screening, and call off coverage. The support staff was also used for parochial/private school coverage when the CSN was at those schools (Ravenstahl, 2023).
- Bethel Park SD currently has two nurses in each building. The organization is such that the support nurse staffs the office on a regular basis and the CSN travels based on the needs of the students. The support staff was also used for parochial/private school coverage when the CSN was at those schools (Wallace, 2023).

Implementation Timeline (Anticipated Start/Finish): August 2023 - Ongoing

Key Personnel: Health Service Department Members; Building Administrators; Assistant Superintendents

Major Action Steps: (1) Evaluate current staffing

Estimated Budget/Resources: (1) Increased staffing cost (may not be large due with less substitutes needed)

Potential Implications (Short-Term and Long-Term):Increased health services staff would allow for CSN to be able to provide additional services and fulfill the other recommendations. Additional PR staff would be able to cover buildings when needed which currently is difficult due to lack of substitute nurses. Increased staffing would create an increase in budget.

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