

**THE COUNCIL OF
THE CITY OF NEW YORK**

**Hon. Gifford Miller
Speaker**



A STAFF REPORT TO

**THE COMMITTEE ON
OVERSIGHT AND
INVESTIGATIONS**

**Hon. Eric Gioia
Chair**

**THE COMMITTEE
ON HEALTH**

**Hon. Christine Quinn
Chair**

**Hon.
Michael E. McMahon**

JUNE 2004

Adding insult to injury: No School Nurse Available

SCHOOL NURSE
OPEN 8 a.m. - 3 p.m.

**NOT
AVAILABLE**

**THE COUNCIL OF
THE CITY OF NEW YORK**

HON. GIFFORD MILLER
SPEAKER

**Members of the Committee on
Oversight and Investigations**

Hon. Eric Gioia, Chair

Hon. Tracy Boyland
Hon. Miguel Martinez

Hon. John Liu
Hon. Peter Vallone, Jr.

Members of the Committee on Health

Hon. Christine Quinn, Chair

Hon. Yvette Clark
Hon. Philip Reed
Hon. Kendall Stewart

Hon. James Oddo
Hon. Helen Sears
Hon. Albert Vann

Hon. Michael E. McMahon

COUNCIL STAFF

Marcel Van Ooyen
Deputy Chief of Staff

COUNCIL INVESTIGATION DIVISION

Triada Stampas
Director

PREPARED BY:

H. Torrence Allen, *Legislative Investigator*
Hannah C. Glover, *Legislative Investigator*

MAJOR CONTRIBUTOR:

Deborah Guiffre, *Council Intern*

WITH THE ASSISTANCE OF:

Jaazaniah Asahguii
Zaynab Ahsan
Katherine Bolanowski
Daniel Fingerman
Danielle Johnson
Ryshelle McCadney
Cristina Mongillo

COVER DESIGN BY:

Anna Maclachlan
Member Services Division

TABLE OF CONTENTS

Executive Summary	p. i
Background	p. 1
Methodology	p. 7
Findings	p. 8
Conclusion	p. 12
Recommendations	p. 13
Appendix A: Letter from Commissioner Thomas Frieden.....	p. A1
Appendix B: Intro 207A.....	p. B1
Appendix C: List of private and parochial schools surveyed.....	p. C1
Appendix D: Survey questionnaire.....	p. D1

This report can be found on the Council's website at

www.nyccouncil.info

EXECUTIVE SUMMARY

In 1903, the City of New York was a public health pioneer, the first American city to provide nurses in schools, for public and private schools alike.ⁱ A century later, it seems New York City has turned its back on this legacy.

A recent investigation by the New York City Council Investigation Division found nearly two-thirds (63%) of the nonpublic schools surveyed have no full-time nurse; among those, half have no nurse at all. More than 15,000 students identified in this survey are going to schools where there may be no one qualified to help if they were in need of medical attention on a given day. New York State and New York City law demand children at private and parochial schools be given the same level of health services as students at public schools,ⁱⁱ the Department of Health and Mental Hygiene's (DOHMH) changes in 2002 to the way it allocates nursing services in nonpublic schools have left thousands of New York City schoolchildren going to schools that, more often than not, have no nurse on duty.

Key Findings

- Nearly two-thirds of schools surveyed (63%) were without full-time nurses.ⁱⁱⁱ
 - These 43 schools had a total student enrollment of 15,787.
- 32% of schools surveyed (22) had no nurse services at all.

ⁱ Rogers, Lina, "Some Phases of School Nursing," *The American Journal of Nursing*, 1908, as reproduced by the National Association of School Nurses website at http://www.nasn.org/100year_AJN_LinaRogers.htm. Last accessed 25 May 2004.

ⁱⁱ New York State Education Law, Title I, Article 19, Section 912; New York State Public Health Law, Article 25, Maternal and Child Health Law, Section 2501.

ⁱⁱⁱ Those schools either had a part-time nurse (whose availability ranged from once per month or less, to three times per week) or no nurse at all.

- 50% of the schools without nurses reported the elimination of nurse services over the past two years.

Citing a shortage of nurses and potential savings of \$5 million, DOHMH Commissioner Thomas R. Frieden revised his department's interpretation of the relevant State and City statutes to allocate nursing services by ratio of one nurse per every 755 students,^{iv} rather than simply providing nurses by request.^v As a result, numerous schools found themselves without a nurse, or sharing a nurse with other schools.

In compliance with the Federal Americans With Disabilities Act, the City Code requires a school nurse or Public Health Advisor to track dosages, observe or administer medication to any student with chronic diseases, and communicate with doctors and parents if necessary.^{vi} Beyond attending to students' health needs, school nurses also manage a host of administrative tasks, and ensure the mandated health and immunization records for all students are complete and up-to-date.^{vii}

Exacerbating already limited nurse availability, the DOHMH hired 18% fewer nurses than its budget allowed for the 2002-2003 school year.^{viii} Furthermore, the budget only provided for 174 non-public school nurses, although there are 446 nonpublic intermediate and elementary schools with more than 200 students.^{ix} The investigation found that half of the schools that did not have nurses (50%) had requested a nurse and could

^{iv} Testimony of Thomas R. Frieden before the New York City Council Committee on Health, Nov. 8, 2002.

^v Testimony of Commissioner Thomas R. Frieden before the New York City Council Health Committee, 26 March 2002.

^{vi} New York City Department of Health. 1999. "Direct Health Service (504) For Students."

^{vii} New York City Department of Health. 2000. "School Health Program: Policies and Procedures Manual." Sec. 2.2-2.4

^{viii} Figures for nurses budgeted v. nurses hired provided by the DOHMH.

^{ix} Total number of qualifying schools according to State Department of Education.

accommodate one. DOHMH has made this critical service difficult to access with unclear policies, and a vague application process and deadline.^x Many administrators contacted by investigators said they were unaware their schools qualified for City-paid nurses.

Introduction 207A, a bill introduced by Councilmember Michael McMahon and currently pending in the Health Committee, would correct that issue. If passed, the law would guarantee at least one full-time nurse to elementary and intermediate schools that (1) have an enrollment of more than 200 students, (2) provide a designated medical room, and (3) submit a formal request. Schools with more than 750 students, according to the proposed legislation, may be allowed another nurse upon request. Schools with fewer than 200 students could also request a full-time nurse, but decisions would be made on a case-by-case basis.

The New York City Council Investigation Division conducted a telephone survey of non-public schools in New York City to determine the level of school nursing services the schools receive and any changes in school nursing services over the past two years. Of the 446 nonpublic schools in New York City with an enrollment of 200 students or more, investigators randomly selected approximately 15% of schools in each borough, for a sample size of 68 schools.^{xi}

Investigators called schools during normal business hours (9am to 5pm) between June 14 and June 16, 2004, and asked each school's principal

^x New York State Education Department. 2004. "Handbook on Services to Students Attending Nonpublic Schools."
<http://www.emsc.nysed.gov/nonpub/HANDBOOK%20on%20Services%20to%20Pupils%20Attending%20Nonpublic%20Schools/Handbook%20page.htm>. Last accessed 25 May 2004.

^{xi} See Appendix C for list of schools surveyed.

or school administrator a series of scripted questions regarding the school's current level of nursing services, any changes to nursing services and related questions.^{xii}

Based on the investigation's findings, and in the interest of providing true parity for nonpublic school students and their taxpaying-families, the Council recommends the following:

- Adopt Intro. 207A.
- DOHMH and the Department of Education should adopt uniform rules for requests for nursing services
- Notify private and public school administrators of their rights and duties.

^{xii} See Appendix D for questionnaire.

BACKGROUND

The New York City Board of Health¹ pioneered the practice of providing City-paid nurses in schools, and has done so, for public and private schools alike, since 1903.²

Today, New York State law requires that students at New York City private and parochial schools be given the same level of health services as students at public schools³; however, the responsibility of requesting this guaranteed service lies with school administrators.⁴

The law is, nevertheless, unclear about what form such requests should take, or whether school administrators must resubmit their requests annually. Furthermore, there is no specific deadline by which administrators are meant to ask for nursing staff, although the State Education Department recommends submitting such requests prior to budget negotiations.⁵

According to the Rules of the City of New York,⁶ the New York City Department of Health and Mental Hygiene (DOHMH) manages the city's school nursing staff, except in cases where a student has a disability or illness severe enough to qualify for protection under the Americans with

¹ The New York City Board of Health was later renamed Department of Health, and then the Department of Health and Mental Hygiene.

² Rogers, Lina, "Some Phases of School Nursing," *The American Journal of Nursing*, 1908, as reproduced by the National Association of School Nurses website at http://www.nasn.org/100year_AJN_LinaRogers.htm. Last accessed 25 May 2004.

³ New York State Education Law, Title I, Article 19, Section 912; New York State Public Health Law, Article 25, Maternal and Child Health Law, Section 2501.

⁴ New York State Education Department. 2004. "Handbook on Services to Students Attending Nonpublic Schools." <http://www.emsc.nysed.gov/nonpub/HANDBOOK%20on%20Services%20to%20Pupils%20Attending%20Nonpublic%20Schools/Handbook%20page.htm>. Last accessed 25 May 2004.

⁵ *Ibid.* "Questions and Answers."

⁶ Rules of the City of New York, Department of Health, Title III, section 49.15.

Disabilities Act (ADA).⁷ Students with illnesses or disabilities that require treatment, such as medication, during school hours must be supervised by a school nurse, or Public Health Advisor, provided by DOHMH.⁸ Students determined to have severe disabilities that impair their major life functions enough to demand constant attention are assigned a qualified professional aide, usually a nurse, through the New York City Department of Education (DOE).⁹

In addition to providing direct care to students, nurses in schools with clinics are charged with maintaining and inspecting state-mandated student health records; in cases where students take medication during school, school nurses are charged with monitoring and tracking the doses and communicating with parents and doctors.¹⁰

In 2002, DOHMH changed its policies about how nurses are assigned to schools, with the result that school nurse services were reduced in nonpublic schools throughout the City. In a Sept. 30, 2002 letter to private and parochial school administrators, DOHMH Commissioner Thomas Frieden informed them that because of budget-time belt-tightening,¹¹ DOHMH would shuffle assignments, so that the number of nurses sent to nonpublic schools would reflect the same student-to-

⁷ The ADA (U.S. Public Law 100-336) defines “disability” as: (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment. Title II §35.104 defines “major life activities” to include “such things as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.”

Text of law available online at www.ada.gov. Last accessed 28 May 2004.

⁸ New York City Department of Health. 1999. “Direct Health Service (504) For Students.”

⁹ New York City Codes, Rules and Regulations. 2004. Chapter II, Regulations of the Commissioner, Part 200 Children With Handicapping Conditions.

¹⁰ New York City Department of Health. 2000. “School Health Program: Policies and Procedures Manual.” Sec. 2.2-2.4

¹¹ The New York City Council did not cut funding for school nurses.

nurse ratio that existed at public schools.¹² The letter also warned administrators that each school remained “legally responsible for the reasonable accommodation, including medication administration of [its] students...”¹³ In cases where schools were caught off guard and could not adapt quickly enough, DOHMH would undertake case-by-case reviews of requests for special services.¹⁴

During preliminary budget hearings in March 2002, Commissioner Frieden blamed both the economy and a national shortage of nurses for the anticipated cutbacks to parochial and private schools. He also emphasized his department’s at-request-only policy. “We remain committed to having a nursing presence in all public and elementary schools which request its presence,” he said.¹⁵

On November 8, 2002, Commissioner Frieden testified before the City Council Committee on Health that the City spent \$130 per capita on nursing services for students at nonpublic schools, but \$65 on students enrolled in public schools. Asserting, “private schools were receiving a much greater proportional share of field nursing,” Commissioner Frieden called for fewer full-time nurses at private and parochial schools.¹⁶ In public schools, he said, the ratio between students to nurses was about 755 to one, whereas in nonpublic schools, which are typically smaller in enrollment, the ratio was closer to one nurse for every 350 students. The

¹² Letter from DOHMH Commissioner Thomas Frieden to administrators of non-public schools, 30 Sept. 2002. See Appendix A.

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ Testimony of Commissioner Thomas R. Frieden before the New York City Council Health Committee speaking, on the Mayor’s Fiscal Year 2003 Preliminary Budget, 26 March 2002.

¹⁶ DOHMH Commissioner Thomas R. Frieden, in testimony before the New York City Council Committee on Health, Nov. 8, 2002.

result was a loss of 113 nurses dedicated to non-public schools, and a reported \$5 million in savings to the City.¹⁷

For school year 2003-2004, the DOHMH budget allowed for 816 nurses for public schools citywide, and 174 nurses for parochial and private schools.¹⁸ However, the number of DOHMH nurses actually working in schools was far fewer. In fact, by May 2004, only 680 nurses had been hired for public schools and only 130 nurses had been assigned to non-public schools.¹⁹

The call for cuts echoed those of the administration of Mayor David N. Dinkins eleven years before. Again, citing budget woes, Former Mayor Dinkins threatened to cut 16,000 city workers from his proposed budget, including 200 school nurses.²⁰ The Dinkins Administration asserted that eliminating school health services would save the city \$3.3 million. The measure was defeated in budget negotiations and ultimately ruled illegal by a State Supreme Court Appellate Judge.²¹

As with the threatened cuts more than a decade ago, the current policy shift on school nurses has met with public protest. On the day of Commissioner Frieden's Nov. 8, 2002 testimony, 300 parents protested

¹⁷ Figure on nurses lost and verification of savings realized courtesy of the Department of Health.

¹⁸ Figures courtesy of DOHMH.

¹⁹ Figures as per DOHMH on May 10, 2004.

²⁰ Barbanel, Josh. "Dinkins is expected to Lay Off 16,000 to Close Budget Gap." *The New York Times*. 16 Jan. 1991. See also Barbanel, Josh. "City Council Budget Resists Dinkins Cuts." *The New York Times*. 28 June 1991. The Dinkins Administration's proposal would have cut \$3.55 million, and was a modified part of a broader proposal to eliminate the School Child Health Program entirely. That December, the New York State Appellate Division ruled that the Administration's attempts to eliminate the school health program flouted State and City laws (*Liebowitz et. al. v. Dinkins et. al.*, 575 N.Y.S.2d 827. (1991)).

²¹ *Liebowitz v. Dinkins*, Supreme Court of New York, Appellate Division, First Department. 1991.

outside of City Hall.²² “I fail to see the cost saving benefit when the health of thousands of children, including those with health issues such as asthma, diabetes, epilepsy, and more, is placed at risk,” said Ellen Mitchell, President of the New York Counties Registered Nurses Association, in her hearing testimony that day.²³

Caseload assignment guidelines published by the National Association of School Nurses, a professional and legislative school nurse advocacy group, show that in order to provide simple health services sufficiently, a school should have “*at minimum* one health nurse to no more than 750 students in the general school population.”²⁴ However, that ratio does not apply if there are students with special needs. “In a medically fragile population, a ratio [should be] based on individual needs.”²⁵

On Feb. 26, 2004, Council Member Michael McMahon submitted Introduction 207A for reintroduction.²⁶ If passed, the bill would guarantee at least one full-time nurse to those elementary and intermediate schools, private and public alike, that (1) have an enrollment of more than 200 students, (2) provide a designated medical room for the nurse, and (3) submit a formal request. Schools with more than 750 students would be allowed to apply for another nurse. Schools

²² Campanile, Carl. “Schools Need to Get the Lead Out of the Water: Study.” *The New York Post*. 9 Nov. 2002.

²³ Ellen Mitchell, RN, before City Council. 8 Nov 2002. The New York Counties Registered Nurses Association represents 3,000 registered nurses in Manhattan, the Bronx and Staten Island.

²⁴ National Association of School Nurses, “Position Statement: Caseload Assignments.” (1995) On NASN website, at www.nasn.org/positions/caseload.htm. Last accessed 28 May 2004. (Emphasis added.)

²⁵ *Ibid.* The group recommends adjusting the ratio based on the demographics of the student population. “Caseload assignments are influenced by multiple factors,” the organization writes, listing among them “special health problems.” For example, in a mainstreamed population, there should be no less than one nurse per 225 students, or in an environment with a “severely chronically ill or developmentally disabled population,” the ratio should be no greater than one nurse to 125 students.

²⁶ The bill had been introduced in the previous legislative session as Intro. 296, submitted 23 Oct. 2002. See Appendix B for the text of Intro. 207A.

with fewer than 200 students could also request a full-time nurse, but decisions would be made on a case-by-case basis. Thirty-two other Council Members have sponsored the bill, which has had two hearings and is pending in the Health Committee.²⁷

²⁷ The bill's first hearing occurred in the previous legislative session.

METHODOLOGY

The New York City Council Investigation Division conducted a telephone survey of non-public schools in New York City to determine the level of school nursing services the schools receive and any changes in school nursing services over the past two years. Only schools that teach students in any grades from kindergarten up to the eighth grade, and that report a minimum enrollment of 200 students were surveyed. According to the list of non-public schools registered with the New York State Education Department, 446 schools meet these criteria for the 2003-2004 school year.

Of the 446 eligible schools, investigators randomly selected approximately 15% of schools in each borough, for a sample size of 68 schools.²⁸ Brooklyn had 166 schools, of which investigators surveyed 25 (15%); the Bronx had 70 schools, of which 12 were surveyed (17%); 12 of Manhattan's 78 schools were surveyed (15%); Queens had 103 schools, of which investigators surveyed 13 (12%); and six of Staten Island's 30 schools were surveyed (20%).

Investigators called schools during normal business hours (9am to 5pm) between June 14 and June 16, 2004. When calling, investigators asked each school's principal or school administrator a series of scripted questions regarding the school's current level of nursing services, any changes to nursing services and related questions.²⁹

²⁸ See Appendix C for list of schools surveyed.

²⁹ See Appendix D for questionnaire.

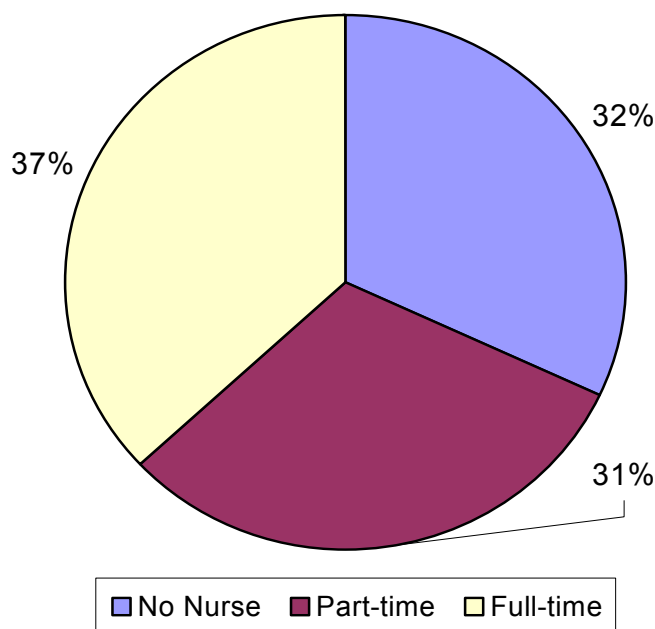
FINDINGS

Of the 68 schools surveyed, the majority, 79%, had a student body through the 8th grade; 18% of schools had a student body through the 12th grade; 4% had only an elementary student body. Among schools surveyed, the student enrollment according to principals was as follows: three had fewer than 200 students (4%),³⁰ and 65 had 200 or more students (96%). The average student enrollment was 417.

Nearly two-thirds of schools surveyed (63%) are without full-time school nurse services:

- 22 of 68 schools (32%) had no school nurse services;
- 21 of 68 schools (31%) had only a part-time school nurse; and
- 25 of 68 schools (37%) had full-time nurse coverage.

Availability of School Nurse Services



³⁰ Investigators found slight discrepancies between the enrollment figures provided by the New York State Department of Education and those provided by the schools.

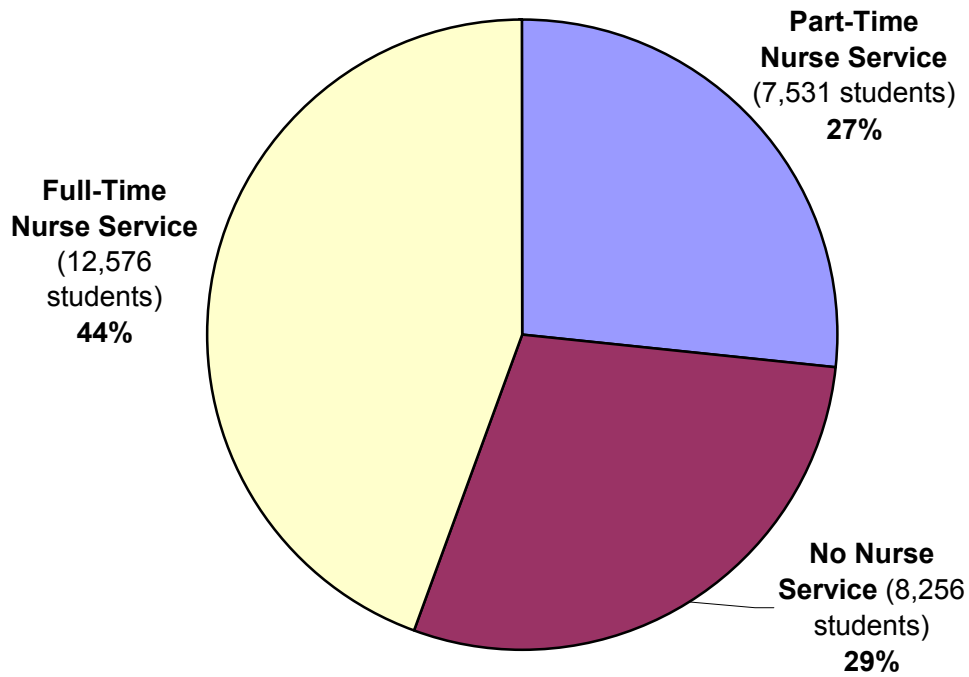
The 43 schools without full-time nurses (that is, schools with only a part-time nurse, or with no nurse) represent an overall student enrollment 15,787. Of those schools, 79% report having children with notable medical conditions. These conditions included:

- Severe allergies
- Asthma
- Diabetes
- Heart conditions
- Multiple sclerosis
- Seizures/epilepsy
- Sickle cell anemia

The 68 schools included in this investigation represent 28,363 New York City children, according to administrators at those schools:

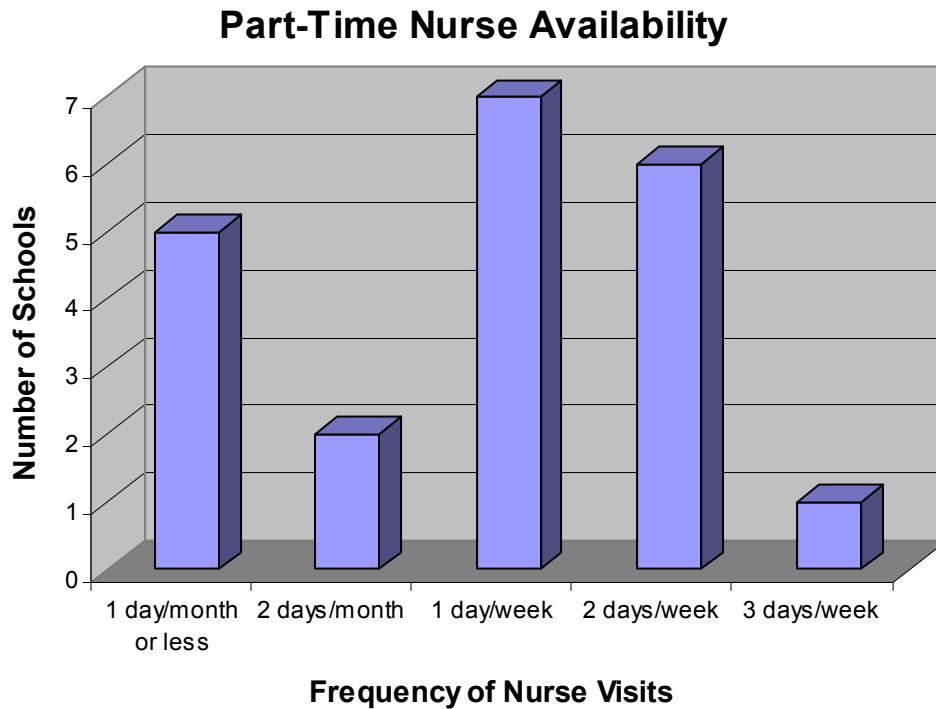
- 8,256 students attend the 22 schools that had no nurse;
- 7,531 students attend the 21 schools with part-time nurses; and
- 12,576 students attend the 25 schools that had full-time nurses.

Nurse Availability by Student Enrollment



Of the 21 schools with only a part-time school nurse:

- Five schools had services one day per month or less;
- Two schools had services two days per month;
- Seven schools had services one day per week;
- Six schools had services two days per week; and
- One school had services three days per week.



Among the 25 schools with full-time school nurses services:

- 60% (15) had nurse services funded by the City;
- 36% (9) had part-time services paid by tuition; and
- 4% (1) was uncertain about the source of nurse service funding.

Among the 21 schools with part-time school nurses services:

- 81% (17) reported a reduction in school nurse services over the past two years;
- 76% (16) had nurse services funded by the City;

- 5% (1) had services funded by both the City and tuition;
- 5% (1) had services funded solely by tuition; and
- 14% (3) were uncertain about the source of funding.

Among the 22 schools with no school nurses services:

- 50% (11) reported a reduction in school nurse services over the past two years;
- 64% (14) had an appropriate work area for a school nurse;
- 55% (12) had requested services from the City of New York;
- 41% (9) had not requested services³¹;
- 50% (11) both had an appropriate work area and had requested a school nurse from the City of New York.

³¹ Total does not equal 100% because one school was unaware if they had requested services. Several of those who had not requested services were unaware that they could do so.

CONCLUSION

As these findings show, thousands of New York City schoolchildren are going to schools that, more often than not, have no school nurse. While some schools compensate by having administrative staff trained in first aid or CPR, this is not an adequate substitute for a trained, certified medical professional qualified to respond to all manner of medical situations. This investigation alone identifies more than 15,000 students in nonpublic schools who did not have a nurse present at their school every day.

At the beginning of the last century, New York City was a public health pioneer—the first American city to provide nurses in all schools. The past two years, however, have seen the City turn its back on this legacy, with more than 40% of schools surveyed having experienced reduction—or total elimination—of the school nurse services they received before the DOHMH decision to change its policy in 2002.

Moreover, the DOHMH policy about when and how school administrators can request a nurse is vague. It is troubling that at a number of schools that had no nurse, principals did not know that they could request one. Clearly, this situation must be rectified—the health and safety of children is on the line.

RECOMMENDATIONS

In order to protect the health and wellbeing of all students in a truly fair manner, the City Council makes the following recommendations:

- **Adopt Intro. 207A.**

Having one nurse per 755 students, the ratio that currently exists in the City’s public schools is not always sufficient; indeed, that ratio barely meets the threshold for “minimum school health services,” according to the National Association of School Nurses. Emergencies and sudden illnesses follow no schedule. Having a nurse available to attend to such ailments may result in long-term taxpayer savings, as healthy children need less medical attention later. Children who are hurt and treated immediately are less likely to sustain greater injury, perhaps also protecting schools from later liabilities.

- **DOHMH and DOE should adopt uniform rules for requests for nursing services.**

These agencies should adopt and promulgate uniform rules that standardize when and how school administrators request City-funded school nurses. Some administrators surveyed said they were unsure of the proper procedure, and others said they were unsure whether or how often they had to renew their requests. Administrators also complained that the method through which nurses are assigned is unclear. In the interest of uniformity and fairness, any application process should have a set schedule and deadline by which requests must be made.

- **Notify private and public school administrators of their rights and duties.**

Many administrators surveyed said they did not know they were entitled to a City-paid nurse for their students. State and City law guarantees this right. The DOHMH and/or DOE should, as a matter of course, notify administrators at least annually that they may request a nurse for their schools. Such notification should include information about the procedure for requesting a nurse.

Appendix A:

Letter from Commissioner Thomas Frieden



THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

September 30, 2002

Dear Principal/Superintendent:

Recently there has been concern about nursing services in non-public schools. This letter is to clarify any misunderstanding concerning the responsibility of the New York City Department of Health and Mental Hygiene to provide nursing services in non-public schools.

According to federal law, schools must reasonably accommodate children who need medication administered to them in order to continue their schooling. Further, New York State law requires that services provided by the Department to public school children must be made available to non-public school children on an equitable basis.

In recent years, the Department was able to go above and beyond the state mandate, such that we provided services to non-public schools in excess of the proportionate resource level provided to public schools. In fact, spending per pupil was twice as high in non-public schools as in public schools. Given the city's current fiscal crisis, the Department is no longer able to provide services to non-public schools proportionately in excess of those provided to public schools.

As a result of this change, which was presented in the budget adoption process last Spring, the Department is no longer able to provide a daily nursing presence in all non-public elementary schools that request it. The Department is required to provide, and will continue to provide, proportionate resources to the non-public school system. We will continue to provide, in an equitable manner, medical record organization and maintenance, assurance of new admission physical examinations, targeted vision and hearing screening, follow-up family contact for children with health problems, public health education, and other services to schools requesting such services and having an appropriate medical room. However, as the school, you are legally responsible for the reasonable accommodation, including medication administration, of students in your school. When Department nurses are present in non-public schools, they will provide medication administration following usual procedures.

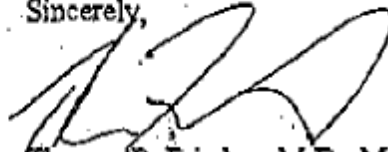
The Department recognizes that some non-public schools may be unable to provide medication administration services on short notice. In the event your school requires additional time to establish the capability to provide for medication administration, the Department will, within the limitations imposed by the citywide nursing shortage, provide nursing services, including for medication administration, until December 31, 2002, on a case-by-case basis.

New York City Council Investigation Division

September 30, 2002

If you would like to request temporary nursing services from the Department, or if you have any questions, please contact Ms. Linda May, School Health Program, 2 Lafayette Street, 22nd Floor, CN-25, New York, NY 10013; phone (212) 676-2472; fax: (212) 442-4757.

Sincerely,



Thomas R. Frieden, M.D., M.P.H.
Commissioner

Appendix B:

Intro 207A

Int. No. 207

By Council Members McMahon, The Speaker (Council Member Miller), Quinn, Addabbo, Baez, Clarke, Felder, Fidler, Katz, Koppell, Martinez, Monserrate, Rivera, Seabrook, Stewart, Weprin, Avella, Gioia, Brewer, Provenzano, Liu, Gallagher, Lanza, Oddo, Vann, Recchia, Barron, Boyland, Gentile, James, Nelson, Vallone, Gerson, Gennaro and The Public Advocate (Ms. Gotbaum)

..Title

A Local Law to amend the administrative code of the city of New York, in relation to requiring the department of health and mental hygiene to make nurses available to public and private primary and intermediate schools.

..Body

Be it enacted by the Council as follows:

Section 1. Chapter 1 of title 17 of the administrative code of the city of New York is amended by adding a new section 17-186 to read as follows:

§ 17-186 School nurses. a. The department shall provide on a full-time basis at least one nurse at each public and private primary and intermediate school which i) had at least two hundred students enrolled on the last day of the second month of the preceding school year; ii) requests to the department that the department provide such a nurse; and iii) maintains, pursuant to any rules as may be promulgated by the commissioner pursuant to subdivision b of this section, an appropriate medical room wherein such nurse can carry out his or her nursing duties. Any public or private primary or intermediate school that has four hundred or more students so enrolled may request the assignment of an additional nurse for every additional two hundred so enrolled at that school, and such personnel shall be assigned by the department; provided, however, that if a sufficient number of nurses are not available for all such additional assignments requested, the department shall create and maintain, on a fair and equitable basis, a list of schools waiting for assignment of such nurses; and provided

further that the department shall undertake all best efforts to fill such additional assignments as expeditiously and equitably as possible. Each public and private primary and intermediate school with fewer than two hundred students so enrolled may request that the department make available to it a nurse on a full-time or part-time basis. The department shall, in its discretion, decide whether or not to grant each such request on a case-by-case basis. For the purposes of this section, “nurse” shall mean an individual licensed as a registered professional nurse pursuant to section 6905 of the New York state education law.

b. The commissioner may promulgate any rules deemed necessary for the purposes of implementing and carrying out the provisions of this section.

§2. This local law shall take effect one hundred eighty days after its enactment.

Appendix C:

List of Private and Parochial Schools Surveyed

Schools Surveyed

BRONX

- Visitation School
- Saints Philip & James School
- Our Lady of Angels School
- St. John Vianney Cure of Arts School
- Our Lady Of Refuge School
- St. Luke School
- St. Theresa School
- St. Frances De Chantal School
- St. John Chrysostom School
- Our Saviour Lutheran School
- Melrose Community School
- St. Simon Stock Elementary School

BROOKLYN

- Yeshiva Mizrahi L'Banim
- St. Bernadette School
- St. Charles Borromeo School
- St. Patrick School
- Holy Innocents School
- St. Elizabeth Seton School
- St. Jerome School
- Mary Queen of Heaven School
- Our Lady of Miracles School
- St. Gregory the Great Parish School
- St. Bernard School
- St. Rita School
- New Grace Education Center
- Yeshiva Yesode Hatorah
- Beth Jacob of Borough Park
- Yeshiva Ohr Shraga D'Veretzky
- Our Lady of Guadalupe School
- Yeshiva of Brooklyn
- Ahi Ezer Yeshiva
- Yeshiva of Kings Bay
- Tomer Dvora School
- Al-Noor School
- Phyl'S Academy Preparatory School
- Packer Collegiate Institute
- Ebenezer Preparatory School

MANHATTAN

- The Allen Stevenson School
- St. Brigid School
- Collegiate School
- Trevor Day School
- St. Stephen of Hungary School
- St. Mark the Evangelist School
- Ramaz Middle School
- The Epiphany School
- Trinity School
- Yeshiva Rabbi S.R. Hirsch
- The Town School

QUEENS

- Yeshiva Tifereth Moshe Dov Revel Center
- St. Rose of Lima School
- Nativity of the Blessed Virgin Mary
- Our Lady of the Blessed Sacrament
- St. Gerard Majella School
- Most Precious Blood School
- Sacred Heart School
- American Martyrs School
- St. Robert Bellarmine School
- St. Bartholomew School
- Our Lady of the Snows School
- Our Lady of the Miraculous Medal School
- St. Camillus School

STATEN ISLAND

- St. Roch School
- Our Lady Queen of Peace School
- Ss. Joseph & Thomas School
- St. Charles School
- Jewish Foundation School
- St. John Lutheran School

Appendix D:

Survey Questionnaire

New York City Council Investigation Division

Tracking # _____

Investigator: _____

Date: _____ Time: _____

School: _____

Borough: _____ Phone number: _____

SCRIPT:

[ASK TO SPEAK TO PRINCIPAL] Hi, my name is _____. I'm calling from the New York City Council. We are doing a study about school nursing services in the City's private and parochial schools to determine the impact of the Health Department's policy changes over the past two years.

1. What has your annual student enrollment been for the past two years?
2. What grades are taught?
3. Do you have a school nurse? **(If YES, skip to Q6)**
4. **(Only if NO to Q3)** *Does your school have a separate room or other facility appropriate for a school nurse?*
5. **(Only if NO to Q3)** *Have you requested a school nurse from the City's Department of Health? (Note response and skip to Q12)*
6. Does he/she work full time or part time at your school?
7. How many times a week does he/she come in and what are the hours?

8. Do you receive all or part of your funding for the school nurse from the City, or is it paid by tuition?
9. Does your school nurse do administrative work only, treat students, both?
10. Do you share the nurse with any other school(s)?
 - a. If so, how far away is (are) the other school(s)?
11. Do you have any students who have a medical condition like diabetes or severe asthma, or do you disabled students with an Individual Education Program (IEP)?

IF YES:

 - a. Which medical conditions?
 - b. Is your school nurse provided by the City to administer oral or injectable medications or perform other activities because of the student's handicap?
 - c. Do you know if DOE (Dept of Ed) or DOH (Dept of Health) provides the nurse?
 - d. Does this nurse treat only the impaired students, or other students as well?
12. Have you ever had a City-funded school nurse?
 - a. If so, when was the last time you had a City-funded school nurse?
13. Do you feel there is adequate medical attention for your students?
 - a. If no, why not?
14. What would make health services adequate for students in your school?