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Loudoun County School Board, Student Services Committee Meeting, Thursday, June 20, 2024

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[00:00:00] good evening everyone welcome to the June 20th 2024 student services committee meeting I am and Donahue the at-large school board member and chair of this committee miss miss Mansfield chair Mansfield is on vacation and without cell reception lucky her so she's not joining us she did ask miss Chandler the representative from the Algonquian district to fill in for her who graciously agreed to spend this time with us. Thank you, Ms. Chandler. And Ms.

[00:00:36] LaBelle had been planning to join us virtually. As many of you know, she's had some health issues this year and is recovering from surgery. And unfortunately I did learn just a short time ago that she's not feeling well and she is not going to be joining us. So it will just be Ms. Chandler and myself today. But we have quorum. Thank you. This meeting is being audio recorded, not video recorded, not livestreamed.

[00:01:03] The audio recording will be available to the public through the LCPS website within a couple of days. And I am, I guess, calling this meeting to order, which is the first item on our agenda.

[00:01:19] And we will dispense with remote participation since Ms. LaBelle is not planning to join us after all. And next we will move on to public comment. And before I read the rules and disclaimers and such, Ms. Chandler.

[00:01:41] We typically limit public comment in this meeting to 10 minutes. I do see that we have six people signed up. My inclination would probably be, if you were willing to extend briefly the public comment time to give our speakers two minutes each.

[00:01:58] Oh, of course. I'd be open to that. Okay. All right. So that is what we'll do, and I will do something with a timer. Okay. So, thank you for engaging with the school board through the public comment process.

[00:02:16] school board welcomes comments from loudoun county residents and believes that strong community engagement and outreach are important components of a successful school system speakers must limit comments to the time allotted based on the number of speakers and the agenda this evening all speakers have been allotted two minutes each for public comment please be advised that the speakers who miss their time slot will not be called at a later time all audience members shall maintain civility decorum and respect for the functioning and dignity of the school board at all times please remain seated unless arriving departing speaking at the table or during a break violations of civility decorum and respect include shouting heckling jeering applause or

[00:02:54] other noise which disrupts or delays the meeting obstructing speakers from being able to see the school board or vice versa interrupting speakers attempting to speak when not called to do so by the chair and approaching a speaker or otherwise attempting to intimidate disparage or distract a speaker staff member or other meeting attendees speakers should refrain from vulgarity obscenities defamation profanity or other like breaches of respect nor may speakers target criticize or attack individual students and/or individual division employees during public comment speakers should communicate those concerns to their school principal or an appropriate school official the school board requests that comments on an individual student or employee related

[00:03:32] matter not be shared at public meetings where the disclosure could violate applicable confidentiality requirements speakers should face the us and direct their comments to us. Per LCPS policy 2520, members of the school board will not answer questions or respond directly to the public during the public comment period. Violations of decorum or civility by any meeting attendee may result in the chair directing staff to remove the attendee from the remainder of the meeting. Repeated or persistent violations of decorum or civility by the audience may result in, on the decision of the chair, public comment being tabled until a later point in the meeting's agenda, limiting the number of attendees in the meeting room during public comment for

[00:04:12] safety reasons or the public comment period ending for the evening copies of materials for board members should be given to the public information officer prior to the start of the meeting please provide multiple copies under no circumstances may a speaker approach the members so with that we will begin public comment starting with Aaron Wilson who will be followed by David Coffman. Thank you. You ready? Do you know the feeling when you get an alarm on the CGM that

[00:04:51] your child's blood sugar is extremely low? No, you don't. And I pray you guys don't ever have to experience this disease. I work in a skiff and don't have access to my phone, so I have to log on to another computer, check what his blood sugars are, and this could be a life or death situation. Many parents here with diabetic children have called the school in sheer panic because the children's blood sugar is low and the school has no idea whether on the playground PE specials or the classroom it's a sickening worry is my child gonna be okay is my child gonna be alive well they have a seizure because

[00:05:27] their blood sugars are too low every day we send our kids into these schools not knowing how the day will unfold why wouldn't we be proactive that use the technology available the FDA approved it the Department of Justice told the Connecticut School District they must use the technology. The DOJ is a federal entity and it was ruled on behalf of diabetic children using the data. We have been repeatedly told no without a solid justification. We're at a crossroads.

[00:05:55] Loudoun County can either do what's right and sit down with the parents and come up with a proactive plan or God forbid something tragic happens on Loudoun County Public School grounds to a type 1 diabetic child and I pray that never happens I hope you understand what it's like to want to trust Loudoun County Public Schools with our children but unfortunately right now I don't thank you thank you next is David Kaufman followed by Lauren Valentine hello I'm David Kaufman father of two LCPS children I've seen what can happen when

[00:06:34] I was in second grade a girl in my class had a severe diabetic seizure I remember it very clearly more clearly than anything I remember from elementary school. I watched as she seized on the ground and was loaded into an ambulance. I didn't know much else about diabetes for 25 years. I didn't think about it until my three-year-old was diagnosed. It's then that I learned that severe low blood sugar can cause seizures like what I saw and can cause lasting brain damage and death. But I was relieved when my daughter's doctors assured me that things are different now. The technology is so much better than it was back in the 1980s. I can list many, but the most important advancement is that we now have CGMs

[00:07:14] that allow us to see those low blood sugar events before they become critical. It's approved by the FDA, it's supported by the ADA, and there is legal precedent for requiring that schools make use of this technology. Incredibly, managing diabetes is easier than ever for school staff.

[00:07:31] Many diabetic children don't require insulin injections or blood draws anymore. Yet the school system so far is unwilling to give a little by allowing an app on school system devices to monitor these blood sugar events. This is history repeating itself.

[00:07:48] In 1998, LCPS refused to train staff on how to administer glucagon to diabetics. That decision was reversed a year later after complaints to the US Department of Education, and parents were able to reverse it.

[00:08:03] Now a technology exists that can help prevent that need to administer glucagon, and LCPS is balking at that. I'm confident that we will reach the same conclusion with CGM technology that we did back in 1999. I will end on an optimistic note. We have a joke in our community that a cure is only five years away.

[00:08:22] The joke is that we've been hearing that for many decades now. But I do spend most of my evenings looking into what the possibilities will hold for my daughter, and I am optimistic by her early adulthood we might have a cure. I just ask that you share my mission to keep her healthy for the next 10 to 15 years while she is in LCPS's care, thank you.

[00:08:48] - Thank you, next is Lauren Valentine followed by Michelle Williams. - Good evening, my name is Lauren Valentine and I am a parent of two children in LCPS, one of whom has type one diabetes. I am here again to address policy 6640 and CGM monitoring.

[00:09:07] In the last two meetings, you mentioned technological hurdles with CGM monitoring at the building level. Have you reached out to other Virginia counties like Stafford, Spotsylvania, and Prince

William to see how they handle this for type one students they are following.

[00:09:23] Instead of reinventing the wheel, we should utilize existing networks and resources to ensure the safety and wellbeing of our children. Regarding wifi outages, these CGMs can report audible no data alerts when they're disconnected.

[00:09:39] This prompts manual blood glucose checks, a protocol that's already in most children's DMMPs. So this should not be a deterrent for utilizing the app. Saying LCPS cannot guarantee the app will work at all times, which is a direct quote from the Google Doc on your website, is like refusing smoke detectors in our schools because they might fail.

[00:10:03] Can we agree that FDA-approved devices are more reliable than a young child with hypo-unawareness, impaired cognition, and no one to hear their alarms? I urge LCPS and the Student Services Committee to collaborate with type 1 diabetic parents to find a solution to keep our children safe at school.

[00:10:21] Thank you. Thank you. Next is Michelle Williams, followed by Jen McLaughlin. Good evening, everyone.

[00:10:37] My name is Michelle Williams. I'm the mother of two amazing girls. My oldest, Ella, was diagnosed with type 1 diabetes when she was 3 ½, and now she's 7 ½. We're incredibly grateful for the support from Ella's school, especially her nurse, who has been super proactive and attentive. While we haven't faced any emergencies yet at school, managing type 1 diabetes requires constant vigilance.

[00:10:58] Even with existing protocols, there's always a risk. Imagine this risk like the Swiss cheese model. No safety protocol is ever perfect, and each layer of protection is by itself like a piece of Swiss cheese. Good, but always with holes through which bad outcomes can slip through.

[00:11:14] Adding more protection adds new layers with different holes. But as you add them together, the chances of all the holes lining up drops to almost zero. Allowing nurses access to a device that displays diabetic children's blood sugars would help to fill these gaps effectively and enhance safety measures without disrupting their busy schedules.

[00:11:33] I've been a registered nurse for 13 years. I attended May's meeting and heard and understood the fear from a nursing perspective on how this may burden staff. I've spent most of my career in critical care, and I know what it's like to be short-staffed in a fast-paced environment. I too have gone through adjustment periods of learning new technologies.

[00:11:52] However, the follow app provides ease rather than an added burden. The ability to tell with a quick glance that a child's blood sugars are trending low allows a nurse to easily prevent the much more difficult problem of severe lows. You've heard from other parents, too many factors are at play to trust that a children's phone alarm can be heard in noisy spaces or that a parent in a distant location can respond as quickly and as early to a trend as a nurse who is only rooms away.

[00:12:21] Schools across Virginia are already adopting similar measures, and I urge Loudoun County to join them. Let's embrace solutions that can make a real difference for our children. If you have any questions, feel free to contact me or any of the other T1D parents. We know your tasks are many, and we appreciate your support.

[00:12:38] Like you, we are resourceful people who are always willing to help and advocate fiercely for the well-being of our children. Thank you. Thanks. Next is Jen McLaughlin, followed by Ainsley

Hendershot. Good evening.

[00:12:58] I'm here tonight to advocate for the implementation of remote continuous glucose monitoring by nurses or staff in our school. My five-year-old daughter has lived with type 1 diabetes for nearly three years, and I've seen firsthand how crucial it is for her and other children to have continuous support in managing their condition. Diabetes care is evolving rapidly, and more children are being diagnosed at even younger ages, relying on adults for their care more and more.

[00:13:22] Technologies like CGM systems provide advanced monitoring capabilities, yet still require adult oversight, especially during school hours. Several counties in Virginia, including Spotsylvania, Stafford, Roanoke, Culpepper, and Orange have already adopted remote monitoring apps like Dexcom Follow.

[00:13:39] These apps allow nurses to monitor up to 10 students on one app on one device and provide critical alerts for immediate action. By enabling nurses to remotely follow glucose level, we ensure timely intervention, particularly during critical lows which can be life-threatening if not addressed promptly. This approach only enhances safety, not only enhances safety but minimizes classroom disruptions allowing our children to focus on learning. Please consider your stance on diabetes management and help ensure that our children have the safest environment where they can focus on learning and reducing

[00:14:11] their time away from the classroom. Thank you. Thank you and our final speaker is Ainsley Hendershot. Hi my name is Ainsley Hendershot. I am a Loudoun County Public Schools teacher and a mother of a Loudoun County Public School student with type 1 diabetes. My son is autistic, and he cannot communicate with his teachers when he is feeling low or possibly about to have a hypoglycemic episode. And it's already, because he's an autistic student, it is already very difficult to meet all

[00:14:50] of his needs. His CGM data keeps him safe, and if his school clinic specialist could have access to this data, it would spread the burden of his care among multiple people instead of it just being the one special education teacher in the room or the one teaching assistant in the room without any medical training. I have many caregivers that help me with my son and all of them have said what a relief it is to have access to this data, to have an instant look at what his blood sugar is instead of having to wait for him to exhibit symptoms of a low, which he doesn't. Like his

[00:15:28] blood sugars have been low enough to have seizures and he's still running around giggling. You couldn't tell until there was an emergency. So I urge the school board to find a way to make this work to protect students like mine with multiple disabilities and keep them in classrooms more so that he can access all of his education. Thank you. And that concludes

[00:15:58] our public comment uh session for this evening we will now move on to item three well actually i would prefer to push approval of the minutes to next month since my other two committee members who were present for the previous committee meeting are are not here i would i would like to reserve that for the August meeting please certainly in that case we will

[00:16:37] move on to item 4.01 policy 6640 emergency first aid CPR AED and diabetes management trained and certified personnel Miss Richardson thank you chair Donahue and mrs. Chandler thank you for joining us so that we can have quorum today so the first couple of slides are just a reminder of what has come out of the Virginia School Board Association with regards to model policy EBBA which is the

foundation policy for policy 6640 its guidance to school buildings with staffing ratios of 10 or more and fewer than 10 it also indicates

[00:17:16] the number of staff that are required to be trained for emergency first-aid CPR and AED as well as the number of staff that need to be trained for the administration of insulin and glucagon again these are slides that Mrs. Donna you have seen before but Mrs. Chandler you have not so this goes through the policy changes one of the first things that stood out to us after reading the model policy as a staff was that the Virginia School Board Association had tacked on diabetes management yet it was not referenced in the title of the policy so we did make that change.

[00:17:50] We have also added some information to lines two through four so we removed and added diabetes management to reflect the new title of our policy. Line 4, we remove the word certification because not all trainings that are conducted result in certifications.

[00:18:11] Line 6, we added designated by the principal as the staff members may vary from school to school. Lines 9, 12 and 14, the numeric values in the policy are recommended that there's a minimum of two. LCPS is current practice so we would also like that documented in our brand new policy is three staff members are trained. This also aligns with the feedback that we received from the equity committee, MSAC, and SEAC as well. Line 16 we changed present to be available given that the

[00:18:46] registered nurse in a school may be physically present in the building but might not be available And so it could be one of the other trained staff members that has to respond. All right. Now, so here are new slides that really go into the data.

[00:19:04] So, Mrs. Chandler, for your reference, we have met about policy 6640 twice prior. And the last time we were together as a committee, staff were directed to provide some information and do some fact-finding.

[00:19:21] And so I wanted to give the committee members an overview. So currently, for the school year that we just closed out on Friday, June 14th, there were 37,204 health office encounters that involved blood glucose monitoring.

[00:19:38] It's important for you to note that we highlighted the elementary level because that is really where we have heard our community feedback on our students are too young, right? And developmentally, it's not appropriate for us to expect for them to monitor their own CGMs. So out of the 37,204, 27,114 of those in counters that involved blood glucose monitoring were at the elementary level. Also at the elementary level, there were 9,166 radio checks

[00:20:13] to the health office from the classroom where a teacher had noticed that either an alarm was going off, a student wasn't presenting as themselves, so they called to the nurse. We currently have 205 students in LCPS that have continuous glucose monitors, and that impacts 58 students at the elementary level, and that impacts 37 of our elementary schools.

[00:20:45] Here's an overview of just how busy we have been in student health services, serving our almost 83,000 students for this past school year so total health office visits across LCPS so preschool elementary middle high as well as our post-secondary programs we had four hundred and thirty nine thousand one hundred and fifty total visits you will see the bulk of those visits were medical visits to our health offices here's by disposition we are very happy

[00:21:22] that the majority of our students after being seen in the health offices have been able to return back to class so you'll see that three hundred and forty five thousand five hundred and eighty five of those students each time they were able you know come they were seen their their matters were resolved and they were able to return back to class and here's a division level overview of of insulin dosages 16,981 now we'll dig down looking at sort of the same factors as they

[00:21:57] impact elementary schools our total blood glucose checks again 37,204 office calls 9,189 so these these checks do include cgm and finger stick as well as blood glucose out of office includes radio check ins to monitor students. Now let's look at the elementary level. So just across our elementary schools and LCPS of the 400,000 plus medical visits 262,380 of those visits

[00:22:37] took place at the elementary level. You will see that we were able to send 204,000 of those students back to class safely. They were able to continue their instructional day and here's the impact to Insulin administrations just at the elementary level, 9,614 for this school year.

[00:23:03] Our specialized care are glucose checks, 27,114, with 9,166 blood glucose out-of-office checks. At the insistence of our committee members, and you guys were so gracious to provide us some school divisions to contact, here's some summaries of school divisions that we did speak with.

[00:23:34] Spotsylvania County Public Schools, we contacted them. They were very clear to say that they do not monitor trends, but they do have iPads in all of their health offices. Their nurses do download the applications, and the iPads serve as a secondary to the alarms.

[00:23:53] They're still working through it this year. They did have some challenges when Wi-Fi went down, so they still followed the DMMP with regards to making sure that they were doing the regular monitoring of students throughout the school building. They do use it and respond to the alarms.

[00:24:13] They were clear that nurses take their iPads with them when there's field trips, when there's assemblies, that they keep a special eye on their students. Roanoke, they shared that they as well use iPads that are provided through their instructional technology department.

[00:24:33] It is only nurses who have students that have CGMs that are assigned the iPads. Nurses are not allowed to use their own devices or cell phones to maintain these student applications. Stafford County is using the Dexcom, and they're about the farthest along.

[00:24:52] They have six years under their belt with implementation. Again, they have also issued school division purchased iPads to the nurses that cover their health offices. Again, the feedback is as long as Wi-Fi connection is solid and strong, then they are able to monitor.

[00:25:11] They serve as a secondary backup to the alarms within the classroom. Both Spotsylvania and Stafford were very clearly able to report that the benefit has been that teachers are able to maintain the instructional focus since they know that the nurse is monitoring the glucose monitors in the health office.

[00:25:32] Sometimes teachers will also have access for field trips, just depending on where they're going for field trips. The nurse maintains the iPad. A loaner is oftentimes given to the teacher on the field trip, again, dependent upon the nature of the field trip, so that they can be the backup to the nurse that is supporting the student on the field trip with the monitoring of the CGMs.

[00:25:58] And here are some divisions across the United States. we contacted Minnesota they are also using the the Dexcom so students have it downloaded on their personal phones two out of the three

nursing offices have an iPad so this is a much smaller school system again it's maintained in the health office it's not the can it's not a continuous monitoring by the nurse but it is more so a responsiveness to the alarms when they sound or if the nurse

[00:26:34] does have time to check the application if the alarm goes off the nurses iPad is left with the secretary while the nurse goes down to the classroom to tend to the student teachers do not have access to student numbers so that's what this school division has shared with us then we talked to a school division in Vermont it's important to note how small they are they have a total of less than 4,000 students so each school has one full-time nurse that is primarily responsible for type 1 diabetic students they are followed using the

[00:27:10] Dexcom application they too have an iPad that is provided by their instructional technology department most schools are pretty consistent the iPads stay in the health offices they do not leave and they do not allow other staff or the nursing staff to download the applications on their personal devices.

[00:27:30] It was pretty consistent when we talked to school divisions in Illinois and Indiana as well. They're using the follow me application, they're using iPads, their nurses are trained, it stays in the health offices, and it serves as a backup to the alarms when they sound in the classroom. We were also asked as staff at our last meeting to price out things for the committee to be able to consider. For technology for our 58 elementary schools and of course that might fluctuate just a little bit this summer as we have transfers in and students that might

[00:28:09] withdraw from LCPS. So we went with a nice round number across our 37 schools. For iPhones, so we looked at iPhones as well as iPads, it would be about \$2,500 per device if we went with iPhones, which is about \$36,000 for the first year for cellular coverage and then all subsequent years it rolls into the contract.

[00:28:36] For the purchase of 40 iPads, just so we have some extra should something happen to one of the devices out at the school, it's \$19,160. It's important to note that the iPads that LCPS purchases are only Wi-Fi compatible.

[00:28:54] they don't have the cellular package. We were also asked to look at the projected costs for staffing enhancements as a consideration for the committee members. For school nurse assistants, for a full-time equivalent, it is scale B of the universal level 4 scale.

[00:29:14] The total compensation package is \$65,274 for FY25. We had discussions at the last meeting on May 16th about, you know, what if we looked at clusters? So what if we assigned a school nursing assistant to each of the clusters?

[00:29:32] We have 18 clusters based on the 18 high schools. That's about 1.1 million, 1.2 million for 18 FTEs. Then if we assigned people regionally, we have six regions across LCPS. That's a little under \$400,000 as a staffing enhancement for the committee to consider.

[00:29:57] Our recommendations as staff members are that the committee move the policy as proposed by staff to the full board. Staff will then incorporate the elements of continuous glucose monitoring from other divisions, as we have shared, into our draft regulation for 6640 with the guidance of the committee.

[00:30:19] We would like to purchase iPads for our elementary school health offices. We would further define in our draft regulation, which was shared with the committee back in May, of how the iPads are to

be used in our health clinic offices and serve as the secondary monitor for the CGM alarms.

[00:30:39] The training component for staff on the iPads and CGM applications will also be outlined in our draft regulations, and our Student Health Services team would lead the training with our school nurses. Staff will provide the Student Services Committee with regular updates on implementation, successes, challenges, and needs as we move through the 24-25 school year. I know that was a lot of information. I am joined here by Mrs. Jeannie Klumann, our supervisor of Student

[00:31:16] Health Services, as well as Stacy Barber and Donna Nahiski, they are Student Health Services Specialists, so they would be the ones to really answer the medically-based questions for you. But we were happy to come to this recommendation and welcome the feedback of the committee.

[00:31:35] Thank you, Ms. Richardson. This is -- this presentation, I feel like, is a monumental achievement. Clearly your staff clearly put a lot of effort into this with the outreach and the research for different districts not just here but across the country and I'm I'm really touched by the thoroughness that you and your staff took to seeing what we can do to address the concerns that have been raised to us by

[00:32:12] division parents so that we can safeguard their children I do have a couple of questions this is amazingly comprehensive so with regard to the staffing enhancements you've included a pro I suppose costing for six FTEs which I assume would be one nurse assistant per region is that level of staffing is that where you came to a point of feeling comfortable that that level of

[00:32:50] staffing would be sufficient to cover the monitoring needs of what is a huge number of students. Sure. So our initial proposal to start us off for 24-25 is the purchasing of the iPads with existing staff in our health offices at our schools. So only focusing on our elementary schools. Right now we know it's 37. No school right now as as we closed out the school year at the elementary level had more than four students. So we think with the current staffing

[00:33:29] that with the iPads using them as the secondary for the classrooms that that's a good place for us to start. Knowing and having knowledge of our current budget I had not worked on sort of working for an FY25 request. This is information that the committee had asked us for future reference, so building it into FY26. Now, of course, these ladies to my right, they're not going to say no to any school nursing assistants. And so any staffing that we could possibly build in as we

[00:34:05] approach the start of the school year or even as we move through the school year would be beneficial to making sure that we are monitoring the glucose monitors that we're supporting our school nurses that we're supporting our students and supporting our teachers while they're with us thanks so this is for your consideration okay thank you and the districts that you've given us this comparative information for the ones in Virginia and the others obviously we know Vermont is very small the sizes of those districts I had some questions about how those

[00:34:42] other districts compare to Loudon as far as the overall size of the district the population of students who are in need of the CGM and how busy their health offices are if you have any information about any of that sure so I'm two years removed from Spotsylvania County with 15 years there they were the 11th largest I think they slipped to the 12th largest in Virginia. Stafford is somewhere around either the eighth or ninth largest division. Certainly we are number three

[00:35:17] in the Commonwealth with regards to number of students served. Rowanoke County is extremely small. The other divisions that we worked with they're also significantly smaller but the

practices were pretty established and very common they were comfortable none of the directors of health services expressed any sort of heartburn or angst about how the process is they still follow the DMMP which is the diabetes medical management plan as it's written by the physician the only addition is that the application is now referenced

[00:35:53] within the DMMPs the doctor sort of outlines you know how that should be monitored when the alarm goes off and what the response is which is how the DMMPs are currently written for our students that have CGMs so that the nurses know what to reduce what to do in in response so it really wasn't a matter of size of division it really seems to be a consistent practice across school-based health care providers okay I know I would like to echo this

[00:36:32] sentiment. I will say coming into this, to be perfectly honest, I have a beloved nephew with type 1 diabetes who has outgrown the elementary age, but have witnessed in my family how important this technology is and how just the peace of mind and the importance it is for the families. And just especially in the time frame when an elementary age child just isn't able to monitor themselves for many reasons i want to applaud your work um i am so impressed

[00:37:09] with the information that has been brought together from across the nation here i i love outside the box solutions i'm always in favor of them um almost always um but um i'm just so pleased i think this is a great way to put um i don't love the policy i appreciate it comes from the VSBA and it's a model policy I would prefer to see it include more updated language that's not for me I'm not on this committee but I will say what I would say if we were in the the main school

[00:37:44] board meeting right I think the policy could be better but I'm happy to see it go forward because I feel comfortable with where the regulation is and then what the plans are and so just to make sure I understand, the nurses in each of the schools that currently house students with type 1 diabetes will be effectively monitoring the app. It will be on in the location, and if an alarm goes off, they will have established protocols so they know exactly what to do in the event of an alarm. Yes, that is correct. Okay, so we'll be looking, our policy and regulation will look like

[00:38:22] what Spotsylvania and Stafford are doing now. Yes. Great. Thank you. Thank you. I had another question. No, on the tip of my brain. Did you have more?

[00:38:48] Ms. Richardson, you said something about, I think you said something about iPads in the classroom. No, iPads in the classroom. So iPads only were purchased for the health clinic offices. They stayed in the health clinic office.

[00:39:04] when the nurse so when an alarm went off most of the school systems were very clear so when the alarm went off the iPad stayed because keep in mind most of them were monitoring more than one student so whoever the health office backup for the nurse was the iPad stayed in the health office in the event another student's alarm may have gone off while the nurse had left the health office to go down to the classroom okay yes and most did not have their teachers monitoring an application, because having the iPads in the health offices eliminated the need

[00:39:41] for the teacher to interrupt instruction, because you would oftentimes have to stop, go over, pick up the phone, call down to the health office. And so this way, instruction could continue because the alarm is sounding not only in the classroom, but in the health office, as well as on the parent's device, if they have access. And in prior conversations that we've had in this committee about this proposed policy,

concerns had been raised about the practicality and logistics of using, you know, putting these apps on LCPS devices and potential HIPAA

[00:40:18] issues or FERPA issues and student privacy, medical information, and licensing with the programs and all of that. Can you speak to where we are with those concerns? certainly we have spoken with LCPS legal counsel we've also afforded them the opportunity to know the Commonwealth of Virginia school divisions that we have spoken to there's a group right that they get together like how did you navigate this and making sure that you keeping student information confidential we feel that we can move forward with maintaining HIPAA as well as

[00:40:53] confidentiality under FERPA for one the iPad stays in the health office it has you know it's accessed by that and so we would delineate that in our regulation because we do want to make sure that we're maintaining confidentiality with student and student data thank you madam chair I actually have two follow-up questions just in a sense sparking my interest first and foremost what type of training will the nurses receive as we implement this next year because it

[00:41:29] doesn't exist now correct and then given some of the comments that were made here in public comment tonight I would like to acknowledge that there are students who have perhaps a need outside of elementary school for this type of monitoring are they included in this update of specifically students with autism who might not have the ability to monitor this as they grow into the secondary schools thank you mrs. Chandler for those questions the first question I will defer to Mrs. Kloman and her amazing staff to to my right the

[00:42:06] second is how can we support students that matriculate to the secondary level that might still need some support I feel pretty comfortable saying that since we're doing this at the elementary level we should be able to continue to monitor the students that require it in middle school and high school as well and will that change take place in the next calendar year as well I would say that we would go ahead and purchase the necessary amount of iPads that are needed and work with all of the school health, you know, the nursing staff that we need to elementary, middle and

[00:42:40] high. Again, our focus for this presentation, because the previous conversation of the committee was focused on elementary, but certainly you know that we will provide what is necessary for any and all students. I love that. Thank you so much for that clarification. Absolutely. And I defer your first part of your question, your first question to Mrs.

[00:42:59] So before we move to that, I just have a couple of follow-ups about the question -- the second question that you raised. I 100% agree that we will need to have a way to identify and monitor -- have this policy practice regulation apply to students who may have an individualized need for this outside of elementary school so I don't I imagine that would probably be more appropriately written into the regulation and not the policy itself but

[00:43:38] I I will want to know that that is in place and you may have you may have observed with this board that we like to read regulations when we vote on policies so if it's possible to see the regulation in the future that would probably be a helpful data point for board members trying to decide so I apologize for interrupting I like to turn back to the question about training certainly we would be happy to make sure that we make sure that our language in

[00:44:14] the regulation we had not made it specific to elementary age students so it really is a supporting regulation to a policy that applies to all students so the regulation applies to all students but we can be thoughtful about the needs of students with special needs or different needs within the educational setting just so we provide that level of clarity within the regulation certainly happy to do so now now I defer to Mrs. Clement so we train our health office staff annually and diabetes management and part of that is a module

[00:44:52] and part of that is hands-on during our hands-on training face-to-face training practice we would add the app portion how to use the iPad how to look at the app and then we're a procedure we'd have to as we're going to develop our regulation and procedure review that with our staff and add support throughout this at least you know the very start of the school year quite a bit of support with the resource nurses checking in troubleshooting answering questions

[00:45:30] those types of supports in place well thank you for that that's very helpful this is nitpicky in the original version of this draft policy we had in the second and third paragraph distinguish between the size of the school and the number of employees who will be designated within that school to have all of these certifications and then pursuant to earlier suggestions

[00:46:05] from this committee and I know your staff changed it to be it's three in both cases now and I would suggest that the the two paragraphs seem to me to be repetitive and I would suggest that you combine those into one because I don't if I'm missing something you know please point that out but it seems to me that that you could take out the language of instructional administrative staff of 10 or more or fewer

[00:46:40] than 10 and just say in all school facilities, there shall be at least three employees designated by the principal with current, et cetera, et cetera, et cetera. That's a minor. That's a nice recommendation. Happy to consolidate. It is. It's just, it's the same language, but at 10 or more, 10 or fewer.

[00:47:01] Was necessary under the original proposal. happy to make that change I don't have anything else I do have a question I'm sorry as a practical matter if this policy is approved would your plan be to roll it out and implement it this year and if so is this something you can do before the board votes on it or not how quickly can you get it up after it's approved do we have money to actually order the devices those are all really

[00:47:39] great questions so our plan yes is to have this in place the first day of school for August 22nd I do believe that's our first day of the 24/25 school year this is the direction that we would move even prior to policy because it is what's right for children so that's what we'll do okay and so Mrs. Kleeman and her team are ready with the training. It is important to note, Mrs. Clement, hot off the presses, the American Diabetes Association just updated their guidelines today regarding

[00:48:16] continuous glucose monitoring. And so our recommendations are in alignment with what the American Diabetes Association is recommending. So we would be moving on with what's right for students thank you Miss Richardson and again sincere gratitude for your to your staff for putting so much thought and care into this and I move that this committee approve the proposed policy with the edit of consolidating those two

[00:48:54] paragraphs and forward it to the full board for its consideration delighted to second motion has been properly moved and seconded is there any discussion all those in favor say aye aye that motion

passes unanimously with Ms. LaBelle absent for the vote and Ms. Chandler filling in for chair Mansfield so we will send this on to the full board and hopefully see it could we see it next Tuesday we could possibly see it as an info item on Tuesday

[00:49:33] yes you will see it as an info item on Tuesday I was thinking not till August but no we have a

[00:49:38] meeting next week. Okay, so that is our one action item. Next, we have two information items. Ms. Richardson, I do see that it is 620. I don't know how long the discussion or presentation you have for these items is, and I'm wondering if I should discuss with Ms. Chandler the possible necessity of extending the time of this meeting, which is scheduled to go until

[00:50:15] 6:30 I think we can get through the two policies rather quickly they're very straightforward I am joined and Mr. Kurt Mills our supervisor of homebound services for LCPS so I do think we can go over the changes rather quickly and afford you some discussion which means you might have to extend just ever so slightly but not a very large amount of time beyond 6:30 Ms. Richardson or Ms. Winslow do we know if there's a conflict with the room

[00:50:50] all right thank you okay sorry for the sidetrack uh item 5.01 um revised policy 5360 medical homebound instruction Ms. Richardson thank you chair Donahue appreciate it policy 5360 medical homebound instruction has been a long-standing policy for LCPS um you will note and have noted that at the recommendation of legal counsel and just to provide clarity to our community um that staff are proposing a separation between medical homebound instruction and home

[00:51:26] based instruction so Loudoun County does offer homebound and home-based services as part of the continuum of services that are available to all students again based on information and review of legal counsel we have added the word medical it was just homebound and so now we have clarified that there's a difference between medical homebound and home-based instruction.

[00:51:53] Again, we are recommending a separation between the two, just for clarity for the end user. Within the proposed revisions of policy 5360, you will see that we have added the word "medical" for consistency prior to homebound.

[00:52:11] The creation of Section B, which is eligibility, and C, which is implementation of services, largely a replacement of the deleted text in your red line copy of the policy so lines 88 through 136 for added clarity lines 11 through 16 truly articulate the attending school's responsibility of the student for clarity sometimes there is a misperception that when a student is placed on medical homebound that all of the responsibilities sort of shifts to the medical homebound office or to who the medically homebound assigned

[00:52:51] teacher is, and that is not accurate, the responsibility still lies with the assigned serving school location with regards to grades and materials and report cards and collaboration on lessons and the provision of instruction to students and the participation in any meetings that might arise for said student lines 25 through 48 further provides clarity surrounding the eligibility and approval did the approval process and and the duration of implementation for medical homebound so Mr. Mills and his staff work very closely

[00:53:27] with all of the physicians to ensure that we are on track with what has been medically recommended for students to continue to access and participate in their instruction sections were removed from the policy as they pertain to home-based, we simply lifted them out and moved them to a

brand new policy for clarity. Lines 206 through 208 were added to provide additional alignment with the Virginia High School League policies for students who are eligible to participate in sports in high school when they are on medical homebound. Our

[00:54:05] new policy, 5365, is home-based instruction. And so the biggest difference, and I just sort of lifted the definition, which is also included within the policy for this slide is that medical cert medical certification for home-based instruction is not required so a school-based team could make this decision such as an individualized educational planning team or section 504 team it's when it's within their purview to be able to make a decision for home based in instruction similarly the same experiences apply you are still a student

[00:54:44] at your school of residence there's the collaboration that's expected with grades and report cards and planning for instruction sharing of curriculum resources to make sure that we are monitoring how the student is doing during home-based in instruction both mechanisms medical homebound and home base are temporary interim measures for students because it's always the hope students are able to fully return back to the school building that's really all we have for those two policies and certainly as I said Mr. Mills is

[00:55:21] available and he has lots of experience with medical homebound I have I have more experience with home-based instruction being a special educator but happy to answer any questions thank you Miss Richardson that was very efficient I'm not sure that I have any questions at this time I am leaning towards thinking that perhaps we should put this on for information again in August since neither Chair

[00:55:56] Mansfield nor Ms. LaBelle are present today and I realize they can they can read the slides they can read the policies they can listen to the recording but they also will want to have input in discussion and strong feelings about policies that have an impact on potential impact on special needs communities I would based on what I've learned over the course of the last six months

[00:56:32] I think that's probably a wise decision although I appreciate that everyone is here today I just think that certainly for transparency and ease it would be a good way to handle this and and I do Also note, Ms. Crotty is here today, and I know SEAC is on recess, and they won't have an opportunity to engage and collect feedback until early September, so that might come into play as well.

[00:57:10] I do not enjoy slowing down the work of our committee, Ms. Richardson, but would there be negative impact if we have this for information again in August?

[00:57:27] Mr. Mills has given me the green light that there's no negative impact, so staff are happy to bring this back as an information item. the two policies, 5360 and 5365, when Mrs. Mansfield and Ms. LaBelle are able to join us in August of 2024. Thank you. That is the end of our information items. Item six on our agenda is new business. Do you have any new business, Ms. Chandler? I don't know that that would be

[00:57:58] appropriate, but thank you for asking. Neither do I. So the June 20th, 2024 Student Services committee meeting is hereby adjourned. Our next meeting will be August 15th, 2024.

[00:58:18] Thank you all for coming. Get home safely and have a wonderful summer.



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