

School District of Okaloosa County, Florida
Okaloosa County School Board
FORM FOR SUBMITTING AGENDA ITEM

MIS 5235

Meeting Date: June 13, 2005		Agenda Item Number: Discussion #4	
TITLE: Agreement between the School Board of Okaloosa County and the Okaloosa County Health Department to provide a nurse in every school			
REQUESTED ACTION:		Approval	
SUMMARY EXPLANATION AND BACKGROUND:			
EXHIBITS ATTACHED:			
1. Instructional Program Impact Statement: 2. Staffing Impact Statement: 3. Financial Impact Statement: 4. 5. 6.			
PREPARED BY:		Mike Foxworthy	
SUPERINTENDENT'S RECOMMENDATION:		Approval	
BOARD ACTION:		SOURCE OF ADDITIONAL INFORMATION:	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Other (specify) _____ _____		Name: _____ Phone: _____	
(For use of official Board Records' office only)			

School Board Chairperson

School District of Okaloosa County
Nursing Services Analysis
Fiscal Year 2005-2006
May 10, 2005

No.	School Name	Number of Positions	Type of Position	Average Cost of Position	FY 2005-2006 Average Cost of Nursing Services		Unweighted FTE	Unweighted FTE X \$25	Maximum Cost
					Salary/Fringe	Benefits			
1	Edwins Elementary	0.60	Nurse	31,500	18,900		414.00	10,350	10,350
2	Baker	1.00	Nurse	31,500	31,500		1,376.12	34,403	21,000
3	Bob Sikes Elementary	1.00	Nurse	31,500	31,500		635.00	15,875	15,875
4	Meigs Middle						690.00	17,250	17,250
5	Richbourg Middle	0.25	Nurse	31,500	7,875		727.45	18,186	18,186
6	Ruckel Middle	1.00	Nurse	31,500	31,500		865.00	21,625	21,000
7	Destin Elementary	1.00	Nurse	31,500	31,500		844.00	21,100	21,000
8	Edge Elementary	1.00	Nurse	31,500	31,500		485.02	12,126	12,126
9	Cherokee Elementary *						438.50	10,963	10,963
10	Laurel Hill						393.82	9,846	9,846
11	Niceville High	1.00	Nurse	31,500	31,500		2,264.79	56,620	21,000
12	Northwood Elementary	1.00	Nurse	31,500	31,500		581.00	14,525	14,525
13	Silver Sands	1.00	Nurse	31,500	31,500		160.00	4,000	4,000
14	Southside Elementary	0.45	Nurse	31,500	14,175		575.00	14,375	14,375
15	Valparaiso Elementary	1.00	Nurse	31,500	31,500		475.00	11,875	11,875
16	Pryor Middle	0.45	Nurse	31,500	14,175		750.00	18,750	18,750
17	Wright Elementary	0.45	Nurse	31,500	14,175		576.28	14,407	14,407
18	Shalimar Elementary						530.00	13,250	13,250
19	Oak Hill Elementary	1.00	Nurse	31,500	31,500		539.00	13,475	13,475
20	Elliott Point Elementary *						615.00	15,375	15,375
21	Ocean City Elementary	0.45	Nurse	31,500	14,175		480.00	12,000	12,000
22	Mary Esther Elementary	1.00	Health Assistant	21,000	21,000		575.00	14,375	14,375
23	Plew Elementary	1.00	Nurse	31,500	31,500		639.00	15,975	15,975
24	Choctawhatchee High						1,778.43	44,461	21,000
25	Crestview High						1,754.63	43,866	21,000
26	Kenwood Elementary	1.00	Nurse	31,500	31,500		545.00	13,625	13,625
27	Florosa Elementary	1.00	Health Assistant	21,000	21,000		598.00	14,950	14,950
28	Fort Walton Beach High						1,900.00	47,500	21,000
29	Bruner Middle	1.00	Nurse	31,500	31,500		1,030.00	25,750	21,000
30	Lewis Middle						638.00	15,950	15,950
31	Longwood Elementary	1.00	Nurse	31,500	31,500		460.00	11,500	11,500
32	Walker Elementary	1.00	Nurse	31,500	31,500		665.00	16,625	16,625
33	Bluewater Elementary	1.00	Nurse	31,500	31,500		640.00	16,000	16,000
34	Antioch Elementary	1.00	Nurse	31,500	31,500		779.00	19,475	19,475
35	Davidson Middle	1.00	Health Assistant	21,000	21,000		940.00	23,500	21,000
36	Destin Middle	1.00	Nurse	31,500	31,500		660.20	16,505	16,505
		<u>23.65</u>					<u>713,475</u>	<u>28,017.24</u>	<u>570,608</u>

Proposed Cost of Nursing Service Contract

Total Nursing Program Cost	\$ 1,191,000.00
Total Health Department Contribution	305,621.00
Total District Contract Cost	<u>\$ 886,327.00</u>

Source of Funds

School Cost	\$ 570,608.00
District Cost (funded from Medicaid)	315,719.00
Total District Contract Cost	<u>\$ 886,327.00</u>

Note

* Each school purchased a Health Assistant position at a cost of \$20,500 in fiscal year 2004-2005.

**AGREEMENT BETWEEN THE SCHOOL DISTRICT OF OKALOOSA COUNTY
AND THE OKALOOSA COUNTY PUBLIC HEALTH DEPARTMENT**

THIS AGREEMENT, effective this 13th day of June, 2005, by and between THE OKALOOSA COUNTY HEALTH DEPARTMENT, 221 Hospital Drive, NE, Ft. Walton Beach, Florida, (hereinafter referred to as "PROVIDER"), and THE SCHOOL BOARD OF OKALOOSA COUNTY, FLORIDA, 120 SE Lowery Place, Fort Walton Beach, Florida, as the governmental agency with jurisdiction over all DISTRICT SCHOOLS, (hereinafter referred to as "RECIPIENT").

1. **Purpose.** The purpose of this Agreement is to establish the terms and conditions under which the PROVIDER shall deliver or perform the following services indicated for the RECIPIENT.
 - a) Provide basic and full service School Health Services to Okaloosa County public schools in accordance with Florida Statutes 381.0056, 381.0057, 381.0059, and 402.3026 and with Chapter 64F-6.001-6.006, F.A.C. and other related Florida Statutes and Florida Administrative Codes and in accordance with applicable policies and procedures of the RECIPIENT and PROVIDER.
 - b) These health services are specified in the local school health services plan as approved biennially by the RECIPIENT and PROVIDER and as required under Florida Statutes.

2. **Term.** The Initial Term of this Agreement shall begin on the 29th day July of 2005, and shall end on the 27th day of June 2006. This Agreement may be renewed and/or extended by mutual agreement of the parties at the end of the Initial Term for up to two (2) additional one (1) year periods. If deemed to be mutually beneficial and successful in promoting the health and wellbeing of Okaloosa Schools' students, it is the intention of the parties to continue this agreement on an ongoing basis, subject to annual review and approval.

3. **Responsibilities of PROVIDER.**
 - a) **Delivery of Services:** The PROVIDER shall deliver the services required under this Agreement on the dates and at the times and places as specified herein:
 - i) Provide school health services by means of a registered nurse or licensed practical nurse on site at each school for 7 hours a day during the school year (½ hour lunch not included) for 36 public schools in accordance with school hours of each school and the school calendar year (*See Appendix A*). School start and stop times differ at each school.
 - ii) Develop and maintain for and within each school an assessment of the ongoing medical conditions of students which may require frequent or regular medication, treatments, or observation and providing those services, as medically necessary, with qualified clinical personnel.
 - iii) Provide programmatic and clinical management for school health services to ensure that school nurses are professionally supervised and supported.
 - iv) Provide medical direction for school health services through a licensed Florida physician functioning as Director of the Okaloosa County Health Department to promote the best, safest, and most current clinical practices in addressing student health needs.
 - v) Complete the Florida School Health Services Annual Report and Plan and assure review and signature of appropriate parties.
 - vi) Coordinate, plan, and conduct School Health Advisory Committee Meetings.
 - vii) Update and ensure accuracy and accessibility of Okaloosa County School Health Services Manual.

- viii) Coordinate and provide training for school nurses based on a regular schedule of clinical inservices and professional development designed to acquaint such nurses with the most appropriate methods of observation and treatment of illnesses, chronic conditions, and medical programs likely to exist among Okaloosa Schools' students.
 - ix) Deliver full service school health services at Ocean City Elementary, Pryor Middle, Richbourg Middle, Southside Elementary, and Wright Elementary.
 - x) Maintain clinic medical supplies to ensure that health rooms are properly appointed and supplied considering the health care needs of the students of each school (*Appendix B*).
 - xi) Perform student health screenings as per current Florida law and administrative code 381.0056 F.S. and 64F-6.003 F.A.S. This includes documentation, referral and follow up on all screening failures as per Okaloosa School Health Services Manual. Screenings may be performed in mass screening style by a pool of volunteers and PROVIDER staff, including the onsite nurse and other PROVIDER school health nurses and staff. The PROVIDER is responsible for coordinating staffing, equipment, and supplies for mass screening; grouping the schools to be screened and scheduling the screening with onsite nurses and the principal. The PROVIDER will make reasonable efforts to recruit and involve nursing students and other qualified volunteers in such screenings. In those rare circumstances in which a school nurse from one school is temporarily involved for a few hours in providing screening services in a neighboring school, the school principal's health room designee will provide clinic coverage due to such rare and extraordinary absences of PROVIDER nurses for screening purposes.
- b) Staff and Personnel: The PROVIDER shall make available the following personnel and/or other resources to provide the services required under this Agreement:
- i) Offer Career Service positions to all school nurses currently hired by the school district and the health department. For current school district nurses, assure that nurses are assigned to current school, except for Silver Sands.
 - ii) Fill vacant positions preferentially by Registered Nurses (RNs) as Other Personnel Services (OPS) employees. Positions not filled by RNs will be filled by Licensed Practical Nurses (LPNs) as OPS employees.
 - iii) Assure that all nurses work within the scope of their practice and according to the Florida Nurse Practice Act and be licensed as a RN/LPN in accordance with Florida Statute 464.
 - iv) Assure that a PROVIDER RN will deliver needed services due to any limitations of licensure of PROVIDER LPN staff. For example, an RN from a nearby school will provide nursing assessments and care plans in a school staffed by an LPN.
 - v) Assure that PROVIDER nurses maintain current CPR and First Aid certification by a recognized provider of said training.
 - vi) Assure that PROVIDER nurses are knowledgeable on Florida Law related to student health and welfare.
 - vii) Assure that PROVIDER nurses have documented pediatric experience and growth and developmental training.
 - viii) Assure that school assignments of nurses currently hired by the PROVIDER and new hires will be jointly determined by the PROVIDER and the RECIPIENT.
 - ix) Assure provision of substitutes due to school nurse absences beyond 1 consecutive school day when students are in attendance.
 - x) Assure that all PROVIDER nurses follow all School District policies and procedures, including adherence to all applicable confidentiality laws, both federal and state governing school and health records.
 - xi) Assure that each principal of RECIPIENT schools can participate or provide input into the assigned nurse's annual performance evaluation. If, based on the annual evaluation, a nurse does not perform in a manner which meets the expectations of the school, the

- principal may request and PROVIDER will ensure that such a nurse is replaced with an acceptable replacement.
- xii) Assure that all employees meet Level 2 background screening as required by s.381.0056, F.S. pursuant to chapter 435, F.S.
 - xiii) Understands that PROVIDER nurses assigned at RECIPIENT schools are not considered to be agents or employees of the School Board and will not, except as expressly provided by this Agreement, be entitled to any of the benefits the School Board provides for its full time employees, including, but not limited to, worker's compensation coverage, and unemployment insurance.
 - xiv) Submits the following general position description which will be modified before August 1, 2005, based on nursing licensure requirements and in collaboration with a team of RECIPIENT staff appointed by the Superintendent of Schools and acceptable to PROVIDER.
 - (1) Provides first aid to injured students and staff, everyday care of acutely ill children and chronically ill children, and manages health care for children with communicable diseases.
 - (2) Provides nursing assessments and health counseling as appropriate for students.
 - (3) Interfaces and communicates with parents and students' medical providers.
 - (4) Organizes student's medication and first aid kits for field trips.
 - (5) Reports all students with food allergies to cafeteria staff/guidance.
 - (6) Documents and reports any indication of child abuse to appropriate authorities.
 - (7) Counts, records, and administers medications to students and maintains accurate records as required by Florida Statute 1006.062.
 - (8) Participates in development and implementation of child specific health care plans.
 - (9) Maintains proficiency in conducting vision, hearing, scoliosis, and growth and development screenings.
 - (10) Provides mandated health screenings; sends referrals as needed and provides all necessary follow-up for problems identified in mandated mass health screenings.
 - (11) Performs ESE vision/hearing screenings. Sends referrals and provides follow up.
 - (12) Collaborates with school personnel in assessing and improving the social and emotional climate of students and faculty and involves them in maintaining a healthful school environment.
 - (13) Carries out communicable disease prevention and infection control based on current guidelines for standard precautions, prevention of bloodborne pathogens exposure and hazardous medical waste disposal. Reports to PROVIDER as appropriate.
 - (14) Maintains and updates school health records.
 - (15) Utilizes health related forms as per PROVIDER and RECIPIENT.
 - (16) Maintains clinic supplies and communicates with PROVIDER regarding needed clinic supplies.
 - (17) Maintains equipment and furnishings in good working order.
 - (18) Maintains a daily log of clinic visits.
 - (19) Provides quantitative data as requested by PROVIDER, including employee activity report.
 - (20) Conducts record reviews.
 - (21) Documents services, referrals, and outcomes.
 - (22) Communicates health needs and other health and medical issues to principal and PROVIDER RN supervisor.
 - (23) Maintains contact with parents on referrals through phone calls and written correspondence.
 - (24) Works closely with teachers concerning matters of physical and mental health and environmental problems, which can affect health. Advises principals or designee of medical problems of which he/she should be aware.

- (25)Contributes expertise to School Crisis Team.
 - (26)Attends 504/IEP meetings as needed.
 - (27)Provide PROVIDER approved medication training to appropriate school district personnel.
 - (28)Provide training on various diseases and conditions to school district personnel.
 - (29)Provide child-specific training on conditions and health related procedures to school district personnel, as needed.
 - (30)Provides age-appropriate health education classes as requested by teachers and approved by principal and PROVIDER RN Supervisor.
 - (31)Abides by and facilitates adherence to all applicable laws, rules, policies, procedures; maintains professional standards; maintains high level of professional development/knowledge.
 - (32)Maintain student health information in each student's Cumulative Health Records
 - (33)All OCHD employees are required to work in a special needs shelter, Red Cross shelter, Emergency Operations Center (EOC), or to perform other emergency duties including, but not limited to, responses to or threats involving any disaster or threat of disaster, man-made or natural.
- c) Finances: The PROVIDER shall be responsible for the following expenses and assurances associated with providing the services under this Agreement: PROVIDER is responsible for paying employer share of withholding taxes and all other employment related taxes or costs:
- i) \$305,621 (see Appendix C).
 - ii) Maintain in-kind funding equivalent of \$78,964 (see Appendix C).
 - iii) Assure that all PROVIDER employees who choose to participate in the RECIPIENTS benefits (health and dental) and who have an employee contribution will participate in a direct deposit program to RECIPIENTS account.
 - iv) Will retain capacity to bill Medicaid for services provided by PROVIDER employees except as indicated below, 4. a. vi.
- d) Supervision, Monitoring, and Evaluation: The PROVIDER shall be responsible for the supervision of all of its personnel and/or agents assigned to provide services under this Agreement. Additionally, the PROVIDER shall be responsible for the monitoring of the quality of service delivered to insure the highest standards of service are being provided to the RECIPIENT under this Agreement in order to achieve a maximum benefit to the RECIPIENT, its employees, students, and the families of students that are to be the recipients of these services. The PROVIDER shall work mutually with the RECIPIENT to provide an evaluation of the delivery and impact of the services made available under this Agreement and shall further provide to the RECIPIENT any and all data or other materials maintained or collected by PROVIDER in the course of performing this Agreement.
- e) Confidentiality: The PROVIDER shall only be entitled to receive records and information from the RECIPIENT which can be lawfully made available to PROVIDER, and in such event the PROVIDER shall be held strictly accountable for the protection of such records and information consistent with both state and federal laws protecting the confidentiality of student records and other information which may be available through the RECIPIENT which is necessary for PROVIDER to deliver the services required hereunder. For this AGREEMENT, the PROVIDER staff must have access to paper and electronic records pertaining to or supporting the delivery of school health services to include but not necessarily be limited to the RECIPIENTS Cumulative Health Record of each student, rolls of students involved in Free and Reduced Lunch Program, and students enrolled in Medicaid.

- f) Official Representative: The PROVIDER shall be responsible for providing an official representative and contact person to conduct all communications with the RECIPIENT and to be responsible for the ongoing administration of this AGREEMENT. The PROVIDER hereby designates the Okaloosa County School District Director of Student Intervention Services as the official representative for the purposes of administering this AGREEMENT with the RECIPIENT.

4. Responsibilities of the RECIPIENT.

- a) Financing: The RECIPIENT shall be responsible for the following costs and/or expenses associated with PROVIDER'S delivery of services under this Agreement:
- i) Will pay PROVIDER approximately \$295,442.34 three times a year as designated below for a total estimated contract amount of \$886,327. This is an estimate and is subject to adjustments based on benefit selection by nurses at employment and as confirmed by RECIPIENT's Chief Financial Officer. (see Appendix C).
 - ii) Shall submit to the PROVIDER on or before August 1st, one-third of the RECIPIENTS annual cost less the amount the RECIPIENT would pay for employer's contribution for PROVIDER employees participating in the RECIPIENTS health plan.
 - iii) Shall submit to the PROVIDER on or before November 1st, an additional one-third of the RECIPIENTS annual cost less the amount the RECIPIENT would pay for employer's contribution for PROVIDER employees participating in the RECIPIENTS health plan.
 - iv) Shall submit to the PROVIDER on or before February 1st, the final one-third of the RECIPIENTS annual cost less the amount the RECIPIENT would pay for employer's contribution for PROVIDER employees participating in the RECIPIENTS health plan.
 - v) Shall provide PROVIDER (Career Service or OPS) employees who work in one of the RECIPIENTS schools, access to the health and dental benefits package offered by RECIPIENT to its employees.
 - vi) RECIPIENT shall maintain the ability to bill Medicaid for and retain all proceeds from administrative cost claiming, therapeutic services, transportation, or any other covered service to any Medicaid qualified beneficiary who is a student of an Okaloosa County school.
- b) Confidentiality: The RECIPIENT shall be responsible for insuring that all records and other information in its possession are properly handled under both state and federal confidentiality laws protecting the rights of students and assure that PROVIDER staff has access to records and other information that is pertinent to the health management of the students.
- c) Monitoring and Evaluation: The RECIPIENT and/or its designee under this Agreement shall participate with PROVIDER to monitor the delivery of services under this Agreement and further to coordinate any service or program evaluation that may be necessary during or at the conclusion of the term of this Agreement. On an annual basis, or more frequently if necessary, both parties will meet to review the clinical, financial, and organizational aspects of this relationship and make any mutually agreed upon changes.
- d) Program Support: The RECIPIENT and/or designee under this Agreement shall make available to the PROVIDER, its employees and/or agents in the course of their delivery of services under this Agreement the following facilities and/or resources to assist PROVIDER in the quality delivery of services:

- i) Assure each school principal provides direct onsite administrative supervision, as directed by the Superintendent of Schools, of PROVIDER assigned staff.
 - ii) Assure available and adequate physical facilities, office supplies, and equipment (*see Appendix B*) for school health services at each school as defined in State Requirements for Educational Facilities.
 - iii) Notify parents or guardians in writing at the beginning of each school year that their children who are students of RECIPIENTS schools will receive specified health services as provided for in the local school health services plan.
 - iv) Assure that each child who is entitled to admittance to a RECIPIENT school is in compliance with 1003.22 F.S. It is the responsibility of the school principal to assure that all students produce evidence of immunization and such physicals and other health records which are required for admittance to Florida public schools.
 - v) Annually update each student's emergency information card.
 - vi) Ensure that at least two school staff members, excluding health room staff, are currently certified by a nationally recognized certifying agency to provide first aid and cardiopulmonary resuscitation.
 - vii) Ensure that at least two school staff members, excluding health room staff, are trained in the administration of medication and provision of medical services as required by 1006.062 F.S.
 - viii) Assure that appropriately trained school staff provides back-up coverage for the PROVIDERS nurses when the absence is on one or less consecutive school day when students are in attendance.
 - ix) Understand that there must be cooperation among schools to provide nursing staff to conduct mass health screenings and to allow PROVIDER RNs at one school to support needs of PROVIDER LPNs at another school.
 - x) Assure that each school provides and maintains a cumulative health record of each student that is accessible to the assigned school nurse, regardless of storage format, during the course of regular duties.
 - xi) Understand that the same nurse will routinely staff assigned school. However, employees may be moved or "floated" to other sites if deemed medically necessary, to assist with care planning process, for mass screenings and any other reasons determined by PROVIDER.
 - xii) Understand that all PROVIDER staff must follow all protocols and procedures outlined in the PROVIDER School Health Services Manual.
 - xiii) Understand that all PROVIDERS staff must attend periodic trainings and meetings as organized by PROVIDER. However, such trainings and meetings will not be routinely scheduled during the hours students are in school.
 - xiv) On behalf of its school principals, reserves the right to request the replacement of any school nurse assigned to perform services under this Agreement who has not proved to be satisfactory or whose performance is inadequate with 30-school days notice to the PROVIDER.
- e) Official Representative: The RECIPIENT shall be responsible for providing an official representative and contact person to conduct all communications with PROVIDER and to be responsible for the ongoing administration of this Agreement. The RECIPIENT hereby designates the Okaloosa County School District Director of Student Intervention Services.
5. Modification. This Agreement may be modified from time to time but only upon written mutual consent of the parties hereto.
6. Disputes. In the event a dispute should arise between the parties as to the delivery of services under this Agreement, the RECIPIENT hereby authorizes its Superintendent of Schools to work with

the Director of the Okaloosa County Public Health Department to resolve any such disputes. In the event that the Superintendent of Schools and the Director are unable to resolve the dispute, the matter shall be referred to the Okaloosa County School Board who may elect to terminate the agreement with appropriate notice to PROVIDER, as provided in Section 7.

7. Termination. This Agreement may be terminated by either party with or without cause upon thirty (30) days written notice to the other. In the event that the RECIPIENT should terminate this Agreement prior to its expiration, it shall be liable for payment of only the pro rata portion of any financial obligations that are due to PROVIDER through the date of termination.
8. Termination Because of Lack of Funds: In the event funds to finance this contract become unavailable, the RECIPIENT or PROVIDER may terminate the contract upon no less than twenty-four (24) hours notice writing to either party. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Each entity shall be the final authority as to the availability and adequacy of funds for this Agreement. In the event of termination of this agreement, the PROVIDER will be compensated for any work satisfactorily completed prior to notification of termination. Any state, county or school district agency's performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other agreement or from any other source are not eligible for reimbursement under this contract.

Included, by reference, is a series of "Frequently Asked Questions" which have been developed by the parties as a way to illustrate how this agreement is understood operationally. This document constitutes the full understanding of the parties and no terms, conditions, understanding or agreements purporting to modify or vary the terms of the document shall be binding unless hereafter made in writing and signed by the party to be charged.

The RECIPIENT may elect to exercise an automatic escalator in the contract for the 2nd & 3rd years. If the RECIPIENT offers an increase to its educational support professionals which exceeds that offered to regular state employees in any given school year, the higher percentage will be offered to the PROVIDERS school health employees in the schools. The additional amount paid by the district shall be the amount necessary to fund the increase less any additional funding for salary and benefit purposes from the state.

The PROVIDER is a unit of state government and is therefore a participant in Florida's sovereign immunity and Florida's limited waiver of immunity expressed section 13, Article X of Florida's Constitution and section 768.28, Florida Statutes. PROVIDER is responsible to the extent provided by said waiver of sovereign immunity for the wrongful actions of its officers, employees and agents. To the extent permitted under the state's waiver of sovereign immunity shall indemnify the RECIPIENT from any and all claims, losses, liabilities, costs, and expenses arising in whole or in part, out of any negligent, grossly negligent or reckless act or omission of any officer, school nurse, employee or agent of the PROVIDER. The PROVIDER'S liability under this paragraph shall not exceed the limits of Florida's waiver of sovereign immunity.

SA# _____

MIS 2124
Rev 11/04

THIS AGREEMENT entered into and made effective as of the date first above written.

ATTEST:

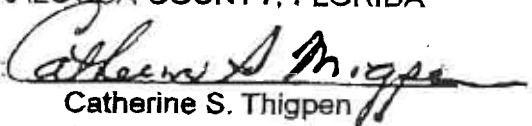


Dan Gaetz
Superintendent of Schools

Date Signed: June 13, 2005

RECIPIENT:

THE SCHOOL BOARD OF
OKALOOSA COUNTY, FLORIDA

By: 
Catherine S. Thigpen
Chairman

Date Signed June 13, 2005

PROVIDER:

By: _____
Karen A. Chapman, M.D., M.P.H.
Director
Okaloosa County Health Department

Date Signed: _____

Approved as to form and legality:

By: _____
Rodney M. Johnson, Chief Counsel
Northwest Law Office
Florida Department of Health

Date Signed: _____

WITNESSES:

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

APPROVED BY:

PURCHASING

FINANCE

ATTORNEY

RN/LPN in OPS State Position

Pay-Period	Hrs Worked	Holiday	Holiday	PH*	LWOP	Req AL Hrs	Hrs Paid	Comment
7/29/05-8/11/05	70						70	
8/12/05-8/25/05	70						70	
8/26/05-9/8/05	63		Labor Day				63	Not Paid on Holiday
9/9/05-9/22/05	70						70	
9/23/05-10/6/05	70						70	
10/7/05-10/20/05	70						70	
10/21/05-11/3/05	70						70	
11/4/05-11/17/05	63		Veterans Day				63	Not Paid on Holiday
11/18/05-12/01/05	49		Thanksgiving				49	Not Paid on Holiday
12/2/05-12/15/05	70						70	
12/16/05-12/29/05	7				63		7	Not Paid for Winter Break
12/30/05-1/12/06	56		New Year				56	Not Paid on Holiday
1/13/06-1/26/06	63		MLK				63	Not Paid on Holiday
1/27/06-2/9/06	70						70	
2/10/06-2/23/06	63		Pres. Day**				63	Not Paid on Holiday
2/24/06-3/9/06	70						70	
3/10/06-3/23/06	70						70	
3/24/06-4/6/06	35		Sp Break***		35		35	Not Paid for Spring Break
4/7/06-4/20/06	70						70	
4/21/06-5/4/06	70						70	
5/5/06-5/18/06	70						70	
5/19/06-6/1/06****	21				49		21	
6/2/06-6/15/06	0				70		0	
6/16/06-6/29/06	0				70		0	
6/30/06-6/13/06	0				70		0	
6/14/06-6/27/06	0				70		0	
TOTAL/Balance	1330	0		0	427	0	1330	

Medical Supplies from the Okaloosa CHD

Digital thermometer - 1
Disposable covers for thermometer, approx 500
Batteries for thermometer, 1 replacement battery
Gloves , 1 box of non-latex and 10 boxes of latex
1 gallon capacity Sharp's container, 1
Stethoscope, 1
Adult blood pressure cuff, 1
Pediatric blood pressure cuffs, 1
Snellen chart-linear spaced letter, 1 each school
Snellen chart-linear spaced symbol, 1 per elementary school
Medication cups, approx 500
First aid kit, 1
Fingernail clippers, 1
Dental floss, 1 roll
Coban self-adherent wrap, 1 box
4 X 4 Gauze pads, 1 box
2 X 2 Gauze pads, 1 box
Band-aids, multiple sizes, 1,000
Tongue depressors, 1 box
Ziplock bags, small, 1 box
Scissors, blunt-tip bandage, 1
Flashlight, 1 small
Tweezers, 1 pair standard
Applicator Sticks, 6", 1 box
Cotton balls, 1 box
Tape measure, 1 standard
Basswood splints, 18"X3 1/2"X18", approx 1 dozen
Eye pads and shields, Oval, 1 5/8" X 2 5/8", 1 box
AC-tape, elastic adhesive(ace bandage), 2" X 5 yards, 1 box
Rescue breather CPR microshield, non-latex, 1

Personnel/Supervision/Expenses	
10 RNs @ \$23,470	\$234,700.00
Prince	\$26,981.00
Murfin	\$38,008.00
Posey	\$26,977.00
Williams	\$26,923.00
Shreves	\$26,923.00
Dziokonski	\$29,940.00
Schaller	\$34,625.00
Yount	\$27,000.00
Barbon	\$34,753.00
Seay	\$28,595.00
Hoover	\$29,472.00
Welch	\$29,070.00
Bedoya	\$29,353.00
Nowers	\$27,283.00
Roberts	\$34,838.00
Clark	\$37,154.00
Dawson	\$30,989.00
Garrett	\$36,388.00
Rakocy	\$27,954.00
Burton	\$27,526.00
Brogden	\$38,125.00
Grimes	\$30,650.00
Underdahl	\$27,514.00
Castleberry	\$31,568.00
Barsky	\$25,365.00
Walker	\$33,548.00
2 RN Supervisors	\$92,840.00
Personnel Assessment	\$11,388.00
Medical Supplies	\$36,000.00
Substitutes	\$19,500.00
TOTAL	\$1,191,948.00

CASH CONTRIBUTIONS	
OCHD	\$305,621.00
OCSD	\$886,327.00
TOTAL	\$1,191,948.00

OCHD In-Kind	
Computer Assessment	\$14,544.00
Medical, Professional, and Management Oversight	\$64,420.00
TOTAL	\$78,964.00

Each School Provides:

Cot, 1
Privacy Screen, 1 3-panel(Middle school and High school ONLY)
Refrigerator with freezer (mini fridge), 1
3-drawer file cabinet, 1
Desk, 1(size depends on size of office)
5-wheel desk chair for nurse, 1
2 Chairs for students (if room size permits)
Sink with hot and cold water
Toilet (including handicap access)
Clock with second hand, 1
Storage and counter space
3-shelf book shelf, 1 OR wall-hung shelves for books and manuals
Locked medication cabinet, 1
Locked portable medication box for field trips, 1

Computer with CD reader, Internet access and printer **OR**
Access to computer with CD reader, Internet access and printer
Access to copy machine
Access to fax machine

Routine office supplies such as but not excluding, numbers are approximate

3 -hole punch, 1
3 ring binders, 2", 4 each
Stapler and staples, 1
Tape dispenser and tape, 1
Paper clips, 1 box
Pens, blue ink, 6
Thumb tacks, 1 box
Scissors, office type, 1
Paper 8 1/2 X 11, 1 package
Tablets, 6 X 9 steno, 2
Tablets, 8 1/2 X 11, lined, 2
File folders, 8 1/2 X 11, 36
3 X 5 index cards, 1 pack
Plain white envelopes, 3 7/8" X 8 7/8", 100
Post It notes, 2 7/8"X 2 7/8", 3 pads
Ruler, 12" plastic or wood
Paper towels
Soap/ Liquid hand soap
Tissues
Safety pins, 1 box
Sanitary pads, 1 box
Disinfectant towelettes
4 ounce paper cups, approx 1,000

Medical Supplies from the Okaloosa CHD

Digital thermometer - 1
Disposable covers for thermometer, approx 500
Batteries for thermometer, 1 replacement battery
Gloves , 1 box of non-latex and 10 boxes of latex
1 gallon capacity Sharp's container, 1
Stethoscope, 1
Adult blood pressure cuff, 1
Pediatic blood pressure cuffs, 1
Snellen chart-linear spaced letter, 1 each school
Snellen chart-linear spaced symbol, 1 per elementary school
Medication cups, approx 500
First aid kit, 1
Fingernail clippers, 1
Dental floss, 1 roll
Coban self-adherent wrap, 1 box
4 X 4 Gauze pads, 1 box
2 X 2 Gauze pads, 1 box
Band-aids, multiple sizes, 1,000.
Tongue depressors, 1 box
Ziplock bags, small, 1 box
Scissors, blunt-tip bandage, 1
Flashlight, 1 small
Tweezers, 1 pair standard
Applicator Sticks, 6", 1 box
Cotton balls, 1 box
Tape measure, 1 standard
Basswood splints, 18"X3 1/2"X18", approx 1 dozen
Eye pads and shields, Oval, 1 5/8" X 2 5/8", 1 box
AC-tape, elastic adhesive(ace bandage), 2" X 5 yards, 1 box
Rescue breather CPR microshield, non-latex, 1

FREQUENTLY ASKED QUESTIONS ABOUT THE NURSE IN EVERY SCHOOL PROPOSAL

**Published jointly by the Okaloosa County Health Department
and the Okaloosa County School District
June 6, 2005**

1. What will be the hours of work for school nurses if they are managed by the Health Department?

The School District has requested and the Health Department has agreed that all school nurses assigned to one of our public schools will work the school calendar schedule to include all days when students are in class. The workday will be 7 hours plus a 30 minute lunch. Under this proposal the school health nurses will be at the school during all hours that students are in school and working the same days that the teachers are at the school.

2. When will meetings or trainings be held for school nurses hired by the Health Department?

The School District has requested and the Health Department has agreed that any meeting/ training or a required in-service for school nurses hired by the Health Department will occur during the 10-days in the school calendar in which students are not attending classes. School nurses hired by the Health Department and assigned to one of our public schools will not be required to participate in Health Department training day or other meetings. Circumstances may occur when school nurses will attend meetings/trainings or a required in-service in which other Health Department or School District staff also attend.

3. Will the current school health nurses hired by the School District and Health Department be offered employment under this new proposal?

Yes. The School District has requested and the Health Department has agreed that all school nurses currently employed by the School District will be offered positions. Health Department school health nurses also will be offered employment.

4. Will our current annual salary be maintained?

Yes. The School District has requested and the Health Department has agreed that current annual salaries will be maintained for the school district nurses. Currently employed Health Department nurses hours will increase their work day by 1 hour per day and days worked will be adjusted to conform to the school

calendar. Current Health Department nurses, except for the School Health Program Coordinator, will be assigned to a school.

5. If I am currently hired by the School District for a specific school will I be able to stay at my school?

Yes, in nearly all cases, nurses will stay at their existing school assignments. The only exception is Silver Sands School, which currently has an LPN. The principal of Silver Sands concurs that due to the acute medical problems of many students at Silver Sands, the school would be best served by an RN who can legally perform more nursing functions related to these students. The LPN now at Silver Sands will be assured of employment as a school nurse at another school.

Initially, the Health Department felt that the medical complexities presented by some students at Valparaiso Elementary would also indicate the need for an RN. However, at the School District's request, the Health Department has reviewed the matter again and concludes that arrangements can be made to continue the current LPN at Valparaiso. The School District and the Health Department respect the depth of experience and competence of this nurse.

Other than the above, only if a principal did not want a current school district nurse to return for the 2005-2006 school year would a currently hired school district nurse be reassigned.

6. Who will be involved in the hiring process for schools that don't have nurses now?

The school health program coordinator and the principal of each school must agree to the placement of an individual at the school. The school principal will be invited to participate in the interview and selection process to choose a nurse for each school that currently does not have one. The proposed contract would also allow a school dissatisfied with its nurse to have that nurse replaced.

7. How will the current RNs employed by the Health Department be selected for placement?

The current RNs employed by the Health Department will be placed in a process similar to that outlined in Question #6. These nurses will be placed before any new hires are placed.

8. What is the role of the Health Department Medical Director versus the role of the child's private physician in the school health program and will school nurses have to contact the Health Department Director every time something happens?

The Director of the County Health Department is a licensed Florida physician but neither takes the place of the student's attending physician nor functions as an emergency room doctor. Under the proposed arrangement, the role of the Medical Director is to organize, staff, deliver, manage, and ensure the quality of school health services through the "nurse in every school" program.

Currently, school health nurses receive administrative support and supervision from the school principal. However, they have no clinical supervisor – no one with a medical background or even a nursing background to oversee, evaluate, and manage them. At present, the County Health Department provides consultation but the way we currently operate the school nurse is the only employee in the school system who does not have someone overseeing her primary day-to-day functions, which are clinical in nature.

The School District believes that students will be better served if a physician is in overall charge of setting policies and procedures and administering school health services. As a physician and with her statutory authority, the County Health Director can establish medical protocols and can create standing medical orders for the care and treatment of students who have ongoing conditions as well as students who have unforeseen accidents or health problems arise at school.

Further, the proposed arrangement provides that the County Health Director will ensure that school nurses are trained in carrying out the most current clinical practices.

The attending physician is the doctor who has been chosen by the family to be in charge of the student's primary medical care and therefore the attending has access to all aspects of the student's history, conditions and circumstances. Neither under the current consultative relationship with the County Health Department nor under the proposed management arrangement does a family, in enrolling their child in school, turn over the child's medical care to the County Health Department Director. It would be a violation of professional ethics and dangerous practice for the County Health Department Director to interpose herself between the student's family and the student's personal physician to begin making primary medical decisions.

School nurses have never had to have the Health Department Medical Director's permission to contact a student's physician or parents, to speak to a principal about a student or to call 911, nor would that be the case under this proposal. A student's private physician should serve as a primary contact for any issues related to the student's health care. Under no circumstance should a school

nurse delay in contacting 911 if in her professional opinion emergency transport is needed.

As a physician, the Medical Director can be helpful in ensuring that a medically fragile student or a student with a chronic condition does receive the most appropriate care. In some cases, the Medical Director may work with the student's attending physician if problems arise regarding the care of the student in a school setting. When a student has a highly complicated medical condition, the Medical Director can act as a liaison between the attending physician and the school to ensure that the attending's student-specific orders are fully understood and carried out and that the realities of the school environment are completely appreciated by the personal physician.

On a day to day basis, routine supervision of the school nursing program and questions regarding school health are initially handled by the Health Department's School Health Program Coordinator, a registered nurse especially chosen for her or his competence and training in this area of nursing practice and with immediate access to the County Health Department Director. All school health nurses and principals will have access to the coordinator's mobile phone number, office number, email and other immediate methods of communication.

9. Is there a recommended consistent set of policies and procedures for school nursing practice and, if so, how will they be communicated to nurses and will this information be available to parents?

The Okaloosa School Health Services Manual is a constantly updated and evolving set of detailed policies, procedures and medical protocols or standing orders that the school health nurses must abide by under the proposed arrangement. These policies, procedures, medical protocols or standing orders are the principal means of communicating the Medical Director's expectations of school health nurses. This manual is considered a "BEST PRACTICE" for School Health by the Florida Department of Health. This manual has been shared with numerous other county health departments and school districts in Florida.

The School Health Services Manual is a public document and can be viewed by anyone. We encourage parents whose children have ongoing medical conditions to come to the school, talk with the nurse, share any information that may help the nurse, and feel free to review the Health Services Manual.

10. How much will a nurse in every school cost and how will these costs be paid?

The total annual operating cost to place a nurse in every school is anticipated to be \$1,191,948.00 for the 2005-2006 school year. This includes salaries and benefits for 36 school nurses, two clinical nursing supervisors and medical equipment and supplies for every school's health room. In addition, the School District estimates that a one-time cost of \$50,000 will be incurred for some minor capital improvements and acquisitions.

During the 2004-2005 school year, Okaloosa Schools spent \$752,000.00 for school health services. This amount covered the salaries and benefits of 21 nurses and 9 non-nurse health room aides. In 2004-2005, 21 schools had nurses working on site; 8 schools did not have nurses but had health room aides; 7 schools did not have nurses or health room aides. An additional amount of money was paid by schools, themselves, for health room supplies.

The proposed contract would place a nurse in every school, supply every health room with sufficient supplies and equipment, and provide two clinical nurse supervisors (School Health Program Coordinator) to supervise, support, train, and promote consistent best nursing practices for all our schools.

Funding would come from the following sources and in the following amounts:

Current school funds for school health services	\$ <u>570,608</u>
Cash contribution from County Health Department	\$ <u>305,621</u>
Annually recurring Medicaid funds	\$ <u>315,719</u>
<hr/>	
Total	\$ <u>1,191,948</u>
In-kind contribution from County Health Department (supplies, equipment, computer support)	\$ <u>78,964</u>

Neither the School District nor the Health Department has sufficient recurring funds for the "nurse in every school" initiative. However, by combining resources we can achieve our goal of ensuring that every child in every school has access to nursing services.

For a detailed depiction of specific hours and days to be worked, please refer to Appendix A of the contract. For a listing of clinic supplies, and a breakdown as to which supplies would be furnished by the Health Department and which by schools, refer to Appendix B. Please note that built into the costs of the proposal

are \$2,000 per school for supplies. Appendix C shows the detailed labor costs of the proposal.

The way we propose to spread costs and apply the cash contributions from the Health Department and Medicaid ensures that all schools will benefit financially while having full-time nursing coverage. For further detail, please review Attachment D, a school-by-school spreadsheet.

11. What is “annually recurring Medicaid funds” and does this mean school nurses will have to bill Medicaid in order to ensure their salaries are paid?

None of the funding needed to place a nurse in every school relies on direct billing to Medicaid for school nursing services.

The School District currently receives Medicaid funds on an annual basis. These funds come to the School District because of other services (not school nurses) which the District provides. The School District Chief Financial Officer has analyzed Medicaid revenues over a four-year period and advises the School Board that \$360,000 is a prudent amount to be considered recurring and can be used as a funding contribution to the “nurse in every school” initiative.

Billing to Medicaid is handled by the Finance Department through a coalition of school districts. School nurses do not now bill Medicaid nor would they under the proposed contract.

If, in the future, additional Medicaid funding could be obtained because of direct nursing services to Medicaid beneficiaries, that would certainly be beneficial because it would reduce the School District’s cash contribution to the costs of a nurse in every school. However, the proposed contract neither relies upon nor contemplates such a funding source.

12. Funding for the Health Department is based on each year’s annual legislative appropriation. What if the specific school health funding received by the Health Department is reduced or eliminated?

All funding for the Health Department and the Okaloosa School District is subject to the same variable – the adequacy of legislative appropriations. There is no new or greater risk for school nursing if nurses are managed by the Health Department and funded jointly by the School District and the Health Department. Simply put, it is better to have a nurse in every school funded through the various channels of legislative appropriations than not to have a nurse in every school.

By Florida law, all governmental agency contracts include an appropriate termination clause with adequate notice (usually no less than 30 working days) in the rare situation that all funding is abolished for school health services. In the past 5 years, funding has been reduced once for Health Department school health services. During the same 5 year period, legislative funding for various Okaloosa Schools programs has been reduced at least a dozen times.

13. Can the Health Department cut back to less than one nurse in every school whenever they want to?

No. The proposed contract stipulates that, for the term of the agreement, there will be a full-time nurse in every school during the days that students are in school. Any agreement signed by a governmental agency is required to include an appropriate clause with adequate notice in order to modify any portion of the agreement. Changes in the agreement, including any changes in staffing patterns, would only be at the written consent of both parties.

14. How will the various Health Screening required by State Law be handled?

State law requires health screenings. The following screenings are required:

- Vision screening for all students in grades kindergarten, one, three, and six and any student entering a Florida school for the first time in grades kindergarten through five.
- Hearing screenings for all students in grades kindergarten, one and six and students entering a Florida school for the first time in grades kindergarten through five.
- Growth and development BMI (weight) screenings for all students in grades one, three, and six.
- Scoliosis screening for all students in grade six.

Under the proposed contract, the school health nursing staff hired by the Health Department will work as a team to support the provision of required screening services. A school health nursing program coordinator will oversee the coordination of scheduling and staffing for the required Health Screenings as part of her or his job. In general, school health screenings will be done in a group setting what is frequently called mass screening.

Letters to parents, results follow-up and follow-up letters to parents will remain the responsibility of the assigned school health nurse, as is currently required.

For additional staffing assistance the Health Department is working with Okaloosa-Walton College School of Nursing and with the LPN program of the School District to provide an educational opportunity for nursing students to learn

about pediatric screenings. Due care will be taken to assure that nurses who are needed on a daily basis for any medical procedure will not be asked to support the screenings, except at their own school.

14. Will there be substitutes when a school health nurse is out sick?

Yes. Nursing substitutes in schools is currently an area of significant concern for the Health Department and the School District. Today, when a school nurse is out sick, there is no effective or consistent method of ensuring that nursing services for students will continue uninterrupted. As well, at present there is no way for the Health Department to assure that a school nurse substitute is a licensed nurse under Florida law.

Indeed three years ago it came to Dr. Chapman's attention that a school had hired a nurse substitute who was not a nurse. This came to Dr. Chapman's attention when she learned that an individual had been arrested in Bay County for impersonating a licensed Florida nurse. This individual had substituted for nursing position schools in Okaloosa County. We are all very fortunate that serious harm didn't occur to students.

Under the proposed contract, the Health Department will ensure that any person hired as a substitute nurse is truly a nurse and meets not only state requirements but the requirements of the contract.

The proposed contract provides that, when a school nurse is gone for more than one day, the Health Department will place a qualified substitute at the school. Absences of a few hours or part of a day can be handled by designated back-up school staff in most cases. In a school where a medical procedure must be performed on a daily basis, the Health Department will assure that a school health nurse from a nearby school is there at the appropriate time for the medical procedure. Other situations will be handled on a case by case basis.

15. Will each school be required to continue to provide back-up personnel for school health services?

Yes. Each school will be required to provide school staff backup for specified services such as first aid, cardiopulmonary resuscitation, and medication administration. This requirement isn't a result of any agreement that might be reached between the Health Department and the School District. It's the law.

State law requires that at a minimum each school provide two school staff members, excluding any health room staff, who are certified by a nationally recognized agency to provide first aid and cardiopulmonary resuscitation. A registered nurse of the school health program of the Health Department will

assure that school staff assigned to medication administration is appropriately trained. Medication administration by school district personnel is authorized under Florida Statute 1006.062.

16. How will the School District and the Health Department address the need for health room space and equipment?

Both the School District and the Health Department realize this is an important issue. Adequately equipped and supplied health rooms may be one of the significant benefits of our working together.

A school by school assessment will be performed and appropriate rooms will be identified that can serve as a school health room in each school. Based on each school's individual situation, a plan will be developed to assure those equipment and supplies that will be necessary in each health room.

The Health Department has committed to assist with the provision of some materials, equipment, and supplies. Please refer to Appendix B of the contract for a detailed listing of equipment and supplies for a school health room and how responsibility for provisions is divided between the school and the Health Department.

In schools which presently don't have nurses, it will be a bigger job to develop a functional health room. It is likely that we will have a three-year plan which, over time, will result in health rooms which will be better located, equipped, and supplied.

17. Will there be a school health nurse job description and how will it be developed?

The proposed contract includes the outline of an initial job description. The School District and the Health Department will work together to refine, adjust, and improve this outline prior to the beginning of the 2005-2006 school year. The contract provides that the Superintendent will appoint a small team to work with the Health Department for this purpose. This team will include one or more principals and nurses.

There are two types of licensed nurse that will be hired into these positions, registered nurses (RN) or licensed practical nurses (LPN). Job descriptions must be written to take into account the licensure status of the nurse. For example, an RN can perform nursing assessments and nursing care plans and LPNs can not.

18. Who will supervise the on-site school health nurse?

The professional and programmatic and therefore primary supervisor for the school health nurses will be the school health program coordinator of the Okaloosa County Health Department. It is expected that there would be two of these individuals, thereby allowing one clinical supervisor for 18 school nurses. The clinical supervisor will be a registered nurse chosen specifically for her or his qualifications and skills in this area of nursing and for management expertise.

The school principal will provide administrative supervision and support. This doesn't mean the school nurse has two bosses. It does mean that the principal will be responsible for knowing that the school nurse comes to work as required, fits in cooperatively with the culture and procedures of the school, and works as a team member with the rest of the school staff. As previously noted, the principal will have input into the selection and evaluation of school nurses.

It is expected that the supervisory arrangement will function much like the School Resource Officer program. Both the principal and the school health program coordinator will be involved in writing and presenting annual performance appraisals.

19. Will our current school nurses have access to health benefits if they are employed and managed by the Health Department?

Yes. The proposed contract provides that currently-employed school nurses can opt to continue to receive health benefits through the School District's health insurance plan.

20. Will the school health nurses hired by the Health Department who are currently employed by either the School District or the Health Department be able to retain enrollment in the Florida Retirement System or have access to retirement benefits of some kind?

Yes. The proposed contract provides that school nurses now employed by the School District or by the Health Department will continue to be enrolled in the Florida Retirement System.

21. Will school health nurses hired by the Health Department be required to undergo background screening?

Yes. All school health personnel are required to comply with background screening as per 381.0059 F.S.

22. Will school health nurses hired by the Health Department be required to submit employee activity reports?

Yes. Employee activity reports (EARS) are required for all programmatic staff. School health nurses are considered programmatic staff. Appropriate training will be provided to assure that this reporting requirement is a minor burden.

23. Will school health nurses hired by the Health Department be required to bill Medicaid for services provided to Medicaid eligible students?

No. School health nurses will not be involved in the actual billing of Medicaid for services provided to Medicaid eligible students. As previously noted, the proposed contract does not rely for funding on any direct billing of Medicaid for school nursing services.

However, as also previously noted, if additional Medicaid funds can be obtained as a result of this arrangement, that would reduce the cash contributions Okaloosa Schools would have to make. In such a case, school health nursing staff will be involved in appropriate medical record documentation that supports the billing of Medicaid. Such documentation is routine in health care settings.

The School District currently bills Medicaid for other health-related services such as occupational, physical, and speech therapy. No clinical personnel have been required to perform billing. Necessary documentation has been kept but it has not been unduly burdensome. Finance personnel handle the billing.

24. am currently hired as a Health Room Aide. Will I lose my job?

No. The School District has made a commitment to assure that all current health room assistant positions will be offered classroom assistant positions within the school district. The current salary schedule for classroom assistant is an increase in salary over the health assistant salary schedule.

25. As a nurse I am required by my licensing board to earn a specified number of continuing education credits per year. Will the Health Department provide me access to continuing education opportunities at no cost?

Yes. The School District and the Health Department recognize that this has been a continuing issue with school nurses. The Health Department is a certified provider of continuing education for nurses. One of the benefits of a joint venture between the Health Department and the School District will be the ability of school nurses to obtain continuing education at no cost to the school nurse.

Of course, the Health Department does not assure access to all CE credits needed for licensure renewal by its professional staff. However, there are many courses available in the community and on-line and many of these are free of charge or at a nominal fee.

26. When will the “nurse in every school” proposal be presented to the School Board and voted on and when would it be effective?

The proposed contract is on the School Board agenda for June 13. The meeting will be held at 6 p.m. at 120 Lowery Place, Fort Walton Beach, Florida. It is expected that the School Board will vote on the proposal at that time. If approved, the “nurse in every school” plan would be effective at the beginning of the 2005-2006 school year.

27. Explain how this proposal came to be. What has gone on to bring this matter to a head now and what kind of opportunities for public input have been allowed?

Both the Health Department and the School District know that this cooperative venture should be explored very carefully and thoroughly. As one union representative put it, “Let’s not rush into this.” If anything, we’ve waited too long to put a nurse in every school.

For more than five years, there has been ongoing discussion and efforts to improve nursing coverage in our schools. Individual school nurses – supported by Mr. Gaetz and Mr. Sansom – attempted to get more funding from the Legislature for school nursing. In fact, nurses from Okaloosa County championed legislation that would have put a nurse in every Florida school. While that bill did not pass, the need for a nurse in every school has actually increased with the growing number of medically fragile students, students with chronic health conditions, students requiring routine medical procedures or closely observed administration of medication in Okaloosa Schools.

Mr. Foxworthy, while executive director of the union, worked with Mr. Gaetz, then a School Board Member, to get nurses onto a regular salary schedule. Previously nurses often had to rely on whatever donations came in to supply their salaries.

As School District Community Affairs Director, Ray Sansom has met several times with Health Department representatives and school nurse representatives to deal with problems that seem to be inherent in the current relationship between our two organizations. Both parties expend resources on school nursing. Both parties have some responsibility for school nursing. But problems

of jurisdiction, overlapping roles, underserved and unserved schools, and who's really in charge seem to persist.

After some additional informal conversations, Dr. Chapman submitted a letter to the Superintendent on formally proposing that the Health Department and the School District join forces, pool resources, and develop a plan to put a nurse in every school. Key to this proposal from that very first letter were safeguards for ongoing employment of current school nurses and professional clinical management to ensure consistent, competent, qualified, well-coordinated student health services in every school for every student.

Immediately upon receiving Dr. Chapman's letter, the Superintendent shared it with the union representing the nurses. Subsequently, parents and employees were invited through OkaloosaSchools.com to ask questions, submit suggestions, share concerns and criticisms and help make the proposal as responsive as possible to student needs. An extensive meeting was held with school nurses and their union representatives. The Northwest Florida Daily News carried two prominent stories. Approximately a hundred people responded with emails, phone calls and personal contacts to the Superintendent and School Board Members. The public response was overwhelmingly positive, though many points were raised which helped make the proposal better.

After taking all of the input to date into account, a proposed contract has been prepared which is posted on OkaloosaSchools.com and which has been shared with the union, the media, and sent by mail to every current school nurse. The proposed contract will be the focus of three public meetings scheduled for the week of June 6. The meetings have been publicly noticed in the Northwest Florida Daily News.

The meetings will be held Wednesday, June 8th @ Southside Elementary, 4:00 p.m.; Thursday, June 9th @ Choctawhatchee High School, 4:00 p.m.; and Thursday, June 9th @ Ruckel Middle School, 6:30 p.m. The public as well as school employees are cordially invited to attend, ask questions, offer comments and criticisms, and become more acquainted with the contract terms, the financing arrangements, the impact on employees, and the substantially expanded school nursing services which would be provided to students. The meetings will be conducted by Dr. Chapman and Mr. Foxworthy.

On June 13, prior to the School Board's vote, additional input may be given by the public and employees. Simply come to the Board room at 120 Lowery Place in Fort Walton Beach at 6 p.m., fill out a "blue card" indicating your desire to speak, and the Chairman will call on any person wishing to address the Board.

Persons unable to attend any of the four opportunities to give public testimony may email the Superintendent at DonGaetz@mail.okaloosa.k12.fl.us or write to Superintendent Gaetz at 120 Lowery Place, Fort Walton Beach, Florida 32546

and all written comments will be placed in the public record and shared with all Board Members prior to any vote.

28. What will happen to school nurses if the School Board doesn't adopt this proposal?

Schools have been encouraged to make their budgetary and personnel decisions for next year without reference to this proposal, since the Board's approval has not yet occurred and cannot be assumed.

Based on preliminary budget information from schools, it appears that all schools now without nurses would continue without nurses. One school with a nurse has indicated it may eliminate that position. For the most part, if the Board does not approve the contract, school nurses will continue to function largely as they have in the past. In such a circumstance, most of the students attending Okaloosa Schools will not have access to nursing services at school.

29. Why doesn't the School Board just budget the money and put a nurse in every school instead of involving itself with the Health Department?

The Health Department is bringing \$305,621 in cash and another \$78,964 in services and goods which would otherwise have to be purchased with cash. This is money that will bridge the gap between the funds that are available within the school system and the amount needed to have a qualified, competent nursing service in every school.

Advocates for school nursing have tried for more than five years to squeeze out more funds for school nurses from existing school and legislative budgets. It's clear that combining resources with a quality partner is necessary.

Moreover, the value the Health Department brings to this initiative goes far beyond the nearly half million dollars in cash and in kind which has been committed. As noted in answers to previous questions, the Health Department is a professional clinical organization which can bring competent supervision, professional training, qualified substitutes, medical direction, consistent policies and procedures for the provision of care, and accountability for results.

Finally, there is the law. State law gives the County Health Director oversight authority for school nursing but the current relationship has resulted in overlapping in some schools, no coverage in others, and an inherent confusion about management authority and responsibility. The proposed contract would combine the resources of both organizations, make use of the

Health Department's expertise in clinical care, and establish unified accountable school nursing program.

29. What if something goes wrong and this program just doesn't work like we hope – either from an organizational, financial, or medical standpoint? If the Board adopts this proposal, have we passed a point of no return?

The proposed contract is drawn cautiously. The initial term of the contract is for one year, though the arrangement can be renewed for up to two additional years. Only if things go well does the relationship continue.

The agreement provides for ongoing monitoring by both parties with an "opt out" clause. If a problem occurs with nursing service at a particular school, the principal can request that the nurse be replaced. The principal is involved in the hiring process and in annual evaluations of school nursing personnel. If a systemic problem arises, the Superintendent and County Health Director are authorized to work it out. If that's not possible, the agreement allows the School Board to end the arrangement.

30. If the contract doesn't work out and the School District returns to the "old way", will our nurses get credit for the year or years they have worked in our schools but technically under the employment of the Health Department?

Yes. The nurse would be given credit for the additional years of experience gained while being an employee of the Health Department.

31 .Can we nurses be guaranteed a raise from the Health Department?

Guaranteed raises are rare in either the public or private sectors. Generally, raises depend on the availability of funds and the performance of employees.

However, in an effort to ensure that nurses would not be left behind if the School District is able to provide better compensation increases than the Health Department, the contract provides a side-by-side escalator clause that gives school nurses the same percentage compensation increase as the District provides to the non-instructional employee bargaining unit.

32. Will there be a direct number for our school health nurses to reach the County Health Department Director or someone else who would be supporting or supervising us as nurses?

Yes. Under the proposed contract, there will be two School Health Coordinators, registered nurses chosen for their particular skills in helping school nurses deal with the health problems of school-age children. Every school nurse and every

principal will be provided with immediate access to these individuals via cell phone, landlines, and email. As part of their jobs, these coordinators will make site visits on a regular basis to schools and will provide training and support to school nurses.

The coordinator can also assist the school health nurse in seeking resolution of a health-related problem, including involving the OCHD Medical Director, when indicated. As previously explained, the Medical Director does not take the place of the child's personal physician.

In the case of an individual student, the school nurse should always contact the child's personal physician for specific orders related to that child. Of course, in any emergency, the school health nurse should always call 911 first director has

33. Is it true that the level of service at full service schools will be less because there will no longer be an OCHD nurse to help our nurse with all the state reporting requirements?

No. Each school nurse, including nurses at full service schools, is responsible for the paperwork and reporting requirements for their own school. This is not a change in policy or how things have been done in the past.

34. Is it true that our current school health nurses will be outsourced to a payroll service, so they will not be considered employees of the state according to state regulations?

No. Under the proposed contract, nurses currently employed by the School District would become employees of the Okaloosa County Health Department.

Additional nurses will be hired as state OPS employees. They will have access to the district medical and dental insurance but no state retirement.

35. Why are some District employees fighting so hard not to be CHD employees?

Change is sometimes difficult and we understand that. Many of the very positive changes that have taken place in Okaloosa Schools in the last several years have, at first, been greeted with skepticism by some employees and some union officials. However, the process of change allows for adjustments along the way. That's why the proposed contract requires ongoing review of the "nurse in every school" initiative and the Health Department's management of the program. We can make improvements if we need to do so.

As well, there are occasionally circumstances in which opponents exaggerate or "awfulize" in order to make a point.

However, we're committed to working through any legitimate issue in order to develop the best solution for our students.

36. We have heard that some nurses say they do not receive much support from the County Health Department. Under the new plan, will there be even less support, as some have claimed?

No. It is true that the current arrangement does not provide for a direct line of responsibility and authority between our school nurses and the County Health Department. The proposed contract makes it clear that the Health Department is responsible for the adequacy, quality, training, consistency, and results of health services in our schools.

Of course, most important of all, there will be more clinical services for our students because there will be a nurse in every school.

37. Is it true that Dr. Chapman will expect the nurses to C/R teaching about hygiene/dieting/nutrition? So who will be covering the clinics?

The school nurse's role is multifaceted. Among other things, the school nurse assures quality care, promotes health and healthy lifestyles, promotes student achievement, and protects the safety of students. The role of the school nurse goes far beyond covering the clinic. There has always been an expectation that the school nurse serves as a resource to classroom teachers on health issues and may be invited to teach specific units on health as time allows. However, the primary responsibility of the school nurse is to cover the clinic.

38. How come Dr. Chapman does not support the law which clearly states that they are to do Child Specific Training for meds for non-medical personnel?

All persons dispensing medications in schools are required to be trained on the routine administration of medication by the usual route for the various types of medications. All unlicensed assistive personnel (UAP) involved in medication administration must successfully pass this course and receive certification by a nurse. This is currently being done. Child specific medication training is required when the administration of a medication varies from the usual route for that medication.

For example, if a UAP has been taught the proper technique to use for giving Student A his inhaler and has demonstrated understanding of this technique, the UAP does not need additional training for Student B who uses an inhaler in the usual manner. On the other hand, if Student B has a spacer, then the UAP will need to demonstrate proper understanding of the technique for use of an inhaler with a spacer. Another example would be if Student B is 5 years old and needs assistance in using his inhaler. The UAP would need child specific instruction on

how to assist Student B. Another example would be Student C who takes acetaminophen, two tablets, with a glass of water every 6 hours. The UAP has been instructed and understands the correct procedure to use when administering medication in pill form. Student D takes the same medication in the same manner; there is no need to repeat the instruction. However, if Student D cannot swallow pills and needs the pill to be given with a spoonful of applesauce, then there is a need for child specific instruction on how to assist Student D with her medication.

If at any time a UAP is uncertain, a nurse should be consulted before administering any medication to a child.

39. Who will sub for nurses when they are out?

The OCHD is responsible under the contract to provide substitutes.

40. Does the CHD have available current back up nurses for when the school nurse is out sick, on comp time, or personal leave?

No. Under the present arrangement there is no obligation on the County Health Department to provide back-up nurses for schools. However, under the proposed contract, the Health Department will have this responsibility. This will require the Health Department to have substitute nurses available as needed.

41. What will the difference be in the medical care of the students if the nurses are employed by the CHD versus the school district?

A major advantage of the proposed plan is that every public school will have a nurse. No longer will a parent have to struggle with the decision of sending their child across town so he or she can attend a school that has a nurse. Children with special health care needs should be served in their neighborhood schools. The health department is a health care organization and ideally suited to serve as the primary supervisor.

Please also see the information provided in answer to question #8.

42. How would being under the Health Department improve the medical service provided to our students, when we are already under their direction?

School nurses are not now managed by the Health Department. Under the proposed contract, the Health Department would have responsibility and authority for school health services. The Health Department is a health care organization and ideally suited to serve as the primary supervisor. Having a qualified clinical organization responsible for hiring, training, and evaluation will provide consistency across the program. Position descriptions and job expectations will be the same. A single hiring entity will make it easier to

communicate clear expectations of staff and assure that all substitutes are appropriately licensed in Florida for the provision of nursing services.

43. How much is each school going to have to pay to have a nurse for their school?

Schools will be assessed \$25 per UFTE with a cap of \$21,000. This will actually add money to most schools' budgets compared with what they are now spending. For the few who are currently making no budgetary effort for student health services, they will have a full-time nurse at the maximum cost of what a health room aide would have cost last year.

By combining the resources of the Health Department and the School District, all schools can have nurses at substantially less cost than would be the case otherwise.

44. Does each school have the proper room and facilities to have a nurse?

A recent site survey at schools has been conducted. Plans are under way to ensure that each school has a school health room with adequate equipment and supplies to provide school health services. This is a joint effort between the OCSD and the OCHD.

45. Does each school know that they will have to stock/supply the Health Department room of what has to be in there?

Each school will not have to supply or stock all of the items necessary for the health room. Under the proposed contract, the Health Department has agreed to provide substantial contributions of equipment and supplies. In addition, the proposed budget provides a sum of \$1,000 per year for health room supplies.

A list of office equipment, medical equipment, and supplies has been developed by the OCHD and provided to the OCSD. The school district will work in conjunction with the school to stock and supply the health room. The cost of medical supplies is written into the contract and will not be paid for by schools. Once again this will result in a cost savings for schools that were already running a health room.

The benefits to students of having a nurse in every school and having that nurse professionally managed and supported by a health care organization far outweighs the cost of supplies.