

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

IMMUNIZATION POLICY AND PRACTICE

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
IMMUNIZATION STATUS	<p>1.1a Verbal statements (e.g., by parents, physician offices) or non-healthcare provider records are accepted as proof of immunizations.</p> <p>1.1b Provider diagnosis of disease provided as proof of immunization for requirements for diseases other than measles, mumps and Varicella.</p> <p>1.1c Serological evidence of immunity is accepted for diseases other than measles, mumps, rubella, Hepatitis B and Varicella.</p> <p>1.1d Students at secondary grade levels are out of compliance with Tdap and Varicella requirements.</p> <p style="text-align: center;">□</p>	<p>2.1a The students' cumulative health record along with the original copy of all immunization records contain the required certificates of proof of immunization or legitimate medical or religious exemptions.</p> <p>2.1b A list that identifies students who are susceptible to vaccine preventable disease(s) is readily accessible in the event of an outbreak.</p> <p>2.1c Provider diagnosis of disease is accepted as proof of immunization for requirements only measles, mumps and Varicella.</p> <p>2.1d Serological evidence of immunity is accepted only for measles, mumps, rubella, Hepatitis B and Varicella.</p> <p>2.1e Students are tracked by school health services personnel to ensure immunization compliance at all grade levels.</p> <p style="text-align: center;">□</p>	<p>3.1a In addition to 2.1a- e immunization records are computerized on a secure system to monitor the immunization status of each student.</p> <p>3.1b Health office staff access immunizations through NYSIIS (New York State Immunization Information System) as needed.</p> <p>3.1c Letters are sent to parents at the beginning of each school year to inform parents of students with exemptions to immunizations that students may be excluded in the event of an outbreak of a vaccine preventable disease.</p> <p style="text-align: center;">□</p>
IMMUNIZATION RECORDS	<p>1.2a New entrant, transfer, preschool and kindergartner records are sent for and/or reviewed after starting school.</p> <p>1.2b Original immunization records from providers are not kept on file.</p> <p>1.2c Immunizations are recorded with only month and year noted; when complete information including day when vaccine was administered is available.</p> <p style="text-align: center;">□</p>	<p>2.2a New entrant, transfer, preschool and kindergarten records are reviewed at registration and/or prior to starting school.</p> <p>2.2b Original provider records of immunization (or NYSIIS record) are retained as a part of the student's health records as required by the NYS Department of Health.</p> <p>2.2c The list that identifies students who are susceptible to vaccine preventable disease(s) is readily accessible in the event of an outbreak.</p> <p>2.2d Immunizations are recorded in a month/day/year format whenever possible.</p> <p style="text-align: center;">□</p>	<p>3.2a In addition to 2.2a-d immunization information is charted on the cumulative record or recorded in the student's computerized health record prior to entry to school.</p> <p>3.3b Staff verifies through the online system that the provider who signed the certificate is licensed to practice in NYS.</p> <p style="text-align: center;">□</p>

IMMUNIZATION POLICY AND PRACTICE (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
WRITTEN IMMUNIZATION POLICIES	<p>1.3a Policies are not available or easily accessed in the district.</p> <p>1.3b Policies do not include procedures for counseling, referral, monitoring, exclusions, record retention and re-admissions of students.</p> <p style="text-align: center;">□</p>	<p>2.3a Policies include procedures for counseling, referral, monitoring, exclusions and re-admission of students.</p> <p>2.3b Policies include record retention information.</p> <p>2.3c Policies are included in the school district's total plan for the control of communicable disease.</p> <p style="text-align: center;">□</p>	<p>3.3 In addition to 2.3a-c, policies are reviewed and revised through active collaboration (e.g. administration, health services personnel, health department, parent advisory board).</p> <p style="text-align: center;">□</p>
NEW YORK STATE DEPARTMENT OF HEALTH (NYSDOH) IMMUNIZATION SURVEY	<p>1.4a The survey is submitted after the required date.</p> <p>1.4b Less than 90% of new entrants are immunized.</p> <p>1.4c Follow-up procedures are not implemented for those students not properly immunized.</p> <p style="text-align: center;">□</p>	<p>2.4a The survey is submitted according to schedule.</p> <p>2.4b 90-95% of new entrants are immunized according to NYS mandates and follow-up procedures are implemented for those students not properly immunized.</p> <p>2.4c 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.</p> <p style="text-align: center;">□</p>	<p>3.4 In addition to 2.4a-c, 95-100% of new entrants are immunized according to state and national recommendations.</p> <p style="text-align: center;">□</p>

INFECTIOUS/COMMUNICABLE DISEASE CONTROL

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
EXPOSURE CONTROL PLAN (ECP)	<p>1.1 The school district does not have a written plan of the tasks, procedures and job descriptions for occupational exposure to body fluids.</p> <p style="text-align: center;">☐</p>	<p>2.1a A written ECP is established and is in compliance with the OSHA Blood Borne Pathogen Standards.</p> <p>2.1b Education and training is based on the educational, literacy and language levels of all employees.</p> <p>2.1c A written respiratory protection plan is in place according to OSHA standards.</p> <p style="text-align: center;">☐</p>	<p>3.1a In addition to 2.1a-c, health services personnel collaborate with school administrators and other staff to review and revise the ECP on a regular basis.</p> <p>3.1b Health services staff are fit tested annually and routinely use respiratory protection equipment as needed.</p> <p style="text-align: center;">☐</p>
INFECTION CONTROL & UNIVERSAL PRECAUTIONS	<p>1.2 Infection control/universal precaution procedures (e.g., hand washing, cleaning techniques, and wearing gloves) are not followed by students and staff.</p> <p style="text-align: center;">☐</p>	<p>2.2a Health services personnel use appropriate infection control/universal precaution procedures for injuries/accidents involving body fluids.</p> <p>2.2b Health services personnel provide information and health counseling regarding infectious diseases to staff, parents and students</p> <p style="text-align: center;">☐</p>	<p>3.2 In addition to 2.2a & 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.</p> <p style="text-align: center;">☐</p>
STAFF EDUCATION	<p>1.3 During the past two years, the school district has provided or made available infection control/universal precautions/“right-to-know” materials.</p> <p style="text-align: center;">☐</p>	<p>2.3 District policies ensure that all school staff including part-time employees and substitutes receives annual in-service education on infection control/universal precautions/“right-to-know”.</p> <p style="text-align: center;">☐</p>	<p>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.</p> <p style="text-align: center;">☐</p>
HEALTH PROMOTIONS	<p>1.4 Health services personnel provide students with health promotion information on a limited basis.</p> <p style="text-align: center;">☐</p>	<p>2.4a 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.</p> <p>2.4b School health services personnel are consulted on a regular basis to address school climate needs.</p> <p style="text-align: center;">☐</p>	<p>3.4 In addition to 2.4a & b, a comprehensive and coordinated research based school health wellness approach (e.g., alcohol and drug use prevention, HIV prevention, suicide, violence and tobacco use prevention) is utilized to improve the school climate.</p> <p style="text-align: center;">☐</p>
ATTENDANCE DATA	<p>1.5 Attendance data is not utilized by health services personnel to identify actual or potential health concerns in the school setting.</p> <p style="text-align: center;">☐</p>	<p>2.5 Attendance data is utilized and reviewed by health services personnel to identify actual or potential health concerns resulting in decreased absenteeism.</p> <p style="text-align: center;">☐</p>	<p>3.5 In addition to 2.5, a mechanism is in place to evaluate the impact of health promotion strategies/programs on absenteeism rates.</p> <p style="text-align: center;">☐</p>

SPECIAL HEALTH CARE NEEDS

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
DEVELOPMENT OF INDIVIDUALIZED HEALTH CARE PLANS (IHP)	<p>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.</p> <p style="text-align: center;">☐</p>	<p>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.</p> <p>2.1b The IHP is developed collaboratively with information from the family, the student, the student's healthcare providers, and school staff, as appropriate</p> <p>2.1c The IHP includes medical orders implemented at school. Evaluation identifies progress toward achieving student outcomes.</p> <p style="text-align: center;">☐</p>	<p>3.1 In addition to 2.1a-c, active collaboration among health services personnel, staff, administrators, parents and students occurs to facilitate the student's health plan.</p> <p style="text-align: center;">☐</p>
IHP PROCESS	<p>1.2 Health history data, special health care needs and interventions are identified minimally and sporadically on the cumulative health record.</p> <p style="text-align: center;">☐</p>	<p>2.2a The cumulative health record is thorough and complete and identifies health history data, special health care needs and interventions.</p> <p>2.2b The IHP includes student history, assessment, diagnosis, goals and interventions.</p> <p>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.</p> <p style="text-align: center;">☐</p>	<p>3.2 In addition to 2.2a- c, the evaluation and revision of the IHP is ongoing.</p> <p style="text-align: center;">☐</p>
IDENTIFICATION OF STUDENTS AND NEEDS	<p>1.3 The Committee on Special Education (CSE) or the 504 Committee without input by health services identifies students.</p> <p style="text-align: center;">☐</p>	<p>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.</p> <p style="text-align: center;">☐</p>	<p>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.</p> <p>3.3b. In addition, health services personnel acquires more in-depth knowledge related to:</p> <ul style="list-style-type: none"> • Special education; • Section 504; and • IHP/IEP process. <p style="text-align: center;">☐</p>

SPECIAL HEALTH CARE NEEDS (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
NOTIFICATION OF STUDENTS	<p>1.4 Health services personnel are notified about students with special health care needs after enrollment.</p> <p style="text-align: center;">□</p>	<p>2.4a Health services personnel are notified about health care needs prior to a student’s entry into school.</p> <p>2.4b Ongoing communication with parents and healthcare providers includes telephone calls, team meetings, written communication and home visits.</p> <p style="text-align: center;">□</p>	<p>3.4 In addition to 2.4a & b, active collaboration occurs and is ongoing to meet needs of students with disabilities (e.g., transportation, adaptive equipment and teaching modifications).</p> <p style="text-align: center;">□</p>
STAFF DEVELOPMENT PROGRAMS	<p>1.5 During the past two years, the school district has provided materials on child abuse.</p> <p style="text-align: center;">□</p>	<p>2.5a The school district provides annual staff development programs on child abuse.</p> <p>2.5b The school district provides annual staff research based development programs presented by qualified personnel for a) emergency and first aid procedures, and b) special health care needs of students</p> <p style="text-align: center;">□</p>	<p>3.5a In addition to 2.5a & b, educational programs produce significant changes in the attitudes, understanding and behaviors of the staff.</p> <p>3.5b Identifies and uses trends in student outcomes to guide district planning for future school programs.</p> <p>3.5c Acts as a resource for the school community in the development of health and educational outcomes for students.</p> <p style="text-align: center;">□</p>

EMERGENCY PROCEDURES

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
EMERGENCY PLAN (STUDENTS/ STAFF)	<p>1.1 Steps for the management and transportation of ill/injured students/staff are not developed.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.1a Clear direction for implementation of health services related to the management and transportation of ill/injured students/staff is provided.</p> <p>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.</p> <p>2.1c Students, parents and school staff are knowledgeable about the school's policies and procedures for emergency care.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.1 In addition to 2.1a-c, health services personnel complete the SAVE Training.</p> <p style="text-align: center;"><input type="checkbox"/></p>
DISASTER PLAN	<p>1.2 A disaster plan is not formulated and/or does not provide specific actions to follow for a disaster.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.2a Policies, procedures and action plans are developed.</p> <p>2.2b The disaster plan is reviewed and updated annually through active collaboration.</p> <p>2.2c Students, parents and school staff are knowledgeable about the school's emergency disaster policies and procedures.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.2 In addition to 2.2 a-c, evacuation drills are carried out and evaluated on an ongoing basis.</p> <p style="text-align: center;"><input type="checkbox"/></p>
CURRENT CERTIFICATION (AED & CPR)	<p>1.3 First-aid and CPR/AED certification are not required for the school nurse.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.3a CPR/AED certification are required for the school nurse and offered to school staff.</p> <p>2.3b At least one trained staff member is available in the school each day and at all school events.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.3a In addition to 2.3 a&b, multiple staff members are certified in first-aid and CPR/AED.</p> <p>3.3b Trained staff members have formed a school emergency response team.</p> <p>3.3c The school emergency response team has mock practice sessions annually at which time the plan is re-evaluated and revised accordingly.</p> <p style="text-align: center;"><input type="checkbox"/></p>

EMERGENCY PROCEDURES (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
COMMUNICATION OF AN EMERGENCY	<p>1.4 Students are the only source used to relay an emergency to health services personnel.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.4a Emergency phone numbers are posted near school phones and kept current.</p> <p>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).</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.4a In addition to 2.4a & b, a public address system (e.g. intercom, pager, phone) to contact appropriate staff is in place.</p> <p>3.4b An emergency communication plan has been established to contact appropriate district staff and/ supportive agencies outside of the school environment, should additional assistance be necessary.</p> <p style="text-align: center;"><input type="checkbox"/></p>
EMERGENCY INFORMATION CARDS	<p>1.5 Home/work telephone numbers for parents and name/telephone numbers of persons to contact when parents cannot be reached are not current.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.5a Emergency information is maintained for all students and is:</p> <ul style="list-style-type: none"> • Readily available to the school nurse • Reviewed annually • Revised immediately when changes occur. <p>2.5b Individual emergency plans are in place for students and staff with potential emergency health needs.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.5a In addition to 2.5a & b, instructions for emergency care of students and staff are reviewed with designated first-aid providers.</p> <p style="text-align: center;"><input type="checkbox"/></p>
SAFETY	<p>1.6 Staff, students and parents are not provided instructions for reporting accidents/injuries.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.6a Reports are completed for all serious accidents/injuries and filed according to school district policy.</p> <p>2.6b A safety committee is in place and focuses on prevention, education, provision of emergency care and evaluation. Health services personnel actively participate on the safety committee.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.6a In addition to 2.6a & b, recommendations from the safety committee lead to policy revisions for injury prevention and health promotions.</p> <p>3.6b School health personnel complete the VADIR (Violent and Disruptive Incident Reporting) and SVPI (School Violence Prevention and Intervention) trainings.</p> <p style="text-align: center;"><input type="checkbox"/></p>

EMERGENCY PROCEDURES (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
SCHOOL ENVIRONMENT	<p>1.7a Policies and procedures for environmental issues are not developed.</p> <p>1.7b The school environment is not inspected on a regular basis.</p> <p style="text-align: center; margin-top: 20px;">□</p>	<p>2.7a Policies and procedures are in place to address environmental issues.</p> <p>2.7b Inspection of buildings, grounds, facilities, equipment and programs occur on a regular basis.</p> <p>2.7c School health services personnel provide health counseling/ education to staff and students about environmental health issues.</p> <p>2.7d A system is in place to address concerns/issues about air quality and other environmental issues.</p> <p style="text-align: center; margin-top: 20px;">□</p>	<p>3.7a In addition to 2.7a-d, active collaboration and coordination occurs among health services, health education and environmental services to promote a safe and healthy environment for students and staff.</p> <p>3.7b The current knowledge of environmental health concepts are attained and maintained; such as the implementation of environmental health strategies.</p> <p>3.7c The school environment is continually assessed for factors that can negatively impact health in the school setting including sound, odor, chemicals, mold, noise, and light.</p> <p>3.7d Promotion of the judicious and appropriate use of products used in the school setting such as cleaning agents, building materials, and pesticides.</p> <p>3.7e Promotes a healthy and safe environment that reduces environmental health risks of healthcare consumers, including visitors.</p> <p style="text-align: center; margin-top: 20px;">□</p>

ADMINISTRATION OF MEDICATIONS

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
POLICIES AND PROCEDURES	<p>1.1a Policies are not available for prescription and/or nonprescription medications.</p> <p>1.1b School community members are not aware of medication administration procedures.</p> <p>1.1c No policy has been established for dealing with medication errors.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.1a Policies are written for prescription, nonprescription (over-the-counter) and emergency medications as a part of a secure, easy to understand and safe delivery system.</p> <p>2.1b Policies and guidelines should be easily accessed by staff and substitute nurses. They should also be communicated to parents, school staff, students, parents and healthcare providers.</p> <p>2.1c District establishes a protocol for managing medication errors.</p> <p>2.1d Evaluate medication administration procedures and modify as needed.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.1 In addition to 2.1a-d, the school nurse actively collaborates with the school physician and administrator to review and revise policies and procedures.</p> <p style="text-align: center;"><input type="checkbox"/></p>
SCHOOL NURSE RESPONSIBILITIES	<p>1.2a The medication program is managed by the school principal, unlicensed personnel or licensed practical nurse.</p> <p>1.2b Staff is not offered training or guidance related to medication administration.</p> <p>1.2c Medications are administered by unlicensed personnel to non self-directed students.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.2a The medication program is managed and supervised by school nurse (RN).</p> <p>2.2b Licensed practical nurses perform nursing activities under the direction of a registered nurse (RN).</p> <p>2.2c The school nurse provides and documents adequate inservice education for staff assisting self-directed students.</p> <p>2.2d Assure documentation of all medications administered in medication log and cumulative health record.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.2 In addition to 2.2 a-d, a registered nurse provides in-depth in-service education, resources and supervision, to licensed and unlicensed personnel authorized to administer medications.</p> <p style="text-align: center;"><input type="checkbox"/></p>
RESPONSIBILITIES TO THE STUDENT	<p>1.3a Health services personnel do not call or locate students if they do not report for medications.</p> <p>1.3b School nurse does not communicate with parent if medication is not given that day.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.3a Health services personnel call and try to locate students who do not report for medications, and work with the student and family in situations of such chronic issues.</p> <p>2.3b Health services personnel counsel and educate students about their medications.</p> <p>2.3c School nurse should communicate with students who self administer their medication.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.3a In addition to 2.3a-c, health services personnel work towards encouraging students to become self-directed.</p> <p>3.3b School nurses develop warm and trusting relationships with students who receive medications at school.</p> <p style="text-align: center;"><input type="checkbox"/></p>

ADMINISTRATION OF MEDICATIONS (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
PROCEDURE FOR ADMINISTRATION	<p>1.4 Parents come to the health office with student medications without written physician orders.</p> <p style="text-align: center;">☐</p>	<p>2.4a Ensure proper procedure for administration of all types of medication. The written physician order, parent permission and medication log are maintained for students receiving medications.</p> <p>2.4b Students, parents and staff are knowledgeable about the school's medication procedures.</p> <p style="text-align: center;">☐</p>	<p>3.4 In addition to 2.4a & b, health services personnel collaborate and coordinate with parents, staff and the provider to address the changing health and education needs of students.</p> <p style="text-align: center;">☐</p>
DELIVERY OF MEDICATIONS	<p>1.5 Students carry and deliver medications to the school health office.</p> <p style="text-align: center;">☐</p>	<p>2.5a Medications are delivered by parents directly to the health office in original, labeled containers.</p> <p>2.5b For controlled substances, the school nurse counts the medications upon receipt from parents and daily thereafter. The parent is given a receipt for the medication.</p> <p style="text-align: center;">☐</p>	<p>3.5 In addition to 2.5a & b, a system, supported by policy is established, for the delivery, handling and disposal of medications that is safe and conducive for staff, students and parents.</p> <p style="text-align: center;">☐</p>
STORAGE OF MEDICATIONS	<p>1.6 Medications are routinely placed in the school nurse's mailbox or in an unlocked desk.</p> <p style="text-align: center;">☐</p>	<p>2.6a Medications are stored in a double-locked cabinet or drawer, preferably a non-movable cabinet (e.g., securely anchored to a solid surface) in the health office.</p> <p>2.6b Medications requiring refrigeration are stored in a secure area with a lock on the refrigerator. The refrigerator is only used for medications.</p> <p>2.6c Medications not picked up by the parent/guardian are disposed of in the trash per DEC recommendations.</p> <p style="text-align: center;">☐</p>	<p>3.6a In addition to 2.6a-c, access to stored medications is limited to persons authorized to administer medications.</p> <p>3.6b Medications that need to be disposed of should be witnessed and documented by two school employees.</p> <p style="text-align: center;">☐</p>

VISION SCREENING PROCEDURES

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
VISION ASSESSMENT	<p>1.1a Selected students (e.g., referred by staff, parent request) are screened within the school year.</p> <p>1.1b New entrants are not screened within six months of enrollment.</p> <p>1.1c Near vision, color perception and hyperopia and distance acuity screenings are not completed for students within six months of admission to school.</p> <p>1.1d The student's functional ability, maturation and health needs are not taken into account in the screening process</p> <p>1.1e Students are screened by unlicensed personnel.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.1a NYSED mandates are followed for designated grade levels and new students.</p> <p>2.1b Each student's functional ability, maturation and health needs are taken into account in the screening process.</p> <p>2.1c A mechanism to track students who fail the screening is in place.</p> <p>2.1d Students are screened by licensed school health personnel.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.1 In addition to 2.1 a-d, health services personnel actively collaborate with community resources (e.g., Lions Club) to assist parents in obtaining care. School nurse (member of NASN) requests vision voucher for students.</p> <p style="text-align: center;"><input type="checkbox"/></p>
VISION FOLLOW-UP PROCEDURES	<p>1.2 Parents are notified by telephone about screening results.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.2 Parents are notified in writing of screening results and need for follow up screening with health provider.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.2 a In addition to 2.2, specific recommendations are made by health services personnel to teachers and other staff for specific students.</p> <p>3.2b Parents are notified by phone with follow up in writing about screening results and suspected problems, and follow-up procedures are in place to ensure students receive vision care.</p> <p style="text-align: center;"><input type="checkbox"/></p>
VISION EQUIPMENT AND SPACE	<p>1.3 Vision testing equipment/charts are outdated and/or in poor condition (e.g. frayed cords, missing parts).</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.3a Approved vision testing equipment/charts are utilized.</p> <p>2.3b Health services personnel are trained in the proper maintenance and use of vision testing equipment and eye charts.</p> <p>2.3c Appropriate space is available for screening (e.g., students are not distracted by other students in the office, student confidentiality is maintained).</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.3 Screenings are performed individually in a separate room free of visual and auditory distractions.</p> <p style="text-align: center;"><input type="checkbox"/></p>

SCOLIOSIS SCREENING PROCEDURES

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
SCOLIOSIS ASSESSMENT	<p>1.1a Selected students (e.g., referred by staff, parent request) are screened within the school year.</p> <p>1.1b The student’s functional ability, maturation and health needs are not taken into account in the screening process.</p> <p>1.1c Students are screened by unlicensed personnel.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.1a NYSED mandates are followed for designated grade levels.</p> <p>2.1b Each student’s functional ability, maturation and health needs are taken into account in the screening process.</p> <p>2.1c A mechanism to track students who fail the screening is in place.</p> <p>2.1d Students are screened by licensed school health personnel.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.1 In addition to 2.1a-d, specific recommendations are made by health services personnel to teachers and other staff for specific students.</p> <p style="text-align: center;"><input type="checkbox"/></p>
SCOLIOSIS STUDENT PREPARATION	<p>1.2 Students are screened fully clothed.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.2a Students are dressed appropriately (e.g., back is exposed) for screening.</p> <p>2.2b Boys and girls are screened separately.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.2 In addition to 2.2a & b, all students are seen and screened individually.</p> <p style="text-align: center;"><input type="checkbox"/></p>
SCOLIOSIS FOLLOW-UP PROCEDURES	<p>1.3 Parents are notified by telephone about screening results.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.3 Parents are notified in writing of screening results and need for follow up screening with health provider.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.3a In addition to 2.3, health services personnel actively collaborate with health care providers to provide educational resources for accurate information and to allay fears.</p> <p>3.3b Parents are notified by phone with a follow-up in writing about screening results and suspected problems, and follow-up procedures are in place to ensure students receive orthopedic care.</p> <p style="text-align: center;"><input type="checkbox"/></p>

HEARING SCREENING PROCEDURES

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
HEARING ASSESSMENT	<p>1.1a Selected students (e.g., referred by staff, parent request) are screened within the school year.</p> <p>1.1b The student's functional ability, maturation and health needs are not taken into account in the screening process.</p> <p>1.1c Students are screened by unlicensed personnel.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.1a NYSED mandates are followed for designated grade levels.</p> <p>2.1b Each student's functional ability, maturation and health needs are taken into account in the screening process, and follow-up procedures are in place to ensure students receive audiologic care.</p> <p>2.1c Students are screened by licensed school health personnel.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.1 In addition to 2.1a & b, specific recommendations are made by health services personnel to teachers and other staff for needed program adaptations for specific students.</p> <p style="text-align: center;"><input type="checkbox"/></p>
HEARING SCREENING ENVIRONMENT	<p>1.2 Screenings take place in a noisy room.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.2 Screenings take place in an environment with minimal noise levels.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.2 Screenings are performed in a sound proof examination room.</p> <p style="text-align: center;"><input type="checkbox"/></p>
HEARING FOLLOW-UP PROCEDURES	<p>1.3 Parents are notified by telephone about screening results.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.3 Parents are notified in writing of screening results and need for follow up screening with health provider.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.3a In addition to 2.3, health services personnel actively collaborate with community resources (e.g., Lion's Club to assist parents in obtaining care).</p> <p>3.3b Parents are notified by phone with follow up in writing about screening results and suspected problems, and follow-up procedures are in place to ensure students receive vision care.</p> <p style="text-align: center;"><input type="checkbox"/></p>
HEARING EQUIPMENT	<p>1.4 The audiometer used for hearing screening is in poor working condition (e.g., all frequencies do not work, earphones broken).</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.4 The audiometer used for hearing screening meets the standards by the American National Standards Institute (ANSI), and is calibrated on an annual basis.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.4 In addition to 2.4, health services personnel are trained in the proper maintenance and use of hearing testing equipment.</p> <p style="text-align: center;"><input type="checkbox"/></p>

HEALTH APPRAISALS PROCEDURES

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
STUDENT HEALTH APPRAISALS	<p>1.1a Parents are notified about physical examination requirements through school newsletters or local paper.</p> <p>1.1b The health history for new entrants contains only current health status information.</p> <p>1.1c Physical examinations are not completed for grade level and activity per recommended mandates.</p> <p>1.1d No attention is given to the student’s functional ability, fitness and maturation levels during physical examinations.</p> <p style="text-align: center;">□</p>	<p>2.1a Prior to a health appraisal, parents are notified in writing that appraisals will be done in 30 days unless a health certificate is provided.</p> <p>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.</p> <p>2.1c Physical examinations are completed for grade level and activity per recommended mandates.</p> <p>2.1d Each student’s functional ability, fitness and maturation levels are assessed, and health services personnel provide written notification and guidance to parents for the ongoing care of the student.</p> <p>2.1e All students are examined separately with regard to privacy, comfort and student disabilities.</p> <p style="text-align: center;">□</p>	<p>3.1a In addition to 2.1a-e, health services personnel actively collaborate and coordinate with health care providers, staff, student, and family to determine the actual or potential impact on the student’s education.</p> <p>3.1b In addition, the health history is completed on all students on a yearly basis.</p> <p>3.1c In addition to, time is provided for health counseling between the examiner and the student.</p> <p style="text-align: center;">□</p>
HEIGHT AND WEIGHT MEASUREMENTS	<p>1.2 Height and weight measurements are not routinely performed on students in mandated health appraisal years, if not included on the health appraisal or health certificate.</p> <p style="text-align: center;">□</p>	<p>2.2a Accurate height and weight measurements are performed on students in mandated health appraisal years and BMI/WSC are indicated on the health appraisal/certificate.</p> <p>2.2b BMI/WSC are reported to NYSDOH via Commerce System.</p> <p>2.2c Blood pressure screening is performed on students in mandated health appraisal years & is done by nurse if not on health appraisal/certificate.</p> <p>2.2d Standardized protocols for exercise/fitness instruction and/or nutritional measures are utilized by health services personnel.</p> <p style="text-align: center;">□</p>	<p>3.2 In addition to 2.4a-d, health services personnel actively collaborate and coordinate with nutrition services, physical education and health education to develop and implement health promotion strategies.</p> <p style="text-align: center;">□</p>

HEALTH APPRAISALS PROCEDURES (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
STUDENT ATHLETIC PARTICIPATION	<p>1.3 No policy in place requiring students to have a health appraisal/certificate prior to participation in sports.</p> <p style="text-align: center;">□</p>	<p>2.3a A policy is in effect requiring students to have a health appraisal/certificate which is valid for a period of 12 months through the last day of the month in which the physical was conducted & have an updated health history within 30 days prior to participating in each sports season.</p> <p>2.3b Each student's functional ability, growth, maturation and health needs are assessed as a part of the health appraisal/certificate.</p> <p>2.3c Health services personnel provide health counseling to: prevent sport injuries, encourage student participation in sports and decrease student participation in high-risk behaviors.</p> <p>2.3d The Medical Director has the final authority to clear & return a student to sports.</p> <p style="text-align: center;">□</p>	<p>3.3a In addition to 2.2a-c, health services personnel actively collaborate with health educators, trainers and coaches.</p> <p>3.3b Trainers, coaches and health educators actively collaborate with health services personnel.</p> <p>3.3c The district has a Head Injury Program in place for student athletes.</p> <p style="text-align: center;">□</p>

HEALTH OFFICE

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
HEALTH OFFICE ENVIRONMENT	<p>1.1a Basic elements of heat, water, telephone, toilet and sink facilities are not available.</p> <p>1.1b The American with Disabilities Act (ADA) guidelines for accessibility are not followed.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.1a Basic elements of heat, water, telephone, toilet and sink facilities are available.</p> <p>2.1b The ADA guidelines for accessibility are followed.</p> <p>2.1c Available space allows for student privacy while waiting, triage, assessment, treatment, counseling, & storage.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.1 In addition to 2.1a-c, a resource area is available for health promotion materials.</p> <p style="text-align: center;"><input type="checkbox"/></p>
WORKSPACE	<p>1.2 Workspace for clean and dirty procedures is not available.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.2a Workspace for clean and dirty procedures is provided to maintain an appropriate level of sanitation.</p> <p>2.2b A first-aid station with eye wash capability is available.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.2 In addition to 2.2a & b, the overall environment of the health unit is conducive to enhance the well-being of each student.</p> <p style="text-align: center;"><input type="checkbox"/></p>
SUPPLIES, EQUIPMENT & RESOURCES	<p>1.3 Supplies, equipment and educational resources are inadequate to meet the health needs of students and staff.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.3 Supplies, equipment and educational resources are available for safe school nursing practice (e.g., appropriate blood pressure cuffs, up-to-date references, drug management and communicable diseases).</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.3 In addition to 2.3, supplies, equipment and educational resources are available to enhance the student's education (e.g. posters, anatomical models and/or videos etc.).</p> <p style="text-align: center;"><input type="checkbox"/></p>

HEALTH OFFICE (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
RECORD KEEPING	<p>1.4a Pertinent student information is incomplete on the health record.</p> <p>1.4b Records are not kept up-to-date.</p> <p>1.4c Records are not maintained after student leaves the school.</p> <p style="text-align: center;">□</p>	<p>2.4a The record keeping system for each student includes the cumulative health record, nursing records and medical/hospital records provided to the school.</p> <p>2.4b Each student visit is recorded on an individual student record form.</p> <p>2.4c Records are updated at a minimum annually, and as needed.</p> <p>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.</p> <p>2.4e Records are maintained in a safe location for the timeframe required by the NYS Education Department.</p> <p style="text-align: center;">□</p>	<p>3.4 In addition to 2.4a-e, a secure computerized data management system is in place for planning, implementing and evaluating the health of school populations.</p> <p style="text-align: center;">□</p>
CONFIDENTIALITY OF RECORDS	<p>1.5 Records are maintained in unlocked file cabinets.</p> <p style="text-align: center;">□</p>	<p>2.5a Records are maintained in a confidential manner in compliance with FERPA law and district policy.</p> <p>2.5b Sharing individual student health problems are based on the “need to know” and the individual’s right to privacy.</p> <p>2.5c An Access Log must be signed by anyone other than the nurse to access student records.</p> <p style="text-align: center;">□</p>	<p>3.5 In addition to 2.5a-c, school health information is shared with personnel of cooperating agencies only with written parental consent.</p> <p style="text-align: center;">□</p>







HEALTH SERVICES PERSONNEL

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
ROLES AND RESPONSIBILITIES OF PERSONNEL	<p>1.1a Health services personnel are primarily responsible for non-nursing functions (e.g., attendance, free lunches).</p> <p>1.1b Health services personnel do not have a job description.</p> <p style="text-align: center;">☐</p>	<p>2.1 Job descriptions are available for all health services personnel (e.g., school physician, LPN, RN, health aides).</p> <p style="text-align: center;">☐</p>	<p>3.1a In addition to 2.1, health services personnel are actively involved in the development, evaluation and revision of the job descriptions.</p> <p>3.1b Health services personnel collect data on utilization of health services.</p> <p style="text-align: center;">☐</p>
ORIENTATION, SUPERVISION AND EVALUATION OF PERSONNEL	<p>1.2 Orientation of health services personnel is not provided.</p> <p style="text-align: center;">☐</p>	<p>2.2a Health services personnel are oriented to the health services program and the educational system.</p> <p>2.2b Substitute Nurses are oriented to each school building.</p> <p>2.2c Nursing personnel are responsible for the supervision & evaluation of clinical aspects of nursing.</p> <p style="text-align: center;">☐</p>	<p>3.2a In addition to 2.2a-c, active collaboration to review and evaluate the roles and responsibilities of health services personnel occurs on a regular basis.</p> <p>3.2b Develops Substitute Manual for orientation of all substitute nurses.</p> <p>3.2c Develops and revises the district's performance appraisal process and mentors others in self- and peer evaluation. Uses Evaluation Tool developed by NYSSHC according to NASN standards.</p> <p style="text-align: center;">☐</p>
PROFESSIONAL STANDARDS	<p>1.3 A school district employs a licensed practical nurse or unlicensed personnel to maintain the health office.</p> <p style="text-align: center;">☐</p>	<p>2.3a The school district employs school nurse(s) (registered professional nurse(s)) to manage and provide health care services to students and staff.</p> <p>2.3b All licensed practical nurses(LPN) are under the direction of the school nurse.</p> <p>2.3c All health aides are under the direct supervision of the school nurse.</p> <p>2.3d A mechanism exists to evaluate health services staffing patterns based on individual student needs and number of students with special health care needs, number of buildings/distance and/or travel time between buildings.</p> <p style="text-align: center;">☐</p>	<p>3.3a In addition to 2.3a-d, in the last 3 years, nursing staff patterns have been adjusted to accommodate student health care needs.</p> <p>3.3b LPN staff are under the direct supervision of the school nurse.</p> <p style="text-align: center;">☐</p>

HEALTH SERVICES PERSONNEL (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
ABSENTEEISM OF PERSONNEL	<p>1.4 The health office closes or administrative and/or secretarial staff, health aides, or other unlicensed personnel are utilized when licensed health services personnel are absent.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.4a Equally qualified substitutes (e.g., RN for RN) are utilized when health services personnel are absent.</p> <p>2.4b Substitutes that are utilized are oriented to policies and procedures of the health office.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.4a In addition to 2.4a & b, the standard level of care provided to students and staff is maintained when substitutes are utilized.</p> <p>3.4b In addition to 2.4a & b, a School Nurse Substitute Manual has been developed and contains recommendations that represent best practice,</p> <p style="text-align: center;"><input type="checkbox"/></p>
ONGOING PROFESSIONAL PREPARATION	<p>1.5 Basic standards for licensing are met through participation in continuing education programs.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.5a Participation in educational activities includes attendance at in-service meetings, conferences, workshops and/or conventions.</p> <p>2.5b Health services personnel are actively involved in professional organizations and subscribe to professional journals.</p> <p>2.5c Health service personnel are members of the NYSSHSC listserv and receive information from NYSED immediately.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.5 In addition to 2.5a- c health services personnel participate in a leadership role within educational activities or professional organizations.</p> <p style="text-align: center;"><input type="checkbox"/></p>
CONTINUING EDUCATION	<p>1.6 The school district encourages health services personnel to attend continuing education programs only during the summer, evenings and/or on weekends.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.6a The school district actively supports the educational needs of health services personnel (e.g., financially, providing substitutes, release days).</p> <p>2.6b Information and methods learned at educational activities are incorporated into the health services program.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.6a In addition to 2.6a & b, health services personnel's expertise is utilized throughout the school district (e.g., classroom, committees) to improve student health and educational standards.</p> <p>3.6b Licensed health personnel actively seek further professional development to keep skill levels and knowledge base current.</p> <p style="text-align: center;"><input type="checkbox"/></p>
COMMUNITY RESOURCES	<p>1.7 Health services personnel only provide brochures and handouts to families to meet health needs.</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>2.7 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).</p> <p style="text-align: center;"><input type="checkbox"/></p>	<p>3.7 In addition to 2.7, active collaboration and coordination occurs with community resources to address changing student and staff health, development and educational needs.</p> <p style="text-align: center;"><input type="checkbox"/></p>

HEALTH SERVICES PERSONNEL (continued)

CATEGORY	STATUS OF PROGRAM		
	<i>Does Not Meet Standards</i>	<i>Meets Standards</i>	<i>Best Practice</i>
HEALTH SERVICES BUDGET	<p>1.8 The school district does not provide for input by health services personnel into the budget process.</p> <p style="text-align: center;"></p>	<p>2.8 Health services personnel are involved in planning the budget.</p> <p style="text-align: center;"></p>	<p>3.8 In addition to 2.8, health services personnel are responsible for the management and allocation of the budget</p> <p style="text-align: center;"></p>
SCHOOL HEALTH SERVICES PROGRAM EVALUATION	<p>1.9 The school district does not evaluate the health services program.</p> <p style="text-align: center;"></p>	<p>2.9a Health services personnel develop reports regarding health needs, resources and results of screenings.</p> <p>2.9b Reports are presented to school administration to demonstrate accountability for school health programs and monitoring of compliance with state mandates.</p> <p>2.9c Health services personnel actively engage in quality reviews to determine appropriate care standards.</p> <p>2.9d The school district performs periodic on-site monitoring to identify compliance with NYSED requirements.</p> <p style="text-align: center;"></p>	<p>3.9a In addition to 2.9a-d, outcomes and effectiveness of the school health program are evaluated through a collaborative group such as a School Health Advisory Council.</p> <p>3.9b In addition, engages in self-evaluation of practice on a regular basis, identifying areas of strength as well as areas in which professional development would be beneficial.</p> <p>3.9c Health services personnel use reports and data to develop programs to improve the practice and delivery of school health services in the school, and to improve the health and well being of the community.</p> <p style="text-align: center;"></p>