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I. INTRODUCTION TO SCHOOL HEALTH SERVICES

A child’s ability to learn is influenced by his/her health status; a child who is not healthy is unlikely to be alert, attentive and ready to learn. Pregnancy, depression, suicide, child abuse, complex diseases, and behavioral disorders are among the many problems that may affect a child’s ability to learn. Recent trends in American society and family life frequently place children at risk for failure. It is essential that the professionals who are working with children in our schools be expert in the assessment, planning, and management of this multitude of problems so that students can gain optimally from their educational experiences.

School health services, provided in an interdisciplinary setting within the context of a coordinated school health, program, can impact on the total health and educational development of the school-age child. A coordinated school health program embraces a mission in which collaboration with community resources is fostered and everyone in the school shares responsibility for promoting good health. Realizing this mission requires the mobilization of many resources from the home, school and community in order to meet the physical, social, intellectual, spiritual and mental health needs of students; to contribute to the well-being of school staff; and to create a healthful school environment for all.

School health personnel, in collaboration with other school staff, are in a position to address the health-related needs of students and manage complex health care and family needs in order for students to be able to think, concentrate and meet academic objectives. School health professionals serve on the student support services team to plan program adaptations for students with simple to complex health and learning needs.

School nursing is the pivotal component in the coordination, planning, provision and assessment of school health services. School health professionals develop team relationships within the school and with community health care providers so that individual health needs are met and duplication of efforts and services is avoided. School nursing personnel act as the liaison between home, school and the medical community regarding concerns that are likely to impact on a child's ability to learn.

A. Legislative Background

Education Law and Commissioner’s Regulations address the provision of health services for children in New York State schools.

Commissioner’s Regulations, Part 136, (Chapter 477 of the Laws of 2004) require that districts provide a program of health service. The regulations define health service as “the several procedures (annual medical examinations, dental inspection and/or screening, vision screening and audiometer tests) designed to determine the health status of the child; to inform parents, pupils and teachers of the individual child's health condition; to guide parents, children and teachers in procedures for preventing and correcting defects and diseases; to instruct the
school personnel in procedures to take in case of accident or illness; to survey and make necessary recommendations concerning the health and safety aspects of the school plant and the hygiene of instruction”.

Education Law, Section 902, mandates school districts to employ a physician or a nurse practitioner licensed to practice medicine in New York State, as the director of school health services. Section 902 also states that a district may employ one or more school nurses, who shall be registered nurses.

Education Law, Article 139 – the Nurse Practice Act – governs nursing practice. Under provisions of this act, a registered professional nurse diagnoses and treats human responses to actual or potential health problems through casefinding, health teaching, health counseling and provision of care supportive to or restorative of life and well-being. The Nurse Practice Act states that registered professional nurses may execute medical regimes prescribed by physicians, physicians’ assistants, nurse practitioners, dentists and podiatrists. A nursing regime must be consistent with and shall not vary any existing medical regime.

Education Law also defines the roles of nurse practitioner and physician’s assistant. Both may diagnose and treat illness and physical conditions within a specialty area of practice. Prescriptions for drugs, devices and immunizing agents may be issued by a nurse practitioner or physician’s assistant. A nurse practitioner maintains a practice agreement and protocols with a collaborating physician. A physician’s assistant may perform medical services under the supervision of a physician.

Education Law, Article 139, Section 6909 – commonly known as the Good Samaritan Law – allows that a licensed nurse who voluntarily and without expectation of compensation renders emergency treatment outside any place having proper medical equipment shall not be liable for damages for injuries that may occur as a result of those interventions unless it is established that the injuries occurred as a result of gross negligence on the part of the nurse. The Good Samaritan Law does not relieve a nurse from liability for injuries that may be caused by an act or omission on the part of the nurse while the nurse is working in his/her normal practice.

B. History of School Health

School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and lifelong achievement of students. To that end, schools facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning.
C. Overview of School Health Services

Since the early 1800s, schools have been providing health services to school-aged children. As times have changed, school health services have changed to reflect the needs of students, parents, and the community at-large. Today’s school health programs have evolved over the past 150 years through the interrelationship of three major professions: education, nursing, and medicine. The period of development has included various stages of emphasis. The early focus was on health education and teaching self-care practices. School health programs then progressed through a variety of stages that stressed prevention and detection of diseases, sanitation, intervention of illness and handicapping conditions, and health promotion. Now, the emphasis has returned to teaching students to make responsible decisions regarding self-care, including health promotion, disease prevention, and management of chronic illnesses.

D. Describing the Components of a School Health Program

There are a variety of definitions used to explain school health programs. The Institute of Medicine’s Committee on Comprehensive School Health Programs established the following definition of a school health program in grades K-12: a school health program is an integrated set of planned, sequential, school-affiliated strategies, activities, and services designed to promote the optimal physical, emotional, social, and educational development of students. The program involves and is supportive of families and is determined by the local community based on community needs, resources, standards, and requirements. It is coordinated by a multidisciplinary team and accountable to the community for program quality and effectiveness.

E. Models

Throughout the evolution of school health, different models have been used to delineate the components of school health programs.

- **The Three-Component Model.** This model originated in the early 1900s and evolved through the late 1980s. Considered the traditional model of school health, it consists of the following components: (1) health education, (2) health services, and (3) a healthful environment.

- **The Eight-Component Model.** In the late 1980s, the three-component model was replaced by the eight-component model. Also known as the model for a Comprehensive School Health Program, it consists of eight elements: (1) health education, (2) physical education, (3) school health services, (4) school nutrition services, (5) counseling, psychological, and social services, (6) healthy school environment, (7) health promotion for staff, and (8) family/community involvement.
F.  Expanded School Health Services

In recent years, additional models, definitions, and descriptions of school health programs have emerged that build on previous models, including expanded school health services that provide primary health care services to enrolled students in addition to a quality education. Increasingly, schools are used as health access sites for students to receive increased and improved access to care that they are not receiving elsewhere. A program with expanded health services may provide, for example, on-site immunizations, full health histories and physical examinations, or on-site counseling for children with special mental health needs.

G.  The Health Needs of School-Aged Children

School nurses have effectively delivered school health services for many years. Recent social and economic changes have increased the need for health services delivered at school, expanding the traditional role of the school nurse. As of 2004, twelve million children or 17 percent of children, live in poverty in the United States. The child poverty rate in the United States is two to three times higher than any other industrialized nation. These children are typically uninsured or underinsured and lack access to adequate health care. Children living in poverty are more prone to chronic and acute illnesses, poor nutrition, developmental delays, and learning disabilities than children from more affluent homes. Poverty is also a risk factor for psychological distress in school-aged children. Parents who work in low wage jobs must often choose between losing badly needed income and staying home with a sick child, or sending their sick children to school to avoid missing a day of work and lost wages.

The increase in single parent families also impacts the ability of families to care for their sick children at home. There are few resources available for parents when their children are sick. Families frequently rely on the school nurse to provide primary health care services for their children in the school. Not only is it stressful for children to attend school when they don’t feel well, but other children are exposed to illnesses. Frequent illnesses affect the ability of children to learn and grow into thriving adults. The most common health problems of school-aged children encountered by school nurses are: obesity, Type II diabetes, headaches, stomachaches, sore throats, conjunctivitis, stress, dental caries, upper respiratory infections, asthma, drug and alcohol abuse, ear infections, and seizure disorders. The challenge of school nursing is to promote and maintain the health of children so they are optimally prepared to learn at school.
II. STANDARDS OF PRACTICE

A. Professional Credentials

Licensed professionals have an obligation to provide the highest quality of care within the area of their specialty. Standards of practice represent agreed-upon levels of quality in practice and reflect the values and priorities of a particular profession. They have been developed to characterize, measure and provide guidance in achieving excellence in care. Standards of nursing practice may be established in numerous ways.

- National and state nursing and specialty nursing organizations have published documents that provide direction for professional nursing practice and frameworks for the evaluation of practice.

- Court cases have established precedents that may be used in determining appropriateness of care.

- Licensing standards are established through the Nurse Practice Act to protect the public from incompetent professionals.

- The New York State Education Department has established guidelines for providing health services in the school setting.

- Professional nurses are also responsible to their employers for workplace practices. The school nurse is accountable to the building principal and/or administrators as part of the education team as well as to the public for the professional practice of nursing through licensing law and regulation.

Standards of Professional School Nursing Practice (National Association of School Nurses, 1998) was written to facilitate the promotion of an optimal level of wellness within schools by providing a structure to improve quality of health care for staff and students. This document may be used to assist school nursing personnel in the articulation of a practice role and in the development of tools to assist in the evaluation of practice.

The standards of school nursing practice are written within a framework of the nursing process, which includes data collection, nursing diagnosis, planning, intervention and evaluation. Standards of practice and the nursing process are essential tools for providing care for any individual in the school setting and for the development of individualized health care plans for students with special health care needs.

The professional school nurse acts as a care provider, advocate, change agent, manager and educator. The school nurse collaborates with parents, educators, and community health care professionals to provide quality health care in the school community. School nurses are accountable to practice in accordance with the policies of the school district and current practices as identified by the National Association of School Nurses (NASN) and the New York State Board of Nurses.
The functions of the school nurse may include, but are not limited to, the following:

- Promoting and protecting the optimal health status of children.
- Screening, evaluating, and referring appropriately for findings of deficit in vision, hearing, scoliosis, growth, and other health-related areas.
- Identifying health conditions that may affect learning.
- Interpreting the health status of children to parents and school personnel.
- Initiating referrals to parents, school personnel, physicians, and other community health resources for intervention and follow-through.
- Providing ongoing health counseling for students, parents, and school personnel.
- Recommending and helping to implement modifications of school programs to meet health needs of students.
- Collaborating with physicians and other community health resources to provide appropriate care of students.
- Maintaining, evaluating, and interpreting cumulative health data to accommodate individual needs of students.
- Participating as a health team specialist on the child education evaluation team to develop the Individualized Education Program, or 504 Plan.
- Planning and implementing school health management protocols for the child with special health needs, including the administration of medication and necessary treatments.
- Developing/following procedures and providing for crisis intervention for acute illness, injury, and emotional disturbances.
- Promoting and assisting in the control of communicable diseases through monitoring of immunization status, prevention, early detection, surveillance, reporting, and referral for care of contagious diseases.
- Recommending provisions for a healthy and safe school environment conducive to learning.
- Providing individualized health education and counseling to students and parents to assist families in making decisions on health and lifestyles that affect health.
- Serving as a resource person to classroom teachers in health instruction and as a member of the health curriculum development committee.
- Acting as a resource person in promoting health careers.
- Providing health counseling for staff and providing leadership support for staff wellness programs.
- Engaging in research and evaluation of school health services.
B. **Professional Certification**

A voluntary responsibility of registered professional nurses is to continually upgrade and improve their practice through a variety of means including continuing education. National certification provides qualifications, knowledge and practice in a specialized field of nursing. Certification represents a national standard of preparation, knowledge and practice. The National Board for Certification of School Nurses, Inc. (NBCSN) is an independently incorporated organization established for the purpose of developing and implementing the voluntary certification process of school nurses. Information is available on the website: [www.nbcsn.com](http://www.nbcsn.com).

National certification is granted following fulfillment of varying practice and educational requirements and successful completion of an examination in the area of specialty. It should not be confused with the issuance of licensure or certification by the State Education Department. A certified school nurse must accrue a specified number of contact hours within a specified period of time in order to be eligible for recertification from a national accrediting organization.

There is currently no state level requirement for continuing education for school nursing personnel.
## Standards of Nursing Practice

<table>
<thead>
<tr>
<th>Standards of Care</th>
<th>Standards of Professional Performance</th>
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<tbody>
<tr>
<td><strong>Standard I. Assessment</strong></td>
<td><strong>Standard I. Quality of Care</strong></td>
</tr>
<tr>
<td>The school nurse collects client data.</td>
<td>The school nurse systematically evaluates the quality and effectiveness of school nursing practice.</td>
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<tr>
<td><strong>Standard II. Diagnosis</strong></td>
<td><strong>Standard II. Performance Appraisal</strong></td>
</tr>
<tr>
<td>The school nurse analyzes the assessment data in determining nursing diagnoses.</td>
<td>The school nurse evaluates one’s own nursing practice in relation to professional practice standards and relevant statutes, regulations, and policies.</td>
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<tr>
<td><strong>Standard III. Outcome Identification</strong></td>
<td><strong>Standard III. Education</strong></td>
</tr>
<tr>
<td>The school nurse identifies expected outcomes individualized to the client.</td>
<td>The school nurse acquires and maintains current knowledge and competency in nursing practice.</td>
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<td><strong>Standard IV. Planning</strong></td>
<td><strong>Standard IV. Collegiality</strong></td>
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<td>The school nurse develops a plan of care/action that specifies interventions to attain expected outcomes.</td>
<td>The school nurse interacts with, and contributes to the professional development of peers and school personnel as colleagues.</td>
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<tr>
<td><strong>Standard V. Implementation</strong></td>
<td><strong>Standard V. Ethics</strong></td>
</tr>
<tr>
<td>The school nurse implements the interventions identified in the plan of care/action.</td>
<td>The school nurse’s decisions and actions on behalf of patients are determined in an ethical manner.</td>
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<td><strong>Standard VI. Evaluation</strong></td>
<td><strong>Standard VI. Collaboration</strong></td>
</tr>
<tr>
<td>The school nurse evaluates the client’s progress toward attainment of outcomes.</td>
<td>The school nurse collaborates with the student, family, school staff, community, and other providers in providing patient care.</td>
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<tr>
<td><strong>Standard VII. Research</strong></td>
<td><strong>Standard VII. Research</strong></td>
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<tr>
<td>The school nurse promotes use of research findings in school nursing practice.</td>
<td>The school nurse promotes use of research findings in school nursing practice.</td>
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<td><strong>Standard VIII. Resource Utilization</strong></td>
<td><strong>Standard VIII. Resource Utilization</strong></td>
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<tr>
<td>The school nurse considers factors related to safety, effectiveness, and cost in planning and delivering patient care.</td>
<td>The school nurse considers factors related to safety, effectiveness, and cost in planning and delivering patient care.</td>
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<tr>
<td><strong>Standard IX. Communication</strong></td>
<td><strong>Standard IX. Communication</strong></td>
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<tr>
<td>The school nurse uses effective written, verbal, and nonverbal communication skills.</td>
<td>The school nurse uses effective written, verbal, and nonverbal communication skills.</td>
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<tr>
<td><strong>Standard X. Program Management</strong></td>
<td><strong>Standard X. Program Management</strong></td>
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<tr>
<td>The school nurse manages school health services.</td>
<td>The school nurse manages school health services.</td>
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<tr>
<td><strong>Standard XI. Health Education</strong></td>
<td><strong>Standard XI. Health Education</strong></td>
</tr>
<tr>
<td>The school nurse assists students, families, school staff, and community to achieve optimal levels of wellness through appropriately designed and delivered health education.</td>
<td>The school nurse assists students, families, school staff, and community to achieve optimal levels of wellness through appropriately designed and delivered health education.</td>
</tr>
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Source: *Standards of professional school nursing practice*. NASN, 1998
D. The Role of Licensed and Unlicensed Persons in Providing Nursing Tasks and Health-Related Activities in the School Setting

A registered professional nurse (RN) is licensed to provide nursing care using the nursing process, which includes:

- Collection and assessment of data,
- Determination of nursing diagnosis,
- Identification of expected outcomes,
- Development of a plan of care that specifies interventions to attain outcomes,
- Implementation of the plan of care, and
- Evaluation of the progress toward attainment of outcomes.

A nursing diagnosis, in the context of nursing practice, means the "identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of the nursing regimen". It is based on a condition, behavior or situation. This diagnosis is distinct from a medical diagnosis and it focuses on the effects of a given situation on an individual, the response of the student to a situation, or the meaning or impact the situation has on the student’s life. Registered professional nurses (school nurse, school nurse teachers and nurse practitioners) are the only persons in the school setting who may conduct nursing assessments, determine nursing diagnoses, establish nursing care goals, develop health care plans and evaluate student outcomes. The RN must also be in a position to stop a procedure and take corrective action before allowing it to continue, if necessary, to ensure safe and effective care. These activities require professional nursing knowledge, judgment and skill that are not acquired at any other level of training.

A licensed practical nurse (LPN) is a dependent practitioner who may be hired in a school setting to perform nursing tasks under the direction of a RN or school physician but an LPN cannot assume the role of school nurse. A registered professional nurse may delegate nursing tasks to be performed by a LPN only after the RN has used the nursing process to develop an individualized health care plan (IHP). Procedures must be in place to assure that the nursing tasks are performed in a safe manner and that the LPN is qualified and properly trained.

If the RN determines that the LPN requires additional training in order to perform the tasks, the RN may provide the training. Once the RN appropriately delegates a nursing task to a LPN, the LPN is responsible for providing and completing the task. When a LPN delivers delegated nursing care, a registered nurse must be immediately available to the LPN in person or by telephone to assist in problem solving or the provision of care.
Some health-related activities may be assigned to appropriately trained unlicensed individuals following assessment by a RN to determine, in each case, whether the task is appropriate to assign to that person. To determine whether an unlicensed person may perform a task, the RN must establish that the particular task:

- Does not require specific nursing skill or judgment,
- Involves predictable results, and
- Can be provided according to standard procedures that do not vary from one instance to another.

The RN is responsible for periodically determining that the activity continues to be appropriate and is being delivered in accordance with the established plan of care.

Some routine activities such as feeding, dressing, toileting and other activities of daily living may routinely be performed by unlicensed persons without a RN's involvement. In such cases, a school nurse would become involved only when a referral is made on the basis of some special health care concern.

If a RN delegates or assigns a task to any person (licensed or unlicensed) who is not competent or is not legally qualified to perform the task, the nurse who assigned the task may be deemed negligent. A LPN may be judged liable for negligence for accepting a task for which he/she is not qualified. A RN cannot avoid responsibility for negligence in a situation simply because other members of the school team have been negligent. For example, if a non-nurse administrator inappropriately assigns a nursing task to an unlicensed person, the RN has the responsibility to inform, in writing, the administrator of the inappropriateness of the assignment and recommend appropriate alternatives.

A school district is required to provide a student with nursing care or health-related services when the service is necessary to enable the student to attend school. In every case, the school board maintains the ultimate responsibility for the provision of all nursing tasks and health-related activities provided to students.
III. THE STUDENT SUPPORT SERVICES TEAM

A. Child Study Team

Since such circumstances as physical disability, chronic disease, the need for medication in school and vision/hearing deficits can significantly affect a child’s educational progress, it is of vital importance to include a health evaluation in any thorough, valid work-up of a child brought before the Child Study Team. Providing care and support to children with chronic illnesses and disabilities presents a special challenge to all school staff. The school nurse provides an essential service in the care and treatment of these children, thus facilitating maximal educational opportunity. The nurse also assumes the role of liaison to the family, staff, medical personnel and the community.

B. The Athletic Department

Athletic Director. Although the athletic director/administrator may assume duties that vary from district to district, it is the responsibility of that person to coordinate the physical education, intramural and interscholastic sports programs. The athletic director should encourage and support the collaborative efforts among physical education teachers, coaches, trainers and school health services personnel (school physicians, school nursing personnel) and help to devise a mechanism for documenting, updating and exchanging information on eligibility requirements, sports participation, injuries and subsequent rehabilitation progress.

Athletic Trainer. The athletic trainer is approved for employment in some school districts to assist health services personnel and athletic department staff in maintaining a safe and effective athletic program. The athletic trainer should work collaboratively with the school physician and school nursing personnel to ensure that appropriate follow-up procedures are provided for injured students who require further care or treatment and that appropriate records are maintained. A mechanism for communication must be established that will ensure documentation of injuries, subsequent follow-up care and approval for re-entry into sports participation so that this information may be included as part of a student’s school health records. It should be the primary responsibility of the coach through the athletic trainer to consult with school nursing personnel in order to verify a student’s medical clearance to return to active participation. Any student under treatment by a private physician must have written permission from that physician and approval from the school physician in order to return to active status in the sports/athletic program.

Coaches. Athletic coaches are responsible for ensuring that sports participants have been properly approved for eligibility through the sports classification procedures. Once a student has been medically approved for participation by the school physician, any change in status through injury and/or illness must be reported to school nursing personnel. Sports injuries will also affect a student’s
ability to participate in the regular physical education program. The overriding concern should be the safety and health of the student. An additional, secondary concern is maintaining the integrity of the school sports community.

Students and Parents. Students and parents need to be informed of the importance of providing updated medical information, progress reports or treatment regimens and physician’s approval to the school nursing personnel to return to sports participation. Failure to do so could jeopardize a student’s continued participation in the sports program and might unnecessarily delay a student’s return to full participation.

C. Community-Based Practitioners

School nursing personnel serve as the liaison between school, family and community basic health care providers. In this capacity, school nurses interact with practitioners with various qualifications and levels of preparation.

Physician. A child's primary care physician has more in-depth knowledge of a patient’s health status. It is desirable to encourage families to seek well-child and emergency health care from their primary care practitioner. It is important to maintain active and open communication with primary care providers regarding individual student health care needs. Physical examinations, medical excuses and prescriptions provided by a primary care physician should be accepted in most instances. Students wishing to participate in interscholastic sports must also have approval from the school physician in order to participate. Consultation with the school physician may also be appropriate if there are concerns about the effect of a health condition on school performance.

Nurse Practitioner. A nurse practitioner is a registered professional nurse with advanced training in an area of specialty such as pediatrics or family care. A nurse practitioner certified to practice in New York State must maintain a practice agreement and practice protocols with a collaborating physician. New York State certified nurse practitioners are authorized to diagnose illness and physical conditions and treat the illness and conditions. Nurse practitioners may be certified to prescribe drugs, including controlled substances, devices and immunizing agents [New York Education Law §6902.3(b)].

Physician’s Assistant. A physician’s assistant or specialist’s assistant is a practitioner trained to perform specified medical services under the supervision of a physician who is responsible for the performance of that assistant. New York State registered physician’s assistants (RPA) and specialist’s assistants (RSA) are authorized to prescribe medical regimes within the scope of their practice. Except for controlled substances, a RPA may write prescriptions for patients under the care of the supervising physician. The prescription must be written on the prescription blank of the supervising physician and may be signed by the RPA (New York Education Law §6542).
Dentist. A dentist may diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human mouth, including the jaw and surrounding tissue (New York Education Law §660-1).

Doctor of Osteopathy. A doctor of osteopathy licensed to practice in New York State has the same authorization as a physician.

Chiropractor. A chiropractor is a specialist trained to detect and correct structural imbalance, distortion or subluxations of or in the vertebral column. A chiropractor licensed to practice in New York State is not permitted to treat any infectious or communicable disease, and any surgical condition of the abdomen, diabetes or any benign or malignant neoplasm. A chiropractor may not operate, reduce fractures or dislocations, or prescribe, administer, dispense or use drugs, medicines or biologicals for diagnosis or treatment of disease. A New York State licensed chiropractor is authorized to dispense food concentrates, food extracts, vitamins, minerals and nutritional supplements (New York Education Law §6551).

Podiatrist. A podiatrist is a specialist trained to diagnose, treat, operate and prescribe for a disease, injury, deformity or other condition of the foot. A podiatrist is not authorized to treat any other part of the human body (New York Education Law §7001).

D. Community-Based Agencies

The collaboration between community-based agencies and school nursing personnel to provide health-related resources for one another is important for students, parents and staff. School nursing personnel possess the knowledge to access services for specific health-related needs within their local communities.

Emergency Providers. School nursing personnel work closely with local fire, police and ambulance departments to ensure that personnel in each school building within the local district know how to obtain these services for building emergencies and disasters.

Emergency Medical Technicians (EMTs). EMTs and paramedics are legally authorized to carry out the EMT/paramedic role in the pre- and inter-hospital environments in situations in which strict medical control is provided and only when responding as a member of an emergency crew. Medical control is accomplished through implementation of specific protocols approved by a committee of local physicians, nurses and emergency medical services (EMS) personnel (Regional EMS Advisory Council) and directions provided by authorized practitioners through online radio contact on a call-by-call basis. In emergency situations, prior to arrival of ambulance personnel and when school nursing personnel are not immediately available, the Good Samaritan Law (New York
York Public Health Law §3000-a) enables any or all school personnel to assist school nursing personnel by providing first responder services. In the same situation, when school nursing personnel are available, nursing personnel are responsible for oversight and direction of the care provided by persons volunteering their help as well as for carrying out nursing tasks required by the student. Needs of children that are predictable and recurrent must be met by appropriately educated and credentialed health care practitioners. Because the school setting does not qualify as a pre- or inter-hospital environment and the needs of medically fragile children are often recurrent and predictable, EMTs/paramedics working in schools with medically fragile children may provide only those health services that are authorized to be performed by all non-licensed personnel.

**Mental Health/Counseling/Social Work Personnel.** Roles of counselors vary depending on need and other resource staff in and out of school. They often serve as liaison between students, parents, and staff concerning school problems.

**Department of Health.** Local departments of health serve as valuable resources through which school nursing personnel may obtain health-related materials, in-service education programs, information regarding immunization requirements, and policies and procedures which govern the reporting and control of communicable diseases within the school setting.

**Child Protective Services.** As mandated reporters of physical and sexual abuse and neglect of minors, school nursing personnel work closely with local child protective services personnel to report appropriate suspicions of abuse and neglect. School nursing personnel may serve their school districts as the liaison between the agency and the parent and keep them informed of the responsibility of the school district in complying with regulations for reporting child abuse and neglect.
IV. STAFFING PATTERN MODELS

Currently, the provision of school health services in New York State varies according to administration, organization and implementation of programs, services and activities. In general, two models represent the majority of school staffing patterns: the professional school nurse model and the multi-level professional/paraprofessional model. However, there is an increasing number of School-Based Health Centers in New York State.

A. Professional School Nursing Model

This model is most prevalent in New York State. The registered professional nurse (school nurse, nurse practitioner, school nurse teacher) manages the health program with little or no assistance. The school physician is available for health appraisals and consultation. The American Nurses Association, the National Association of School Nurses, the New York State Association of School Nurses and the New York State Nurses Association recommend a school nurse to student ratio of not more than 1:750 in general school populations; 1:225 in mainstreamed special education populations; and 1:125 in severely/profoundly disabled populations. It is strongly recommended that the complexity of student needs be considered when staffing a school health office.

B. Multi-Level Professional/Paraprofessional Model

Variations of this model are found throughout New York State with a team concept being the predominant feature. Combinations of professionals (school nurse practitioners, school nurse teachers, school nurses) and paraprofessionals (LPNs, aides, clerks) provide a variety of services to students and staff. While delivery of services is a collaborative effort, planning, participation and evaluation of programs and services is the responsibility of the professional staff members. Team approaches, which facilitate the provision of routine health services by supervised paraprofessionals, are effective in allowing the professional staff to carry out professional responsibilities. For example, the nurse practitioner can perform physical assessments and plan health management programs; the school nurse teacher can teach in the classroom and supervise or conduct district-wide in-service programs; and the school nurse can conduct mandated screening and counsel individual students and/or parents. Routine care and office procedures can be performed by the paraprofessional.

C. School-Based Clinic or Health Center Model

The school-based health center (SBHC) model is in operation in more than 180 schools throughout New York State and the number of schools interested in implementing this model is growing. School-based health centers directly provide or make available age-appropriate primary health, mental health, social services and health education services to those students registered to receive care in the center. Services are provided by a multi-disciplinary team, which usually consists
of a nurse practitioner or physician’s assistant, a physician supervisor, a mental health counselor, a mental health supervisor, a health educator and a medical office assistant.

School nurses working in a school that opens a SBHC should be involved in the planning for and operation of the SBHC. School nursing personnel assist in identification of students with health problems and provide triage services for the nurse practitioner or physician's assistant. School nursing personnel provide routine assessments, screening, first aid and other services.

The SBHC model does not replace the mandated school health program but rather serves as an adjunct to it in designated schools.

Services provided in SBHCs include comprehensive health assessments, diagnosis and treatment of medical conditions, immunizations, laboratory testing, reproductive health care, health education and promotion, mental health and social services. The staff comes from a hospital or community health center that agrees to ensure 24-hour access to services for school enrollees during non-school hours and vacation periods and to provide the continuity of care for school enrollees referred to other health providers. The sponsoring health provider is allowed to bill Medicaid and other third party insurers for services. Services provided to the students at the school site are offered at no charge to students or their families.

The New York State Department of Health monitors school-based health centers. If a school is interested in opening a SBHC, it must apply to the Department of Health for approval.
V. CHILDREN WITH SPECIAL HEALTH CARE NEEDS

A. Chronic Illnesses and Disabilities

A chronic illness is one that lasts for a substantial period of time or that may result in other conditions that are debilitating. The more severe chronic illnesses of children persist for years and have a variable course: some improving, some remaining stable, some becoming progressively worse, and some having periods of varying degrees of symptoms. Students with chronic illnesses often have unique needs and health considerations that require individual planning. Every chronically ill child should have access to school nursing care. Better management and control of the illnesses are the keys to success for these children, both in their school endeavors and in the future for happier, more productive lives. As children grow and mature, the locus of control for making decisions about health shifts to the child him or herself. Care for these students should include teaching and encouraging self-care skills.

Children with chronic illnesses may require case management, modification or adaptation of the environment, activities and programs, and may be dependent on medications, treatments and/or specific health care procedures in order to sustain school attendance.

- Students with chronic health conditions should be identified prior to school enrollment, including transition from preschool or other specialized programs.

- An individual health plan should address the specific health care needs identified by a multi-disciplinary team, incorporating input from student, family and personal physician.

- The school nurse should serve as case coordinator, transmitting recommendations of the health care providers and changes in health status to and from appropriate school personnel.

- Individual health conferences with the student and family should be held at least annually by the school nurse to monitor the student’s health status, evaluate the effectiveness of the health plan and revise as necessary.

- Individual or group conferences should be held with teachers and other appropriate school personnel to provide relevant information concerning the student’s health including the implications for functional capacity; medication regimen and expected or potential side effects; potential medical emergencies; and other limitations or special needs. Health alerts may be used to provide a written handout of relevant information.

- The school nurse should review the record and attend staffing meetings if the student has an identified health problem. If there is no health problem, a minimal assessment may be made and a written report prepared for the school health record.
Nursing services should be provided using accepted standard procedures or as recommended by the child’s physician. The nurse who delegates these nursing services should provide special instructions, required training, appropriate supervision and periodic monitoring for quality assurance.

B. Laws Related to Disability Rights and Access to Education

- **Section 504 of the Rehabilitation Act of 1973.** Under this law, parents of qualifying children have the right to develop a Section 504 plan with their child's school. A 504 Plan is part of the Rehabilitation Act of 1973, which was passed by the United States Congress. It provides a way for students who need classroom accommodations to receive them. Students and parents can use this plan for medical issues as well as learning disabilities. To qualify for protection under Section 504, a child must have a record of such impairment or be regarded as having such impairment. Schools can lose federal funding if they do not comply with this law. Parents can use the law to ensure that, while at school, their children can appropriately participate in all school activities, while at the same time caring for their medical needs. This means that the school cannot refuse to allow a child to be on the honor roll, deny credit to a student whose absenteeism is related to a medical condition (asthma, seizures, diabetes, etc), refuse to administer medication (a school cannot require parents to waive liability as a condition of giving medicine), or determine sports/extracurricular participation without regard to the student’s medical condition. A school receiving federal funding must comply with IDEA and Section 504 law. A child need not require special education to be protected.

- **Individuals with Disabilities Education Act (IDEA).** IDEA mandates the federal government to provide funding to state and local education agencies for the provision of a free and appropriate education to qualifying students with disabilities. In such cases, a school is required to develop an Individualized Education Program (IEP) to accommodate the child's needs.

- **Individualized Education Program (IEP).** The IEP is administered under the special education services department of a school or district. It contains the results of all psycho-educational testing and input from the nurse, social worker, speech and language therapist, occupational therapist, the special education teacher or department, the classroom teacher and the parents. Services to be given to the student are documented. Goals and objectives for a specific time period are stated in the document.
The following chart is an overview of IDEA. This law can have positive effects on a student if he/she should need accommodations to succeed in school.

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C. Developing an Individualized Health Care Plan

As the practice of school nursing expands in complexity, the need to communicate the outcomes of the care provided becomes more acute. The Individualized Healthcare Plan (IHCP) is a variation of the time-honored nursing care plan adapted specifically to school nursing. It communicates nursing care needs to regular and special education administrators, teachers, para-professionals, and parents. An IHP helps to ensure that all necessary information, needs and plans are considered to maximize the student's participation and performance in school. The Registered Professional Nurse establishes the type, amount and intensity of nursing care required by a particular student. The IHCP also covers other aspects of care such as a student's knowledge about their condition, self care abilities and any modifications needed to enhance learning and prevent emergencies. Benefits of an IHCP include: quality assurance of school nursing services, continuity of care and development of a safer delegation process of nursing in the school setting.

Developing Individualized Health Care Plans (IHCP) requires the nurse to do a full assessment and understand the student's health issues. A well designed health care plan is an essential tool for facilitating the integration of all children with special health needs regardless of the educational setting. Planning and preparation by the school personnel are the key elements for guaranteeing safety of these students and the delivery of quality health services and quality education. To help develop an Individualized Health Care Plans, here are some pointers to ensure that each student receives complete medical and educational services.

- **Multidisciplinary Team Members:** identify who should be on this team and identify roles and responsibilities.
- **Support Personnel:** Identify the child’s physician, and other health care providers who are not members of the multidisciplinary team.
- **Identify Staff Training Needs:** Ideally training should occur prior to the student’s arrival at the school setting. Registered Professional Nurses should do this training. Retraining may also be necessary if the student’s health status changes.
- **Brief Medical History:** This information should only be relevant to the current or ongoing care of the student.
- **Description of Current Medical Condition:** This should include the details of the health care currently being provided to the student and its impact on the child’s performance in school.
- **Medical Management:** Describes how procedures should be performed in school by school personnel. Include the reasons, details of when, how, where and how often, and who will perform the procedure. Step by step instructions should be listed.
• **Feeding and Nutritional Needs**: Includes comprehensive history and nutritional assessment, to include potential for aspiration, impaired swallowing, type of feeding procedure, bowel elimination patterns, and individualized instructions for feeding.

• **Medication Requirements**: Includes all medications, with correct dosage, and route of administration, that will be administered during the school day. **Equipment Needs**: Any assistive technology or medical equipment that is necessary should be listed along with a description of how the devices work and are maintained. Any required training should be also listed in this section.

• **Transportation Needs**: Any special transportation needs, as well as training in emergency procedures should be listed. A copy of the health plan should be provided to the bus driver and other individuals responsible for transportation of the student when appropriate.

• **Family Requirements**: This could include special requests regarding the care of the student.

• **Health Status**: List indicators that a change of health status is occurring. This should include parameters, as well as when to move to the Medical Emergency Plan.

• **Documentation**: Should be kept daily on any procedures performed. Remember if not documented, the procedure was not done.

• **Plan Modification**: These plans should be reviewed on a regular basis to make appropriate changes.

Students with any of (but not limited to) the following conditions may need an Individualized Healthcare Plan:

- Allergies
- Anorexia Nervosa
- Asthma
- ADHD
- Autism
- Bulimia
- Cerebral Palsy
- Chronic Illness
- Congenital Heart Disease
- Cystic Fibrosis
- Depression
- Diabetes Mellitus
- Down Syndrome
- Duchenne Muscular Dystrophy
- Hearing Impairment
- Hemophilia
- Obesity
- Seizure Disorder
- Spina Bifida
- Visual Impairment
VI. LEGAL ISSUES

A. The Family Educational Rights and Privacy Act (FERPA) applies to all student records. This Federal Law was enacted to clarify the rights of students and their parents regarding educational records. The school health record is considered part of the educational record and is protected by FERPA. It contains very specific information detailing what is considered an educational record; how systems are to handle requests for records from parents, other school systems, and other agencies; and confidentiality of personally identifiable information. School staff should have a clear understanding of FERPA requirements due to the fact that they must deal with these issues on an ongoing basis.

1. Parents have the right to inspect and review the educational records of their children. If any material or document in the educational record of a student includes information on more than one student, the parents have access to only the information that relates to their child. Educational records must be made available within a reasonable period of time, but in no case more than 45 days after the request has been made.

2. Parents have the right to a hearing process in order to challenge the content of their child’s educational records in order to insure that the records are not inaccurate, misleading, or otherwise in violation of the privacy rights of students. Parents may have an opportunity to correct or delete any such inaccurate, misleading or otherwise inappropriate data contained in the record. They also have the right to insert into the educational record a written explanation regarding the content of the records.

3. Educational record is defined as those records, files, documents, and other materials, which contain information directly related to a student and are maintained by an educational agency. It does not include: (a) records of instructional, supervisory, and administrative personnel which are not accessible or revealed to any other person except a substitute; and (b) records maintained by a law enforcement unit of the educational agency or institution that were created by that law enforcement unit for the purpose of law enforcement.

4. Parental consent is not required when records are released to the following:
   - Other school officials, including teachers within the educational institution or local education agency who have legitimate educational interests.
   - Officials of other schools or school systems in which the student seeks or intends to enroll, upon condition that the student’s parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity for a hearing to challenge the content of the record.
   - In connection with a student’s application for, or receipt of, financial aid.
   - Organizations conducting studies for, or on behalf of, education agencies (with restrictions).
• Accrediting organizations in order to carry out their accrediting functions.
• In connection with an emergency, other appropriate persons if the knowledge of such information is necessary to protect the health or safety of the student or other persons.
• In connection with a subpoena.

5. The school district is required to notify the parents that the student’s records are being released. This notification can be made in a letter to the parents or as part of the standard board of education policy. All records may be released, including academic and discipline records, as well as special education records, except as described in item 3 of this section.

6. **In all other cases, parental consent must be obtained and must specify:**
   • Records to be released.
   • The reasons for such release, and to whom.
   • Copies of the records must be provided to the parent or student if requested.

   *The school must provide access within "a reasonable period of time, but in no case more than 45 days."

7. Educational agencies must maintain a record to be kept with the educational records of each student, which will indicate all individuals (other than those specified above), agencies or organizations that have requested or obtained access to a student’s educational records and that will indicate specifically the legitimate interest that each such person, agency, or organization has in obtaining this information.

8. “Directory information” may be released without parental consent, provided parents have been given public notice of what information is released. Directory information may include the following:
   • Student name
   • Address
   • Telephone listing
   • Electronic mail address
   • Photograph
   • Date and place of birth
   • Major field of study
   • Dates of attendance
   • Grade level
   • Enrollment status (e.g., undergraduate or graduate, full-time or part-time)
   • Participation in officially recognized activities and sports
   • Weight and height of members of athletic teams
   • Degrees, honors, and awards received
   • Most recent previous educational agency or institution attended.
9. Personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the parents of the student.

10. Both parents have equal access to their child’s educational records, unless a court document can be produced which denies access or terminates parental rights to review the records. Either parent can grant permission in writing to a third party, such as a stepparent.

11. Rights are transferred to the student at age 18.

12. Parents must be notified of all rights under FERPA.

B. Health Information Portability and Accountability Act (HIPAA) and Its Application to the School Setting

The Health Information Portability and Accountability Act (HIPAA) is a federal law that imposes new standards for the protection of individual health information. It is important to distinguish between HIPAA and FERPA (the Family Educational Rights and Privacy Act). Educational records that are subject to FERPA are expressly exempted from coverage under HIPAA. Therefore, the confidentiality and privacy of school health records that are part of the student’s educational record are governed solely by FERPA. The passage of HIPAA does NOT change that in any way. HIPAA does, however, affect the nature of the exchange of information from the student’s health care provider TO the school. Previous informal exchanges between health providers and school health staff are no longer permitted; explicit written authorization is required from the parent or guardian in order for information to flow to the school. For example, immunization records require such authorization.

Within the school setting, FERPA continues to govern the exchange of health care information that is contained in the student’s educational record. It is not necessary to obtain a release of information from a parent or guardian in order to share such information with school staff for the purposes of insuring the best and most appropriate care for a student.

C. Application of HIPAA to a Student School Health Record

- Records from a health care provider (let’s call that a medical record) require a signed release from the person(s) in parental relationship to the child that specifies to whom the information may be released and the duration of that release. The information in such a record may not be re-disclosed, (also called secondary disclosure).
- This medical record upon arrival at the school does NOT shed its HIPAA status nor does it adopt a FERPA status.
- However, the information contained in the medical record can and should be used to form the basis of any required health plan for the individual child. Per se, elements of the information may become enmeshed in the broader FERPA governed health record.
• REGARDLESS, nothing should be construed as allowing the medical record itself to become an open part of the student’s school health record.
• IT IS RECOMMENDED THAT THE MEDICAL RECORD ITSELF (the actual HIPAA-released document[s]) BE KEPT IN A SEALED ENVELOP, WHICH MAY BE ANNOTATED TO INDICATE THAT THE INFORMATION CONTAINED THEREIN FORMS THE BASIS OF WHATEVER IS INCLUDED IN THE CHILD’S school health record. THE DATE UPON WHICH THE RELEASE EXPIRES SHOULD ALSO BE NOTED, understanding that the expiration of the release does not constitute permission to unseal the record.
• The identification of those persons to whom the record may be released needs to be clear and should be addressed with the parent/person in parental authority at the time the consent to release is obtained.
• No one, except the individual(s) to whom the information was released, should have access to the medical information at any time. The school district needs to have policies and procedures in place to ensure compliance with this access issue.
• Some notation regarding the individuals who have such access should be documented on the sealed envelope. The confidential medical record may be kept in the student’s health record or in an alternative secure location where it is accessible to appropriate school administration and health personnel.

D. Transfer of Student Health Records To A New School Environment

• The FERPA-governed student health record, including the sealed envelop, may be sent to the receiving school building/district. The receiving school should be made aware that the sealed envelop should NOT be opened except under legal authority (as in the case of some dispute over the child’s care). There is no need for parental approval for such a transfer since the record is sealed and, therefore, not being re-disclosed.
• Note that these requirements apply to anyone in the school setting who may be in receipt of HIPAA protected health records, e.g. athletic staff, mental health providers, supplementary health staff (physical therapist, speech therapist, audiologist, etc.).

E. The Case Of The School Based Health Center (SBHC)

• A SBHC must comply with all HIPAA requirements and standards. No records (or any part of same) may be shared, even to the host school, without parental consent.
• When the SBHC not only provides the primary health care services within a school, but also maintains the SED regulated school health services, the SBHC staff MUST maintain a separate SBHC record for each enrolled child in order to preserve the integrity of the HIPAA-governed information.
• The SBHC record (in part or in whole) may NOT be integrated into the school health record, unless there is specific parental consent to do so.
ANY SBHC information to be incorporated into the student’s school health record requires a release from the person in parental relationship and should be treated as described above.

Where this has not been the standard, it should be implemented IMMEDIATELY in order to avoid inappropriate and illegal disclosure of confidential health information as prescribed by HIPAA.

Source: Second National Task Force on Confidential Student Health Information which has just completed work on a new document, Protecting and Disclosing Student Health Information: How to Develop School District Policies and Procedures which has been developed to update the information contained in Guidelines for Protecting Confidential Student Health Information.
VII. ROLES AND RESPONSIBILITIES – SAMPLE JOB DESCRIPTIONS

A. REGISTERED PROFESSIONAL NURSE

Qualifications:

- Holds current New York State license as a registered professional nurse.
- Current certification in CPR.

Desirable Qualifications:

- Baccalaureate degree in nursing or related field.
- Experience in pediatric and/or community or public health nursing.
- Prior experience in school nursing.

Reports To:

Building principal, immediate supervisor, pupil personnel services director.

Job Goal:

To provide primary health and emergency care to students, promote wellness and serve as a resource for health concerns in the school setting.

Responsibilities:

To be performed in a manner consistent with professional standards, the New York State Nurse Practice Act, state regulations and district policies.

- Uses the nursing process to assess the health needs of students and staff.
- Administers medications and treatments as ordered.
- Provides care for student and staff illness and accidents.
- Develops individual health care plans and modifications for students with special health care needs.
- Serves as liaison between the home, medical community, and the school regarding student health concerns.
- Manages mandated school screening programs and school/sports physicals and follow-up.
- Monitors the school environment and recommends changes to promote health and safety.
- Coordinates school health services by managing the health office and supervising paraprofessionals.
- Prepares and maintains accurate cumulative health records including immunizations.
• Serves as a resource person to home school, the school district, and community regarding health issues.

• Serves as a member of the building child support team, as needed.

• Reviews and evaluates own job performance and maintains professional development.

• Reviews and evaluates school health services.

• Reports suspected physical and sexual abuse and neglect; follows communicable disease control procedures; and informs administration and/or parents regarding school exclusion and readmission.

B. NURSE PRACTITIONER

Minimum Qualifications:

• Holds a current license as a registered professional nurse in New York State.

• Holds current certification as a nurse practitioner in New York State.

• Maintains a practice agreement with a physician.

• Has had prior experience in the area of pediatric, special education and/or school nursing.

Recommended Qualifications:

Holds current certification in cardiopulmonary resuscitation.

Reports To:

Principal, superintendent, pupil personnel services director and works collaboratively with the school physician.

Job Goals:

The nurse practitioner (NP) works closely with the school administration and school nursing personnel to identify goals and objectives, policies and procedures, to plan, develop and implement a sound, comprehensive school health program which provides services and facilities to promote health and wellness. The NP cooperates with members of the pupil services staff to promote and coordinate efforts and utilizes health information available to the school. The NP provides primary comprehensive health appraisals for students, serves as a health consultant and educator, and demonstrates leadership in the health office by serving as a quality control agent evaluator and researcher. The nurse practitioner performs duties in a manner consistent with professional standards, the New York State Nurse Practice Act, other state and local statutes and/or regulations applicable to school nursing practice and adheres to school district policies.

Responsibilities:
May assume similar responsibilities as assigned to the school nurse, but usually concentrates practice as follows.

**Deliverer of Health Services**

- Performs comprehensive examinations, including physical, emotional, neurologic, social and intellectual assessments, and makes referrals to primary care physicians as appropriate.
- Initiates, facilitates and interprets preventive, developmental and diagnostic procedures.
- Provides physical examinations in accordance with laws, regulations and school district policy:
  ⇒ For children who do not present a certificate from their family physician upon entering school and in grades 1, 3, 7, and 10;
  ⇒ For children as may be indicated after referrals from education personnel;
  ⇒ As a member of the Committees on Special Education and 504, to conduct such special examinations as indicated for special class placement or exclusion of the physically handicapped, mentally retarded and emotionally disturbed child or prior to their return to a regular class program;
  ⇒ For all students participating in interscholastic athletic activities;
  ⇒ For applicants for employment certificates; and
  ⇒ For candidates for district employment and periodically on any staff member, in accordance with school district policy.

**Manager of Health Care**

- Directs overall health services program for school district, establishing appropriate policies and procedures for school health services in collaboration with administrators and health services personnel.
- Collaborates with school health personnel to establish policies governing procedures to be followed in the event of injury or emergency illness of students or employees.
- Assists in the annual review and updating of written protocols governing first aid.
- Collaborates with school nursing personnel in interpreting laws and regulations governing control of communicable diseases and establishing policies and procedures governing the exclusion and readmission of pupils in connection with infectious/contagious diseases.
- Collaborates with other school health personnel in reviewing and developing cumulative health records for each child.
• Supervises and advises nursing and paraprofessional staff.

**Consultant for Health Concerns:**

• Serves as a member of the Committees on Special Education and 504 and participates with the psychologist, special education teacher, school nursing personnel and other school personnel in case conferences when needed.
• Assists school nursing personnel in follow-through efforts to secure remedial care for children with physical or mental health problems.
• Collaborates with school nursing personnel to recommend adjustments of the educational program in accordance with individual health needs and consults with parents, teachers and students concerning these health needs.
• Acts as a consultant to school administrators and school health personnel on medical problems or practices that are in conflict with the health and safety needs of the total student population. Acts as a liaison between school and local health care providers and interprets school health policies and practices to the local medical community and the community-at-large.
• Provides in-service training on matters such as critical health issues, new developments in health care, and other important areas.
• Provides health information individually and in groups to pupils, teachers, school nursing personnel and school administrators.
• In cooperation with the health education curriculum committee, reviews the health literature, instructional materials and course content used in the school for accuracy and relevance and recommends changes as needed.
• Provides health guidance that prepares students to participate knowledgeably in their own health care.

**C. LICENSED PRACTICAL NURSE (LPN)**

**Minimum Qualifications:**
Holds a current license as a licensed practical nurse in the State of New York.

**Recommended Qualifications:**
• Has a high school diploma.
• Is a graduate of an accredited practical nursing program.
• Holds current certification in cardiopulmonary resuscitation.
• Has had experience in pediatric and/or community health nursing.

**Reports To:** School nursing personnel and building administrator.
Job Goals:
A licensed practical nurse may be employed to assist in providing nursing tasks and health-related activities for children with special health care needs. The LPN has nursing training and greater technical knowledge than the non-nurse health aide and is therefore more competent to care for children with complex health needs. The LPN cannot be hired as a school nurse (New York Education Law §902) and can perform routine nursing tasks, under the direction of a RN or physician, to aid in the health care needs of students and staff.

Duties and Responsibilities:
Under the supervision of and direction from a registered professional nurse or physician, the LPN:

- Gathers data and assists with planning, implementation and evaluation of the health needs of students and staff.
- Administers medications and treatments according to health care provider orders and parental written authorization based on established guidelines and district policy.
- Follows communicable disease control procedures and informs and advises administration and/or parents regarding school exclusion and readmission.
- Provides care for student illnesses and accidents according to school policies and protocols. Completes accident and incident reports as indicated.
- Consults with attendance personnel regarding chronic absenteeism and/or performs attendance tasks as required by school district.
- Readmits students following absences and issues special passes and excuses.
- Assists school nurse in the development of Individualized Health Care Plan (IHCP).
- Assists with school screening programs by scheduling appointments, performing initial screening assessments and assisting with follow-up procedures.
- Reviews immunization records for compliance with mandates.
- Reports physical and sexual abuse and neglect of children as mandated by law.
- Participates in the management of the school health office by assisting with organizational structure, updating cumulative health records and immunization records, and collecting statistical information according to district policies and procedures.
- Consults with registered nurse regarding unusual or difficult problems.
D. HEALTH CLERK

Minimum Qualifications:
- Has a high school diploma.
- Demonstrates keyboarding and clerical skills.
- Is able and willing to maintain confidentiality of health information.

Recommended Qualifications:
Possesses knowledge of medical terminology.

Reports To:
School nursing personnel and building administrator.

Job Goals:
The health clerk assists school health staff by performing clerical services under the direction of the school nurse to facilitate the management and functioning of the health office.

Duties and Responsibilities:
Under the supervision of and direction front the registered professional nurse, the health clerk:
- Selects, re-files and records information on cumulative health records.
- Reviews student records to obtain selected health information (e.g., immunization status) for use by school nurse.
- Performs attendance tasks as required by school district.
- Re-admits students following absences and issues special passes and excuses. Handles selected phone calls.
- Makes appointments for parent, teacher or student conferences with school nursing personnel.
- Maintains schedules for various screening/appraisal programs. Types reports to be sent to parents and school personnel. Files accident reports and insurance claims.
- Compiles statistical information for studies or surveys. Types correspondence and reports.
- Files records, reports and correspondence.
- Types and duplicates communications such as parent bulletins or newsletters. Inventories and requisitions supplies. Assists with budget preparation.
- Performs miscellaneous clerical duties as required.
E. HEALTH AIDE, HEALTH ASSISTANT

Minimum Qualifications:
- Has a high school diploma.
- Is able and willing to maintain confidentiality of health information.

Recommended Qualifications:
- Holds current certification in cardiopulmonary resuscitation and first aid.
- Has had experience/training in a school health setting.

Reports To:
School nursing personnel and building administrator.

Job Goals:
The health aide assists school nursing personnel by performing routine health-related tasks and clerical services, under the direction of the school nurse, to aid in the health care needs of students and staff.

Duties and Responsibilities:
Under the supervision of and direction from the registered professional nurse, the individual performs all duties and responsibilities assigned to the health clerk, as well as additional duties as follows:
- With appropriate training and certification, administers first aid when necessary.
- As designated by school nursing personnel, assists self-directed students to take assigned medications that are kept in the school health office.
- Follows established school procedures for care and reporting of injuries and illness.
- Consults with school nursing personnel regarding unusual or difficult problems.
- Assists school physician and/or school nurse in physical, visual, auditory and scoliosis screening examinations or other health screening tests of students and employees.
- Assists school nursing personnel with clerical tasks related to making referrals to parents resulting from screening procedures and physical examinations.
- Assists with immunization clinics by recording inoculations, preparing individuals and keeping order.
- Assists school nursing personnel in preparing health displays for the purpose of disseminating health and wellness information to students and staff.
VIII. APPENDICES

A. New York State Health Services Laws & Guidelines List

B. School Nurse Tool Kit

C. Health Room Equipment and First Aid Supplies, Portable School Emergency Kit

D. School Health Services Assessment Tool – Updated December 2010

E. Glossary
### APPENDIX A

**New York Statewide School Health Services Center**  
**Guidelines/Memos/Laws Regarding School Health Services**

**Note:** These documents with the exception of the draft documents are listed on our website:  
www.schoolhealthservicesny.com under “Laws & Guidelines”

| **Child Abuse** in an Educational Setting – Article 23-B, NYS Consolidated Law – Education  
• Child Abuse Reporting Requirements & Form  
**Defibrillators – Public Access Defibrillation in Schools**  
**FERPA – Family Educational Rights & Privacy Act – Federal Law**  
**HIPPA – Health Insurance Portability & Accountability Act**  
• HIPAA & Its Application to the School Setting – NYSED Memo (January 2004)  
**Health Appraisals Guidelines (February 1992) (Updates pending release of Commissioner’s Regulations/Anticipated update November/December 2005)**  
• Updated Information Regarding Sports Physicals – Memo (December 2000)  
• NYS Selection/Classification Program for Interschool Athletic Programs (March 2005)  
**Hearing Screening – Guidelines (Updated September 2005)**  
**Immunizations Guidelines (Updated August 2000)**  
• Varicella Tetanus Pertussis Amendment – Memo (December 2004)  
• NYSDOH Public Health Law Section 2164(7)(a) – Law related to immunization requirements for school entry  
• NYSDOH Immunization Exclusion – Memo (September 2004)  
• NYSDOH Immunization Requirements for School Entry – Memo (September 2004)  
**Medical & Health Service – Article 19 – NYS Consolidated Law – Education**  
• Article 19 – Amendments effective September 1, 2005  
**Medication Administration**  
• Administration of Medication in the School Setting – Guidelines (April 2002)  
• Use of Epinephrine Auto-Injector Devices in the School Setting – Memo (June 2002)  
• Training of Unlicensed Individuals in the Injection of Glucagon in Emergency Situations – Memo (March 2004)  
• Clarification about Administering Immunizations & Anaphylactic Agents by Registered Professional Nurses Using Non-Patient Specific Orders & Protocols – Memo (October 3, 2001)  
• New Provisions of Law Concerning the Administration of Immunizations & Anaphylactic Agents by Registered Professional Nurses Utilizing Non-Patient Specific Orders & Protocols – Memo (February 27, 2001)  
• Blood Glucose Monitoring – EMSC School Executive’s Bulletin (article) (January 2001)  
**School Nurses/Nursing Tasks**  
• Provision of Nursing Tasks & Health-Related Activities in the School Setting for Students with Special Health Care Needs – Memo (March 1995)  
• Questions & Answers on the Provision of Nursing Tasks & Health-Related Activities in the School Setting for Students with Special Health Care Needs – Memo (March 1998)  
• Use of Licensed Practical Nurses & the Term “School Nurse in the School Settings” – Memo (October 27, 2004)  
• Nurse Practice Act – Article 139 – New York State Consolidated Law – Education  
• Office of Professions – NYSED web site  
**Scoliosis (Spinal) Screening – Guidelines (Updated June 2005)**  
**Vision Screening – Guidelines (Update 2011)**
APPENDIX B

School Nurse Tool Kit

The New York Statewide School Health Services Center has numerous materials including sample letters, forms, protocols and more to assist in the everyday duties of school health professionals. These materials can be used as guides and are available on the Center’s website at [www.schoolhealthservicesny.com](http://www.schoolhealthservicesny.com) – School Nurse Tool Kit

Sample materials include:

- Immunization Forms
- Letters to Parents
- Medication Forms
- Miscellaneous Forms
- Physical and Health History Forms
- Protocols/Health Care Plans
- School Nurse Duties/Functions
## APPENDIX C

### Health Room Equipment and First Aid Supplies

The school health room should be stocked with the following equipment and supplies:

- ABD/surgical pads
- Adhesive bandage strips with nonstick pads, assorted sizes
- Analgesics, nonprescription (acetaminophen, ibuprofen)
- Antimicrobial wound dressings
- Antiseptic solutions or creams
- Basins, small and large
- Bee sting kit
- Blankets, washable or disposable
- Bleach
- Cabinet with lockable storage
- Cold packs
- Conforming gauze bandage rolls (Kling)
- Cot or bed
- Cotton balls, sterile
- Cups, disposable, 8 oz measure
- Dental wax
- Documentation forms
- Elastic bandage rolls (Ace)
- Eye pads, sterile
- Flashlight with spare batteries and bulb
- Gauze dressings with nonstick pads, sterile, 3"x3"
- Gauze bandage, sterile rolls, 1" and 2"
- Gloves, disposable, preferably latex-free
- Glucose, instant (or cake frosting)
- Hot packs
- Ipecac, to be used only as directed by Poison Control Center
- Irrigation solution (ocular, topical)
- Juices
- Magnifying glass
- Medical records, stored in a locked cabinet to ensure confidentiality
- Mineral oil or petrolatum gel
- Mouth-to-mask resuscitator with 1-way valve
- Manual resuscitation bag
- Muslin triangles for slings and compresses, 3 foot square
- Obstetric delivery kit
- Office supplies
- Paper cups
- Pillow with washable or disposable cover
- Pitcher
- Plastic bags, small
- Povidone-iodine swabs (Betadine)
- Red bag for hazardous waste
- Refrigerator
- Rubbing alcohol
- Safety glasses or goggles
- Safety pins
- Salt
- Salt-supplemented drinks (Gatorade)
- Sanitary napkins
- Scissors (bandage, EMS)
- Sharps, disposal container
- Sheets, washable or disposable
- Sink with running water
- Soap, antibacterial
- Splints, various lengths, 1, 2 & 3 foot
- Spoons, measuring
- Stethoscope
- Sphygmomanometer with BP cuffs (child, adult, large adult)
- Sugar
- Tape, adhesive, hypoallergenic
- Thermometers, oral or tympanic with disposable sheaths
- Towels and washcloths
- Tourniquet
- Tongue depressors
- Trauma dressings
- Tweezers

### NOTE:

- All medication and equipment should be locked in a childproof cabinet.
- A portable emergency kit should also be available.
APPENDIX C (continued)

Portable School Emergency Kit

The following items should be stocked in a portable emergency kit, which should be ready for use and be easily accessible at all times.

- ABD/surgical pads, 3
- Adhesive bandage strips, various sizes
- Antimicrobial wound dressings
- Bandage scissors
- Blanket
- Cloth tape, 0.5", 2 rolls
- Cloth tape, 1", 1 roll
- Cold packs, 2
- Conforming gauze bandage (Kling), 2" rolls
- Disposable gloves, preferably latex-free, 3 pairs
- Documentation forms, 2, with pen
- Elastic bandage rolls (Ace), 2" & 4", 2 each
- EMS scissors
- Eye pads, 4
- Flashlight, small, with extra batteries
- Gauze pads, 3"x3", 12
- Glucose, instant (or cake frosting)
- Hot packs
- Manual resuscitation bag
- Mouth-to-mask resuscitator with 1-way valve
- Obstetric delivery kit (optional)
- Ocular irrigation solution
- Plastic bags, small
- Red bag for hazardous waste
- Safety glasses or goggles
- Sharps, disposal container
- Sphygmomanometer with BP cuffs (child, adult, large adult)
- Stethoscope
- Thermometers, disposable, 2
- Tongue depressors, 6
- Trauma dressing
- Triangular muslin, bandages for slings, 2
- Tweezers
REPORT CARD FOR
SCHOOL HEALTH SERVICES

New York Statewide School Health Services Center
Student Support Services Team
New York State Education Department
Updated December 2010

This document can be found on our website – www.schoolhealthservicesny.com – in the “A-Z Index” – under “R” for Report Card
### IMMUNIZATION POLICY AND PRACTICE

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>IMMUNIZATION STATUS</th>
<th>IMMUNIZATION RECORDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.1a Verbal statements (e.g., by parents, physician offices) or non-healthcare provider records are accepted as proof of immunizations.</td>
<td>1.2a New entrant, transfer, preschooler and kindergartner records are sent for and/or reviewed after starting school.</td>
</tr>
<tr>
<td></td>
<td>1.1b Provider diagnosis of disease provided as proof of immunization for requirements for diseases other than measles, mumps and Varicella.</td>
<td>1.2b Original immunization records from providers are not kept on file.</td>
</tr>
<tr>
<td></td>
<td>1.1c Serological evidence of immunity is accepted for diseases other than measles, mumps, rubella, Hepatitis B and Varicella.</td>
<td>1.2c Immunizations are recorded with only month and year noted.</td>
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<tr>
<td></td>
<td>1.1d Students at secondary grade levels are out of compliance with Tdap and Varicella requirements.</td>
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</tbody>
</table>

#### STATUS OF PROGRAM

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>IMMUNIZATION STATUS</th>
<th>IMMUNIZATION RECORDS</th>
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<tbody>
<tr>
<td></td>
<td>Below Standards</td>
<td>Meets Standards</td>
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<td>1.1a</td>
<td>2.1a</td>
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<td>Verbal statements (e.g., by parents, physician offices) or non-healthcare provider records are accepted as proof of immunizations.</td>
<td>The students’ cumulative health records along with the original copy of all immunization records contain the required certificates of proof of immunization or legitimate medical or religious exemptions.</td>
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<td>1.1b</td>
<td>2.1b</td>
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<td></td>
<td>Provider diagnosis of disease provided as proof of immunization for requirements for diseases other than measles, mumps and Varicella.</td>
<td>A list that identifies students who are susceptible to vaccine preventable disease(s) is readily accessible in the event of an outbreak.</td>
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<td>1.1c</td>
<td>2.1c</td>
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<tr>
<td></td>
<td>Serological evidence of immunity is accepted for diseases other than measles, mumps, rubella, Hepatitis B and Varicella.</td>
<td>Provider diagnosis of disease is accepted as proof of immunization for requirements only measles, mumps and Varicella.</td>
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<td>1.1d</td>
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<tr>
<td></td>
<td>Students at secondary grade levels are out of compliance with Tdap and Varicella requirements.</td>
<td>Serological evidence of immunity is accepted only for measles, mumps, rubella, Hepatitis B and Varicella.</td>
</tr>
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<td></td>
<td>2.1a</td>
<td>2.1b</td>
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<tr>
<td></td>
<td>New entrant, transfer, preschool and kindergartner records are reviewed at registration and/or prior to starting school.</td>
<td>Immunizations are recorded in a month/day/year format whenever possible.</td>
</tr>
</tbody>
</table>
### IMMUNIZATION POLICY AND PRACTICE (continued)

<table>
<thead>
<tr>
<th><strong>WRITTEN IMMUNIZATION POLICIES</strong></th>
<th>1.3a</th>
<th>Policies are not available or easily accessed in the district.</th>
<th>2.3a</th>
<th>Policies include procedures for counseling, referral, monitoring, exclusions and re-admission of students.</th>
<th>3.3</th>
<th>In addition to 2.3a, b &amp; c, policies are reviewed and revised through active collaboration (e.g. administration, health services personnel, health department, parent advisory board).</th>
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<tbody>
<tr>
<td>1.3b</td>
<td>Policies do not include procedures for counseling, referral, monitoring, exclusions, record retention and re-admissions of students.</td>
<td>2.3b</td>
<td>Policies do not include procedures for counseling, referral, monitoring, exclusions and re-admission of students.</td>
<td>2.3c</td>
<td>Policies include record retention information.</td>
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<tr>
<td>2.3c</td>
<td>Policies are included in the school district’s total plan for the control of communicable disease.</td>
<td>3.4</td>
<td>In addition to 2.4a, b &amp; c, 95-100% of new entrants are immunized according to state and national recommendations.</td>
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<tr>
<td><strong>NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) IMMUNIZATION SURVEY</strong></td>
<td>1.4a</td>
<td>The survey is submitted after the required date.</td>
<td>2.4a</td>
<td>The survey is submitted according to schedule.</td>
<td>3.4</td>
<td>In addition to 2.4a, b &amp; c, 95-100% of new entrants are immunized according to state and national recommendations.</td>
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<tr>
<td>1.4b</td>
<td>Less than 90% of new entrants are immunized.</td>
<td>2.4b</td>
<td>90-95% of new entrants are immunized according to NYS mandates and follow-up procedures are implemented for those students not properly immunized.</td>
<td>2.4c</td>
<td>Public schools and private schools complete the survey in an online format through the OSAS (Online Immunization School Assessment Survey). A Health Commerce System (HCS) account has been obtained to access the OSAS.</td>
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<td>1.4c</td>
<td>Follow-up procedures are not implemented for those students not properly immunized.</td>
<td>2.4c</td>
<td>Follow-up procedures are not implemented for those students not properly immunized.</td>
<td>3.4</td>
<td>In addition to 2.4a, b &amp; c, 95-100% of new entrants are immunized according to state and national recommendations.</td>
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<td>CATEGORY</td>
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<td>Below Standards</td>
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<tr>
<td>EXPOSURE CONTROL PLAN (ECP)</td>
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<td>1.1 The school district does not have a written plan of the tasks, procedures and job descriptions for occupational exposure to body fluids.</td>
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<td>2.1a A written ECP is established and is in compliance with the OSHA/PESH Blood Borne Pathogen Standards.</td>
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<td>3.1 In addition to 2.1a &amp; b, health services personnel collaborate with school administrators and other staff to review and revise the ECP on a regular basis.</td>
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<td>2.1b Education and training is based on the educational, literacy and language levels of all employees.</td>
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<td>INFECTION CONTROL &amp; UNIVERSAL PRECAUTIONS</td>
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<td>1.2 Infection control/universal precaution procedures (e.g., hand washing, cleaning techniques, and wearing gloves) are not followed by students and staff.</td>
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<tr>
<td>2.2a Health services personnel use appropriate infection control/universal precaution procedures for injuries/accidents involving body fluids.</td>
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<td>3.2 In addition to 2.2a &amp; b, health services personnel actively collaborate with administrators, students, parent advisory council and community agencies for the planning and management of the infectious disease program.</td>
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<td>2.2b Health services personnel provide information and health counseling regarding infectious diseases to staff, parents and students</td>
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<td>STAFF EDUCATION</td>
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<td>1.3 During the past two years, the school district has provided or made available infection control/universal precautions/“right-to-know” materials.</td>
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<td>2.3 District policies ensure that all school staff including part-time employees and substitutes receives in-service education on infection control/universal precautions/“right-to-know”.</td>
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<td>3.3 In addition to 2.3, educational programs produce significant changes in the attitudes, understanding and behaviors of the staff in regards to health.</td>
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<td>HEALTH PROMOTIONS</td>
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<td>1.4 Health services personnel provide students with health promotion information on a limited basis.</td>
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<td>2.4 Health services personnel act as a resource to school personnel so that health promotion strategies are incorporated into the classroom setting, with a focus on keeping students in school.</td>
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<td>3.4 In addition to 2.4, a comprehensive school health wellness approach (e.g., alcohol and drug use prevention, HIV prevention, suicide, violence and tobacco use prevention) is utilized.</td>
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<td>ATTENDANCE DATA</td>
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<td>1.5 Attendance data is not utilized by health services personnel to identify actual or potential health concerns in the school setting.</td>
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<td>2.5 Attendance data is utilized and reviewed by health services personnel to identify actual or potential health concerns resulting in decreased absenteeism.</td>
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<td>3.5 In addition to 2.5, a mechanism is in place to evaluate the impact of health promotion strategies and programs on absenteeism rates.</td>
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<tr>
<td>Category</td>
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<tr>
<td><strong>Development of Individualized Health Care Plans (IHP)</strong></td>
<td>1.1 Individualized health care plans are not developed for students with complex health conditions or those who need a modification in the school environment.</td>
<td>2.1a Health services personnel develop IHP or utilize standardized health care plans for students with complex health conditions and/or those who need modification in the school environment; these serve as a guide for health teaching and counseling. 2.1b The IHP is developed collaboratively with information from the family, the student, the student’s healthcare providers, and school staff, as appropriate. 2.1c The IHP includes medical orders implemented at school. Evaluation identifies progress toward achieving student outcomes.</td>
<td>3.1 In addition to 2.1a, b &amp; c, active collaboration among health services personnel, staff, administrators, parents and students occurs to facilitate the student’s health plan.</td>
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<tr>
<td><strong>IHP Process</strong></td>
<td>1.2 Health history data, special health care needs and interventions are identified minimally and sporadically on the cumulative health record.</td>
<td>2.2a The cumulative health record is thorough and complete and identifies health history data, special health care needs and interventions. 2.2b The IHP includes student history, assessment, diagnosis, goals and interventions. 2.2c The IHP is reviewed at least annually, updated as needed and revised as significant changes occur in the student’s health status or medical treatment.</td>
<td>3.2 In addition to 2.2a, b &amp; c, the evaluation and revision of the IHP is ongoing.</td>
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<tr>
<td><strong>Identification of Students and Needs</strong></td>
<td>1.3 The Committee on Special Education (CSE) or the 504 Committee without input by health services identifies students.</td>
<td>2.3 Health services personnel develop the health component of the Individualized Educational Program (IEP), and actively participate on the CSE/CPSE and 504 Committee.</td>
<td>3.3a In addition to 2.3, the school district accesses Medicaid or other insurers for skilled nursing services pursuant to the student’s IEP. 3.3b In addition, health services personnel acquires more in-depth knowledge related to: • Special education; • Section 504; and • IHP/IEP process.</td>
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<td>CATEGORY</td>
<td>STATUS OF PROGRAM</td>
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<td><strong>Below Standards</strong></td>
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<td><strong>Exceeds Standards</strong></td>
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<tr>
<td>NOTIFICATION OF STUDENTS</td>
<td>1.4 Health services personnel are notified about students with special health care needs after enrollment.</td>
<td>2.4a Health services personnel are notified about health care needs prior to a student’s entry into school.</td>
<td>3.4 In addition to 2.4a &amp; b, active collaboration occurs to meet needs of students with disabilities (e.g., transportation, adaptive equipment and teaching modifications).</td>
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<td>2.4b Ongoing communication with parents and healthcare providers includes telephone calls, team meetings and home visits.</td>
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<tr>
<td>STAFF DEVELOPMENT PROGRAMS</td>
<td>1.5 During the past two years, the school district has provided materials on child abuse.</td>
<td>2.5a The school district provides yearly staff development programs on child abuse.</td>
<td>3.5a In addition to 2.5a &amp; b, educational programs produce significant changes in the attitudes, understanding and behaviors of the staff.</td>
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<td>2.5b The school district provides yearly staff development programs for a) emergency and first aid procedures, and b) special health care needs of students</td>
<td>3.5b In addition, identifies and uses trends in student outcomes to guide district planning for future school programs.</td>
<td>3.5c Acts as a resource for the school community in the development of health and educational outcomes for students.</td>
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<td>CATEGORY</td>
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<tr>
<td><strong>EMERGENCY PLAN</strong> (STUDENTS/ STAFF)</td>
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<tr>
<td>1.1 Steps for the management and transportation of ill/injured students/staff are not developed.</td>
<td></td>
<td>2.1a Clear direction for implementation of health services related to the management and transportation of ill/injured students/staff is provided.</td>
<td>3.1 In addition to 2.1a, b &amp; c, health services personnel complete the SAVE Training.</td>
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<td>2.1b Health Services personnel are part of the school Safety Team (e.g. health services, school health advisory board, administrators and community health agencies) and are involved in development, and annual review of the Emergency Response Plan.</td>
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<td>2.1c Students, parents and school staff are knowledgeable about the school’s policies and procedures for emergency care.</td>
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<tr>
<td><strong>DISASTER PLAN</strong></td>
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<td>1.2 A disaster plan is not formulated and/or does not provide specific actions to follow for a disaster.</td>
<td></td>
<td>2.2a Policies, procedures and action plans are developed.</td>
<td>3.2 In addition to 2.2 a, b &amp; c, evacuation drills are carried out and evaluated on an ongoing basis.</td>
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<td></td>
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<td>2.2b The disaster plan is reviewed and updated annually through active collaboration.</td>
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<td></td>
<td></td>
<td>2.2c Students, parents and school staff are knowledgeable about the school’s policy and procedures for emergency disaster procedures.</td>
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<tr>
<td><strong>CURRENT CERTIFICATION</strong> (FIRST-AID &amp; CPR)</td>
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<tr>
<td>1.3 First-aid and CPR certification are not required for the school nurse.</td>
<td></td>
<td>2.3 First-aid and CPR/AED certification are required for the school nurse and offered to school staff.</td>
<td>3.3a In addition to 2.3, multiple staff members are certified in first-aid and CPR/AED.</td>
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<td></td>
<td></td>
<td>3.3b At least one of these staff members is available in the school at all times.</td>
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<td><strong>COMMUNICATION</strong></td>
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<td>1.4 Students are the only source used to relay an emergency to health services personnel.</td>
<td></td>
<td>2.4a Emergency phone numbers are posted near school phones and kept current.</td>
<td>3.4 In addition to 2.4a &amp; b, a public address system (e.g. intercom, pager, phone) to contact appropriate staff is in place.</td>
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<td>2.4b Written first-aid procedures are prominently displayed in the designated high risk/hazardous areas (e.g. health office, food service area, maintenance department).</td>
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<td></td>
<td><strong>EMERGENCY PROCEDURES (continued)</strong></td>
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<td><strong>Meets Standards</strong></td>
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<td></td>
<td><strong>Exceeds Standards</strong></td>
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<tr>
<td><strong>EMERGENCY INFORMATION CARDS</strong></td>
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<tr>
<td>1.5 Home/work telephone numbers</td>
<td>2.5a Emergency information is maintained for all students and is:</td>
<td></td>
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<td>and name/telephone numbers of</td>
<td>• Readily available to the school nurse</td>
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<td>persons to contact when parents</td>
<td>• Reviewed annually</td>
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<td>cannot be reached are not</td>
<td>• Revised immediately when changes occur.</td>
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<td>current.</td>
<td>2.5b Individual emergency plans are in place for students and staff with potential emergency health needs.</td>
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<tr>
<td><strong>SAFETY</strong></td>
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<tr>
<td>1.6 Staff, students and parents</td>
<td>2.6a Reports are completed for all serious accidents/injuries and filed according to school district policy.</td>
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<td>are not provided instructions</td>
<td>2.6b A safety committee is in place and focuses on prevention, education, provision of emergency care and evaluation and Health Services personnel actively participate on the safety committee.</td>
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<td>for reporting accidents/injuries.</td>
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<td></td>
<td>3.6a In addition to 2.6a &amp; b, recommendations from the safety committee lead to policy revisions for injury prevention and health promotions.</td>
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<td>3.6b In addition, school health personnel complete the VADIR (Violent and Disruptive Incident Reporting) and SVPI (School Violence Prevention and Intervention) trainings.</td>
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</table>
## EMERGENCY PROCEDURES (continued)

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<tr>
<th>CATEGORY</th>
<th>STATUS OF PROGRAM</th>
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<tbody>
<tr>
<td></td>
<td>Below Standards</td>
</tr>
<tr>
<td>SCHOOL ENVIRONMENT</td>
<td>1.7a Policies and procedures for environmental issues are not developed.</td>
</tr>
<tr>
<td></td>
<td>1.7b The school environment is not inspected on a regular basis.</td>
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<tr>
<td></td>
<td>2.7c School health services personnel provide health counseling/education to staff and students about environmental health issues.</td>
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<td>3.7d In addition, advocates for the judicious and appropriate use of products used in the school setting such as cleaning agents, building materials, and pesticides</td>
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<td>CATEGORY</td>
<td>Below Standards</td>
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<tr>
<td>POLICIES AND PROCEDURES</td>
<td>1.1a Policies are not available for prescription and/or nonprescription medications.</td>
</tr>
<tr>
<td></td>
<td>1.1b School community members are not aware of medication administration procedures.</td>
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<td></td>
<td>1.1c No policy has been established for dealing with medication errors.</td>
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<tr>
<td>SCHOOL NURSE RESPONSIBILITIES</td>
<td>2.2a The medication program is managed and supervised by school nurse (RN).</td>
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<td></td>
<td>2.2b Licensed practical nurses perform nursing activities under the direction of a registered nurse (RN).</td>
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<td>2.2c The school nurse provides and documents adequate inservice education for staff assisting self-directed students.</td>
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<td></td>
<td>2.2d Assure documentation of all medications administered in medication log and cumulative health record.</td>
</tr>
<tr>
<td>RESPONSIBILITIES TO THE STUDENT</td>
<td>2.3a Health services personnel call and try to locate students who do not report for medications.</td>
</tr>
<tr>
<td></td>
<td>2.3b Health services personnel counsel and educate students about their medications.</td>
</tr>
<tr>
<td></td>
<td>2.3c School nurse should communicate with students who self administer their medication.</td>
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<td>CATEGORY</td>
<td>STATUS OF PROGRAM</td>
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<td><strong>Below Standards</strong></td>
</tr>
<tr>
<td>PROCEDURE FOR ADMINISTRATION</td>
<td>1.4 Parents come to the health office with student medications without written physician orders.</td>
</tr>
<tr>
<td></td>
<td>2.4b Students, parents and staff are knowledgeable about the school’s medication procedures.</td>
</tr>
<tr>
<td>DELIVERY OF MEDICATIONS</td>
<td>1.5 Students carry and deliver medications to the school health office.</td>
</tr>
<tr>
<td></td>
<td>2.5b For controlled substances, the school nurse counts the medications upon receipt from parents and periodically thereafter. The parent is given a receipt for the medication.</td>
</tr>
<tr>
<td>STORAGE OF MEDICATIONS</td>
<td>1.6 Medications are routinely placed in the school nurse’s mailbox or in an unlocked desk.</td>
</tr>
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<td>2.6b Medications requiring refrigeration are stored in a secure area with a lock on the refrigerator. The refrigerator is only used for medications.</td>
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<td>CATEGORY</td>
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<td><strong>Below Standards</strong></td>
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<tr>
<td><strong>VISION ASSESSMENT</strong></td>
<td>1.1a Selected students (e.g., referred by staff, parent request) are screened within the school year.</td>
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<tr>
<td></td>
<td>1.1b New entrants are not screened within six months of enrollment.</td>
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<tr>
<td></td>
<td>1.1c Near vision, color perception and hyperopia and distance acuity screenings are not completed for students within six months of admission to school.</td>
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<tr>
<td></td>
<td>1.1d The student’s functional ability, maturation and health needs are not taken into account in the screening process</td>
</tr>
<tr>
<td></td>
<td>1.2a NYSED mandates are followed for designated grade levels and new students.</td>
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<tr>
<td></td>
<td>1.2b Each student’s functional ability, maturation and health needs are taken into account in the screening process.</td>
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<tr>
<td></td>
<td>1.2c A mechanism to track students who fail the screening is in place.</td>
</tr>
<tr>
<td></td>
<td>1.3 Vision testing equipment/charts are outdated and/or in poor condition (e.g. frayed cords, missing parts).</td>
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<td></td>
<td>2.3b Health services personnel are trained in the proper maintenance and use of vision testing equipment and eye charts.</td>
</tr>
<tr>
<td></td>
<td>2.3c Appropriate space is available for screening (e.g., students are not distracted by other students in the office).</td>
</tr>
<tr>
<td><strong>VISION FOLLOW-UP PROCEDURES</strong></td>
<td>1.2 Parents are notified by telephone about screening results.</td>
</tr>
<tr>
<td></td>
<td>2.2b Parents are notified in writing about screening results and suspected problems, and follow-up procedures are in place to ensure students receive vision care.</td>
</tr>
<tr>
<td><strong>VISION EQUIPMENT AND SPACE</strong></td>
<td>1.3 Vision testing equipment/charts are outdated and/or in poor condition (e.g. frayed cords, missing parts).</td>
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<tr>
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<td>2.3a Approved vision testing equipment/charts are utilized.</td>
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<tr>
<td></td>
<td>2.3b Health services personnel are trained in the proper maintenance and use of vision testing equipment and eye charts.</td>
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<td>CATEGORY</td>
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<tr>
<td>SCOLIOSIS ASSESSMENT</td>
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<tr>
<td>1.1a</td>
<td>Selected students (e.g., referred by staff, parent request) are screened within the school year.</td>
</tr>
<tr>
<td>1.1b</td>
<td>The student’s functional ability, maturation and health needs are not taken into account in the screening process.</td>
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<tr>
<td>SCOLIOSIS STUDENT PREPARATION</td>
<td></td>
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<tr>
<td>1.2</td>
<td>Students are screened fully clothed.</td>
</tr>
<tr>
<td>SCOLIOSIS FOLLOW-UP PROCEDURES</td>
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</tr>
<tr>
<td>1.3</td>
<td>Parents are notified by telephone about screening results.</td>
</tr>
<tr>
<td>HEIGHT AND WEIGHT MEASUREMENTS</td>
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<tr>
<td>1.4</td>
<td>Height and weight measurements are not routinely performed on students in mandated health appraisal years, if not included on the health appraisal.</td>
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## HEARING SCREENING PROCEDURES

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<tr>
<td><strong>HEARING ASSESSMENT</strong></td>
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<tr>
<td>1.1a</td>
<td>Selected students (e.g., referred by staff, parent request) are screened within the school year.</td>
</tr>
<tr>
<td>1.1b</td>
<td>The student’s functional ability, maturation and health needs are not taken into account in the screening process.</td>
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| **HEARING SCREENING ENVIRONMENT** |                   |                   |                   |
| 1.2                               | Screenings take place in a noisy room. | Screenings take place in an environment with minimal noise levels. | Screenings are performed in a sound proof examination room. |
| 2.2                               | Screenings take place in a noisy room. | Screenings take place in an environment with minimal noise levels. | Screenings are performed in a sound proof examination room. |

| **HEARING FOLLOW-UP PROCEDURES**  |                   |                   |                   |
| 1.3                               | Parents are notified by telephone about screening results. | Parents are notified in writing about screening results and suspected problems. | In addition to 2.3a & b, health services personnel actively collaborate with community resources (e.g., to assist parents in obtaining care). |
| 2.3b                              | Contact with parents is maintained until students receive needed care. | Contact with parents is maintained until students receive needed care. |

| **HEARING EQUIPMENT**             |                   |                   |                   |
| 1.4                               | The audiometer used for hearing screening is in poor working condition (e.g., all frequencies do not work, earphones broken). | The audiometer used for hearing screening meets the standards by the American National Standards Institute (ANSI), and is calibrated on a regular basis. | In addition to 2.4, health services personnel are trained in the proper maintenance and use of hearing testing equipment. |
## HEALTH APPRAISALS PROCEDURES

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<tr>
<th>CATEGORY</th>
<th>Below Standards</th>
<th>Meets Standards</th>
<th>Exceeds Standards</th>
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<tbody>
<tr>
<td><strong>STUDENT HEALTH APPRAISALS</strong></td>
<td>1.1a Parents are notified about physical examination requirements through school newsletters or local paper.</td>
<td>2.1a Prior to a health appraisal, parents are individually notified in writing.</td>
<td>3.1a In addition to 2.1a, health services personnel actively collaborate with health care providers, staff, student, and family to determine the actual or potential impact on the student’s education.</td>
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<td></td>
<td>1.1b The health history for new entrants contains only current health status information.</td>
<td>2.1b The health history for new entrants is comprehensive (includes but is not limited to past and family history and current status), and includes age-appropriate questions related to: health promotion, mental health issues, and risk behaviors.</td>
<td>3.1b In addition to 2.1b, the health history is completed on all students on a yearly basis.</td>
</tr>
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<td></td>
<td>1.1c Physical examinations are not completed for grade level and activity per recommended mandates.</td>
<td>2.1c Physical examinations are completed for grade level and activity per recommended mandates.</td>
<td>3.1c In addition to 2.1c, time is provided for health counseling between the examiner and the student.</td>
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<tr>
<td></td>
<td>1.1d No attention is given to the student’s functional ability, fitness and maturation levels during physical examinations.</td>
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<tr>
<td><strong>STUDENT ATHLETIC PARTICIPATION</strong></td>
<td>1.2 No policy exists requiring students to have a health appraisal prior to participation in sports.</td>
<td>2.2a A policy is in effect requiring students to have a health appraisal which is valid for a period of 12 months through the last day of the month in which the physical was conducted &amp; have an updated health history within 30 days prior to participating in sports.</td>
<td>3.2a In addition to 2.2a, b &amp; c, health services personnel actively collaborate with health educators, trainers and coaches.</td>
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<td></td>
<td>2.2b Each student’s functional ability, growth, maturation and health needs are assessed as a part of the health appraisal.</td>
<td>3.2b In turn, trainers, coaches and health educators actively collaborate with health services personnel.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2c Health services personnel provide health counseling to: prevent sport injuries, encourage student participation in sports and decrease student participation in high-risk behaviors.</td>
<td>3.3c The district has a Head Injury Program in place for student athletes.</td>
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<td>2.2d The Medical Director has the final authority to clear &amp; return a student to sports.</td>
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### HEALTH OFFICE

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<td><strong>Below Standards</strong></td>
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<tr>
<td><strong>HEALTH OFFICE ENVIRONMENT</strong></td>
<td>1.1a Basic elements of heat, water, telephone, toilet and sink facilities are not available.</td>
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<td></td>
<td>1.1b The American with Disabilities Act (ADA) guidelines for accessibility are not followed.</td>
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<tr>
<td><strong>WORKSPACE</strong></td>
<td>1.2 Workspace for clean and dirty procedures is not available.</td>
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<tr>
<td><strong>SUPPLIES, EQUIPMENT &amp; RESOURCES</strong></td>
<td>1.3 Supplies, equipment and educational resources are inadequate to meet the health needs of students and staff.</td>
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<td></td>
<td>2.3b Schools have Respiratory Protection Program in place and N95 Respirator Masks available for nurses who have been through training and have been fit-tested for the N95 mask.</td>
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<tr>
<td>HEALTH OFFICE (continued)</td>
<td>RECORD KEEPING</td>
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<tr>
<td>1.4a Pertinent student information is incomplete on the health record.</td>
<td>2.4a The record keeping system for each student includes the cumulative health record, nursing records and medical/hospital records provided to the school.</td>
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<tr>
<td>1.4b Records are not kept up-to-date.</td>
<td>2.4b Each student visit is recorded on an individual student record form.</td>
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<td></td>
<td>2.4c Records are kept up-to-date.</td>
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<td></td>
<td>2.4d A system is in place for students new to the district and for transfer students to be identified and their records established or transferred from the previous school.</td>
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<td></td>
<td>2.5a Records are maintained in a confidential manner in compliance with federal and state law and district policy.</td>
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<td>2.5b Sharing individual student health problems are based on the “need to know” and the individual’s right to privacy.</td>
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<td></td>
<td>2.5c An Access Log must be signed by anyone other than the nurse to access student records.</td>
</tr>
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<td>1.5 Records are maintained in unlocked file cabinets.</td>
<td>2.5d In addition to 2.5a &amp; b, school health information is shared with personnel of cooperating agencies only with written parental consent.</td>
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<td>CATEGORY</td>
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<tr>
<td><strong>ROLES AND RESPONSIBILITIES OF PERSONNEL</strong></td>
<td><strong>Below Standards</strong></td>
</tr>
<tr>
<td>1.1a</td>
<td>Health services personnel are primarily responsible for non-nursing functions (e.g., attendance, free lunches).</td>
</tr>
<tr>
<td>1.1b</td>
<td>Health services personnel do not have a job description.</td>
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<td>1.2</td>
<td>Orientation of health services personnel is not provided.</td>
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<td>1.3</td>
<td>A school district employs a licensed practical nurse or unlicensed personnel to maintain the health office.</td>
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<td>1.4</td>
<td>The health office closes or administrative and/or secretarial staff is utilized when health services personnel are absent.</td>
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<tr>
<td>2.4a</td>
<td>In addition to 2.4a &amp; b, the standard level of care provided to students and staff is maintained when substitutes are utilized.</td>
</tr>
<tr>
<td>2.4b</td>
<td>In addition to 2.4a &amp; b, a School Nurse Substitute Manual has been developed and contains recommendations that represent best practice,</td>
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</table>
## HEALTH SERVICES PERSONNEL (continued)

### CATEGORY

#### ONGOING PROFESSIONAL PREPARATION

<table>
<thead>
<tr>
<th>Below Standards</th>
<th>Meets Standards</th>
<th>Exceeds Standards</th>
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<tbody>
<tr>
<td><strong>1.5</strong> Basic standards for licensing are met through participation in continuing education programs.</td>
<td><strong>2.5a</strong> Participation in educational activities includes attendance at in-service meetings, conferences, workshops and/or conventions.</td>
<td><strong>3.5</strong> In addition to 2.5a, b &amp; c health services personnel participate in a leadership role within educational activities or professional organizations.</td>
</tr>
<tr>
<td></td>
<td><strong>2.5b</strong> Health services personnel are actively involved in professional organizations and subscribe to professional journals.</td>
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<tr>
<td></td>
<td><strong>2.5c</strong> Health service personnel are members of the NYSSHSC listserv and receive information from NYSED immediately.</td>
<td></td>
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</tbody>
</table>

#### CONTINUING EDUCATION

<table>
<thead>
<tr>
<th>Below Standards</th>
<th>Meets Standards</th>
<th>Exceeds Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.6</strong> The school district encourages health services personnel to attend continuing education programs only during the summer, evenings and/or on weekends.</td>
<td><strong>2.6a</strong> The school district actively supports the educational needs of health services personnel (e.g., financially, providing substitutes, release days).</td>
<td><strong>3.6</strong> In addition to 2.6a &amp; b, health services personnel’s expertise is utilized throughout the school district (e.g., classroom, committees) to improve student health and educational standards.</td>
</tr>
<tr>
<td></td>
<td><strong>2.6b</strong> Information and methods learned at educational activities are incorporated into the health services program.</td>
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</tr>
</tbody>
</table>

#### COMMUNITY RESOURCES

<table>
<thead>
<tr>
<th>Below Standards</th>
<th>Meets Standards</th>
<th>Exceeds Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.7</strong> Health services personnel only provide brochures and handouts to families to meet health needs.</td>
<td><strong>2.7</strong> School health personnel utilize community resources for referral of students with unmet health needs (e.g., financial aid, vision care, Child Health Plus and other insurance plans).</td>
<td><strong>3.7</strong> In addition to 2.7, active collaboration occurs with community resources to address changing student and staff health, development and educational needs.</td>
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#### HEALTH SERVICES BUDGET

<table>
<thead>
<tr>
<th>Below Standards</th>
<th>Meets Standards</th>
<th>Exceeds Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.8</strong> The school district does not provide for input by health services personnel into the budget process.</td>
<td><strong>2.8</strong> Health services personnel are involved in planning the budget.</td>
<td><strong>3.8</strong> In addition to 2.8, health services personnel are responsible for the management and allocation of the budget.</td>
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<tr>
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<tr>
<td>CATEGORY</td>
<td>STATUS OF PROGRAM</td>
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<td></td>
</tr>
<tr>
<td>SCHOOL HEALTH SERVICES PROGRAM EVALUATION</td>
<td><strong>Below Standards</strong></td>
<td><strong>Meets Standards</strong></td>
</tr>
<tr>
<td>1.9</td>
<td>The school district does not evaluate the health services program.</td>
<td>2.9a</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.9b</td>
</tr>
<tr>
<td></td>
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<td>2.9c</td>
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<tr>
<td></td>
<td></td>
<td>2.9d</td>
</tr>
</tbody>
</table>
APPENDIX E

Glossary

Assignment. Registered professional nurses entrusting the performance of selected health-related activities to unlicensed persons in selected situations. The RN is responsible for assessing the situation and is responsible for the decision to assign, must monitor and supervise the assigned act and may incur liability if found to be negligent in the process of assignment and supervising. The assignee is accountable for accepting the assignment and for his/her own actions in carrying out the act.

Certification. The process by which a state government or national organization provides a credential to individuals.

Delegation. Registered professional nurses entrusting the performance of selected nursing tasks to competent licensed persons (RN or LPN). The RN is responsible for assessing the situation and is responsible for the decision to delegate, must monitor and supervise if delegating to an LPN and may incur liability if found to be negligent in the process of delegating and supervising. The delegate is accountable for accepting the assignment and for his/her own actions in carrying out the act.

Guidelines. Systematically developed statements based on available scientific evidence and expert opinions which establish a standard of practice. Departure from this acceptable practice could result in disciplinary action. Guidelines describe a process of client care management which has the potential for improving the quality of clinical and consumer decision making.

Health Assistant or Aide. A person who has been trained by school nursing personnel to carry out basic health procedures in the care of students under the supervision of a registered professional nurse.

Health Clerk. A person with clerical skills who works under the direction of school nursing personnel to facilitate management and functioning of the health office.

Human Response. Signs, symptoms and processes which denote the individual's interaction with an actual or potential health problem (i.e. respiratory distress, potential for skin breakdown).

Individualized Health Care Plan. Written guidelines of health care which document and prioritize specific nursing diagnoses for the student, identifies goals and interventions, and establishes expected outcomes.

Interdisciplinary Team. A functioning unit composed of individuals with varied and specialized training who coordinate their activities to provide services to clients. The interdisciplinary process is a collaborative effort whereby skills and expertise of team members are combined to solve specific problems.
Licensed Practical Nurse (LPN). A person who is licensed to administer nursing care under the direction of a registered professional nurse or a licensed physician. A LPN may not be hired as a school nurse in New York State, but may be hired to perform nursing tasks under the direction of a school nurse.

Licensure. Permission by a competent authority (usually a government agency) to an organization or individual to engage in a practice or activity, usually granted on the basis of education and/or examination.

Medication. Any over-the-counter or prescription drug.

Nursing Diagnosis. The identification of and discrimination between physical and psychological signs and symptoms essential to effective execution and management of the nursing regime. Such diagnostic privilege is distinct from a medical diagnosis.

Nurse Practice Act. A statute enacted by the legislature of a state that delineates the legal scope of the practice of nursing within the geographic boundaries of the jurisdiction. In New York State, the Nurse Practice Act (Article 139/Nursing) is contained in Education Law §6900-6910.

Nurse Practitioner (NP). A registered professional nurse with additional educational preparation in the provision of preventive and primary health care services. The NP may provide physical examinations and primary care for minor injuries and illness and implement health management programs for children according to a written practice agreement and protocols with a licensed physician qualified to collaborate in the specialty involved.

Nursing Process. A systematic process used by registered professional nurses that involves assessing a situation, developing a nursing diagnosis, deciding what to do, implementing the plan, and evaluating the success of the entire undertaking.

Registered Professional Nurse (RN). A person who is licensed to practice professional nursing by state authority. The RN has responsibility for the care of individuals and groups through a collegial relationship with a physician; to function in making self-directed judgments; and to act independently in the practice of the profession.

School Nurse. A registered professional nurse who has demonstrated expertise in school health nursing practice.

School Nurse Teacher (SNT). A registered professional nurse who is certified to teach health-related subjects, provide health care with a major emphasis in health teaching, counseling and consultation; and assist in curriculum development on health issues.

School Physician. A person who is licensed to practice medicine by state authority and who is hired as a consultant for the health services programs offered by a school district.
Self-Directed. An individual who is capable and competent to understand a personal care procedure, can correctly administer it to him/herself each time it is required, has the ability to make choices about the activity, understands the impact of these choices and can assume responsibility for the results of the choices. A student should be considered self-directed based on his/her cognitive development. A student may be considered to be self-directed if able to identify that a medication or treatment is the correct one, that the correct dosage is being administered, when it is needed during the school day, what will happen if it is not done, and is able to refuse the medication or treatment if it is not correct.

Standards of Practice. A statement that describes the values and responsibilities of a profession. It is a norm that expresses an agreed-upon level of practice that has been developed to characterize, measure and provide guidance for achieving excellence.

Supervision. Provision of guidance, direction and influence by a registered professional nurse for the accomplishment of a nursing task or health-related activity. The nurse provides initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity. Supervision is generally categorized as on-site (the RN being physically present or immediately available while the activity is being performed) or off-site (the RN has the ability to provide direction through various means of written and verbal communications). The degree of direction must be determined by each individual circumstance. Total nursing care of an individual remains the responsibility and accountability of the RN.

Treat. Selection and performance of those therapeutic measures essential to the effective execution and management of the nursing regimen and execution of any prescribed medical regimen.

Under the Direction of. See Supervision.
IX. REFERENCES


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The New York State Education Department. Vocational and Educational Services for Individuals with Disabilities, I Commerce Plaza, Albany, NY 12234 & Office of the Professions, Cultural Education Center, Albany, NY 12230.
- *The Provision of Nursing Tasks and Health-Related Activities in the School Setting for Students with Special Health Care Needs*. March 1995

- *Questions and Answers on The Provision of Nursing Tasks and Health-Related Activities in the School Setting for Students with Special Health Care Needs*. March 1998


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