



California School Nurses Organization

Optimize Student Health & Enhance Learning

September 17, 2024

Respiratory Care Board of California
ATTN: Stephanie Nunez, Executive Officer
3750 Rosin Court, Suite 100, Sacramento, CA, 95834
FAX: 916-263-7309

Dear Ms. Nunez,

On behalf of the California School Nurses Organization, we are reaching out to share our concerns about proposed regulations to stymie the role of the LVN in relation to patient suctioning. School nurses, as supervisors of health (California Education Code 49422), provide health services to California's 5.8 million children in over 1,000 school districts statewide. It has been our experience that 10-12% of California's students have special care needs; of those 1-3% have suctioning needs. In the educational setting, it is not uncommon to interface with students on ventilators, with tracheostomies or with oxygen needs. These students need suctioning support to ensure the maintenance of patent airways.

Under the California Education Code 49423.5, school districts statewide depend on licensed vocational nurses and trained, designated school personnel, supervised by the registered, credentialed school nurse, to provide suctioning support for students. Further, LVN's provide additional nursing support within the educational setting. These - nursing support services include G-tube feedings, dressing changes, positioning and medication administration. Unlike years past, students with special educational needs are mainstreamed with general education students and are not necessarily segregated to special education sites.

The California Education Code 49423.5 (2) is clear that:

(a) Notwithstanding Section 49422, an individual with exceptional needs who requires specialized physical health care services, during the regular school day, may be assisted by any of the following individuals:

(1) Qualified persons who possess an appropriate credential issued pursuant to Section 44267 or 44267.5, or hold a valid certificate of public health nursing issued by the Board of Registered Nursing.

(2) Qualified designated school personnel trained in the administration of specialized physical health care, if they perform those services under the supervision, as defined by Section 3051.12 of Title 5 of the California Code of Regulations, of a credentialed school nurse, public health nurse, or licensed physician and surgeon and the services are determined by the credentialed school nurse or licensed physician and surgeon, in consultation with the physician treating the pupil, to be all of the following:

- (A) Routine for the pupil.
- (B) Pose little potential harm for the pupil.
- (C) Performed with predictable outcomes, as defined in the individualized education program of the pupil.
- (D) Do not require a nursing assessment, interpretation, or decision making by the designated school personnel.

(b) Specialized health care or other services that require medically related training shall be provided pursuant to the procedures prescribed by Section 49423.

(c) Persons providing specialized physical health care services shall also demonstrate competence in basic cardiopulmonary resuscitation and shall be knowledgeable of the emergency medical resources available in the community in which the services are performed.

(d) "Specialized physical health care services," as used in this section, includes catheterization, gastric tube feeding, **suctioning**, or other services that require medically related training.

Unlike other specialized healthcare that are performed on a schedule, the procedure of suctioning is typically done on an "as needed" basis, which would require the RT to remain with a student all day, just in case they required suctioning. Expecting nearly 1,000 school districts to hire multiple respiratory therapists to provide exclusive 'suctioning services' on a standby basis, when an LVN or trained unlicensed assistive personnel can provide these and other services would be unrealistic, cost prohibitive, and unnecessary.

LVN's function in school districts and can typically support and provide specialized physical health care services to multiple students within their day, whereas a RT would only be able to provide respiratory support, which may not be required daily. It is unclear whether RT's would be willing to be "trained" to provide other specialized health care services.

It is estimated that 92,000 respiratory therapists nationwide will retire by 2030 (Drager, 2023). There is a clear respiratory therapist shortage. The national Bureau of Labor Statistics (2023) projects that the profession of respiratory therapy will grow by 14% by 2031, with a vacancy rate of 9,400 positions annually. It is unclear how, on top of the current shortage, where an additional 10,000 respiratory therapists will be available for RT Services on school sites. This gets costly. Given the similar amount of education required, respiratory therapists would make monthly schedule amounts similar to that of

an LVN's, which is approximately \$5,175-\$6,278 monthly. In calculating a mean salary \$5,727 x 12 months=\$68,724 annually X 10,000 RT's=\$687,240,000.00 additional educational costs in salaries. The RTs would be placed on the PERS salary schedule @ .45% of salary cost=\$309,258,000. Salary and benefits cost would total \$996,498,000 or nearly \$ 1 billion dollars. Please note this does not include charter schools. We fundamentally believe that RT's will not leave their high paying hospital jobs @ \$47/hour for school districts salaries to simply stand-by to suction students.

The move by the Respiratory Therapy Board to prohibit suctioning by LVN's is null as it has already been codified in the California Education Code 49423.5 that LVN's and trained, unlicensed personnel, when supervised by a registered credentialed school nurse, can perform suctioning. This is on top of what exists in the Business and Professions Code, which allows trained LVN's to provide airway support. Requiring respiratory therapists to exclusively provide stand-by suctioning support is not feasible, is unrealistic and costly to an education budget that is already experiencing a budget deficit.

Should you have any questions, please feel free to reach out to us at 209-601-4888.

Warmest Regards,



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CSNO President



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