

Virginia Board of Education Agenda Item



Agenda Item: E

Date: May 25, 2017

Title	Final Review of Proposed Revisions to the School Bus Driver Physical Form (Form EB.001) in the <i>Regulations Governing Pupil Transportation</i> (Exempt Action)		
Presenter	Mr. Kent C. Dickey, Deputy Superintendent for Finance and Operations		
Co-Presenter	Mr. Kerry L. Miller, Associate Director-Pupil Transportation Service		
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Purpose of Presentation:

Action required by state or federal law or regulation.

Previous Review or Action:

Previous review and action. Specify date and action taken below:

April 27, 2017: First Review

Action Requested:

Final review: Action requested at this meeting.

May 25, 2017

Alignment with Board of Education Goals: Please indicate (X) all that apply:

	Goal 1: Accountability for Student Learning
	Goal 2: Rigorous Standards to Promote College and Career Readiness
	Goal 3: Expanded Opportunities to Learn
	Goal 4: Nurturing Young Learners
	Goal 5: Highly Qualified and Effective Educators
	Goal 6: Sound Policies for Student Success
X	Goal 7: Safe and Secure Schools
	Other Priority or Initiative. Specify:

Background Information and Statutory Authority:

Goal 7: The Board of Education is authorized in Sections 22.1-176 and 22.1-178, *Code of Virginia*, to promulgate regulations regarding pupil transportation, including requirements for persons employed to drive school buses. A primary purpose of the pupil transportation regulations is to ensure the safe transport of Virginia’s public school students to and from school in support of the goal of safe and secure schools.

Several provisions contained in Section 22.1-178, *Code of Virginia*, relate to this agenda item as follows:

§ 22.1-178. Requirements for persons employed to drive school buses.

A. No school board shall hire, employ, or enter into any agreement with any person for the purposes of operating a school bus transporting pupils unless the person proposed to so operate such school bus shall:

1. Have a physical examination of a scope prescribed by the Board of Education with the advice of the Medical Society of Virginia and furnish a form prescribed by the Board of Education showing the results of such examination.

F. The State Department of Education shall furnish to the several division superintendents the necessary forms to be used by applicants in furnishing the information required by this section. Insofar as practicable, such forms shall be designed to limit paperwork, avoid the possibility of mistake, and furnish all parties involved with a complete and accurate record of the information required.

G. The physical examination required by subsection A may be performed and the report of the results signed by a licensed nurse practitioner or physician assistant.

The School Bus Driver's Application for Physician's Certificate form (EB.001) is part of the Board's *Regulations Governing Pupil Transportation* as an attached form. This form is presented to the Board of Education for approval of revisions as necessary. The last revisions to the physical form were approved by the Board and published for school division use on September 12, 2012. The changes currently proposed to the bus driver physical form are the same as those proposed in the First Review version at the April meeting with no changes.

Summary of Important Issues:

The proposed changes to the bus driver physical form were developed in consultation with the Medical Society of Virginia which is comprised of medical practitioners that perform school bus driver physicals. Input was also received from school division pupil transportation departments. School divisions have requested that additional medical history categories be added to the physical form to provide for a more complete medical history of school bus drivers.

While governmental bodies are exempt from most USDOT requirements in 49 CFR Part 391, the National Highway Traffic Safety Administration provides general guidance for state-operated pupil transportation operations including school bus driver medical examinations.

None of the proposed changes to the physical form represent significant deviations from standard medical practice or USDOT guidance on commercial driving physical examinations and forms. Effective July 1, 2006, HB 300 amended Section 22.1-178, *Code of Virginia*, by adding "physician assistant" as an approved health care provider for school bus driver physical examinations; "physician assistant" is proposed to be added to the physical form to conform to the *Code*. Other changes are made for consistency with requirements in the *Regulations Governing Pupil Transportation* and the *Code of Virginia* and to clarify or update certain medical terminology. Key changes proposed to the physical form (EB.001) include:

- Additional driver medical history categories for comprehensive disclosure of medical conditions
- Additional detail in the "Physical Qualifications for School Bus Drivers" section
- Additional detail in the "Physician's Certificate" section
- Expanded comment area in the "Physician's Certificate" section

- Addition of “Physician Assistant” in the “Physician’s Certificate” section

A summary listing of proposed language changes to the physical form is contained in the next document following the agenda boilerplate. The proposed changes as they would appear on the actual physical form are shown in the final document, with the proposed changes highlighted in yellow and underlined on the form.

Impact on Fiscal and Human Resources:

There is no impact on Department resources to revise the physical form. It is not anticipated that the proposed changes to the physical form will impose any significant burden on school divisions related to bus driver recruitment, cost, or administration.

Timetable for Further Review/Action:

Revisions to the School Bus Driver’s Application for Physician’s Certificate (Form EB.001) are governed by the *Code of Virginia* and exempt action requirements of the Administrative Process Act. The Department will notify school divisions of the revisions upon final approval, pursuant to the requirements of the Administrative Process Act. Final review of the proposed revisions is anticipated at the May 25, 2017, Board meeting.

Superintendent's Recommendation:

The Superintendent of Public Instruction recommends that the Board of Education approve the proposed changes to the School Bus Driver’s Application for Physician’s Certificate form. Department staff will update the Board’s *Pupil Transportation* regulations with the revised form and notify school divisions of the revised form containing the approved changes.

Rationale for Action:

The proposed changes to the bus driver physical form provide for a more detailed medical history of the school bus driver by adding and revising several medical history items to the form, ensuring the examiner considers additional information in determining the driver’s fitness to safely drive a Virginia school bus. The revisions also allow the School Bus Driver’s Application for Physician’s Certificate form (EB.001) to conform to Section 22.1-178 G., *Code of Virginia*, by adding “physician assistant” as an approved medical examiner of school bus drivers.

Summary of Proposed Physical Form Changes (EB.001)

Page 1

Medical History

Categories Added:

“Stroke”

“Loss of Motor Skills”

“Sleep Apnea”

“Mental Health Problems”

“Respiratory Dysfunction”

“Loss of Consciousness”

Categories Changed:

Added “Epilepsy” to Seizure Disorder

Removed “causing symptoms” under “Head Injury”

Removed “Tuberculosis” and added “Any Infectious Disease”

Removed “Back” and “Shoulder Injury,” added “Orthopedic Injury”

Added “Controlled Substances” to “Are you currently taking any prescribed medications?”

Added “Herbal or Natural Preparations” to “Do you take over the counter (nonprescription) medications at times?”

Physical Qualifications for School Bus Drivers

Section:

d. Added “arrhythmia”

h. Added “seizure”

l. Added “marijuana”

Summary of Proposed Physical Form Changes (EB.001)

Page 2

Physician's Certificate

Section: 8.

Removed "Genitalia" added "Genito-urinary system including hernia"

Moved "Urinalysis" to the testing section

Changed testing section from "1" to "a"

Moved physician/nurse practitioner information to page 3

Added larger comments section

Added "Physical, Mental and Emotional Condition" to the comments section

Added "Physician Assistant" as defined in the *Code of Virginia* to the comments section

Page 3 (New)

Physician's Certificate

Used larger font and lines for adequate information space

Added "physician assistant" as defined in the *Code of Virginia* to the license information area

Notes

Section:

1. Added "physician assistant" as defined in the *Code of Virginia*, changed the wording to "physical, mental and emotional responsibilities and demands"
2. Changed "duties" to "physical duties"
3. Added "physician assistant" as defined in the *Code of Virginia*

APPLICANT NAME _____ SCHOOL DIVISION _____

APPLICANT SOCIAL SECURITY NO. _____ BIRTH DATE _____

ADDRESS _____

Medical History (to be completed by the Applicant)

Please check if you have any history of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscle Disease | <input type="checkbox"/> Loss of Vision |
| <input checked="" type="checkbox"/> Seizure Disorder/Epilepsy | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Loss of Hearing |
| <input checked="" type="checkbox"/> Head Injury | <input type="checkbox"/> High Blood Pressure | <input checked="" type="checkbox"/> Any Infectious Disease |
| <input type="checkbox"/> Brain Tumor | <input type="checkbox"/> Paralysis of any Type | <input checked="" type="checkbox"/> Orthopedic Injury |
| <input checked="" type="checkbox"/> Stroke | <input checked="" type="checkbox"/> Loss of Motor Skills | <input checked="" type="checkbox"/> Mental Health Problems |
| <input checked="" type="checkbox"/> Sleep Apnea | <input checked="" type="checkbox"/> Loss of Consciousness | <input checked="" type="checkbox"/> Respiratory Dysfunction |

Have you ever received treatment for or been recommended by a physician for treatment of alcoholism or drug abuse?

_____ Yes _____ No

Do you currently feel that you use alcohol to excess?

_____ Yes _____ No

Do you currently use psychoactive drugs such as marijuana, cocaine, or other similar drugs?

_____ Yes _____ No

Are you currently taking any prescribed medications or controlled substances?

_____ Yes _____ No

If yes, identify: _____

Do you take over the counter (nonprescription) medications, herbal or natural preparations at times?

_____ Yes _____ No

If yes, identify: _____

I certify I have answered the above questions truthfully and to the best of my ability. I hereby authorize the physician to release the information contained on this certificate to the school division.

Date _____ Signature of Applicant _____

PHYSICAL QUALIFICATIONS FOR SCHOOL BUS DRIVERS

1. No person shall drive a school bus unless that person is physically qualified to do so and has submitted a Certificate signed by the applicant and the doctor for the applicable employment period.
2. A person is physically qualified to drive a school bus if the individual:
 - a. Has no loss of a foot, a leg, a hand, or an arm which interferes with the ability to control and safely drive a school bus without reasonable accommodations;
 - b. Has no impairment of the use of a foot, a leg, a hand, finger, or an arm, and no other structural defect or limitation likely to interfere with the ability to control and safely drive a school bus without reasonable accommodations;
 - c. Has no known medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control likely to interfere with the ability to control and safely drive a school bus without reasonable accommodations;
 - d. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, arrhythmia, or congestive cardiac failure;
 - e. Has no known medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a school bus safely without reasonable accommodations;
 - f. Has no known current clinical diagnosis of high blood pressure likely to interfere with the ability to operate a school bus safely without reasonable accommodations;
 - g. Has no known medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which would interfere with the ability to control and operate a school bus safely without reasonable accommodations;
 - h. Has no known medical history or clinical diagnosis of epilepsy, seizure or any other condition which is likely to cause loss of consciousness or any loss of ability to control a school bus without reasonable accommodations;
 - i. Has no known mental, nervous, organic, functional disease or psychiatric disorder likely to interfere with the ability to drive a school bus safely without reasonable accommodations;
 - j. Has both distant and near visual acuity of at least 20/40 in each eye, and at least a field of 140 degrees of horizontal vision or a comparable measurement that demonstrates a visual field within this range, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber;
 - k. First perceives a forced-whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard (formerly ASA Standard) Z24.5-1951; and
 - l. Does not use an amphetamine, narcotic, marijuana or any habit-forming drug without appropriate physician supervision.

PHYSICIAN'S CERTIFICATE

APPLICANT'S NAME _____

I am a duly licensed physician/nurse practitioner/**physician assistant as defined in the Code of Virginia**, License No. _____. I certify that I have reviewed the Medical History as written hereon, examined the patient as noted above and with the knowledge of his duties and the "Physical Qualifications for School Bus Drivers," I find that he/she is mentally and physically fit to operate a school bus: without restriction _____, with corrective lenses _____, with a hearing aid _____.

As best I can determine, this individual does not have any conditions which might impair level of consciousness, perception, judgement, motor/mechanical functions, or otherwise impair the ability to safely operate a school bus.

As best I can determine by reviewing the history and exam as above, I have no reason to suspect that the applicant uses illegal drugs or excessive amounts of alcohol.

Signed _____

Address _____

Name Printed _____

Date _____

Phone _____

Notes

1. The examining physician/nurse practitioner/**physician assistant as defined in the Code of Virginia**, should be aware of the **physical, mental and emotional responsibilities and demands** placed on a school bus driver. In the interest of public safety, the examining physician is required to certify that the driver does not have any physical, mental or organic defect of such a nature as to affect the driver's ability to operate safely a school bus.
2. The following **physical** duties may be required of a school bus driver: the ability to open a school bus hood; stoop and inspect under a vehicle; operate emergency doors, roof hatches and windows; assist students from emergency exits or vehicle by lifting children out of wheelchairs, out of emergency doors, roof hatches and/or emergency windows; installing tire chains as applicable; operate push pull handle for bus entrance doors; operate wheelchair lifts including stooping and/or bending to secure wheelchairs for transportation; lift preschool children in and out of the vehicles, operate a standard transmission if necessary.
3. This report must be signed personally by the physician/nurse practitioner/**physician assistant as defined in the Code of Virginia** and returned to the school division requesting the certificate.