**Health Department or Health District File:**

**School Nurse Work Plan, School Year**

**Local Education Agency Name:**   **Name of Nurse:**

**Date of original hire:**

**Nurse Work Phone #:** **Nurse Email:**

**Number of schools served in each category: Elementary** **Middle** **High** **Alternative Model**

**Lead Nurse / Supervisor Name:****Lead Nurse/ Supervisor’s Phone #:**

**Lead Nurse / Supervisor Email:**

**Introduction: School Nurses are funded to improve children’s health and readiness to learn. Each nurse serves as the coordinator of health services in assigned schools and provides/delegates nursing care for assigned students. All related Activities are not applicable to every school nurse position. Position specific Related Activities not listed below should be added in the space provided at the end of each section.**

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| --- | --- | --- | --- | --- |
|  | **Health Service Area I. Preventing and Responding to Communicable Disease Outbreaks** | | | |
|  | 1. **Outcomes:** | | | |
|  | 1. New and transferring students will have state required immunizations or be officially “in process” or exempted within 30 calendar days of enrollment. | | | |
|  | 1. Educational presentations regarding communicable disease issues will be made available to students, families, and staff upon request. | | | |
|  | 1. Local communicable disease outbreaks affecting the school population will be managed working with community partners. | | | |
|  | 1. **Related Activities:** | | | |
|  | 1. Immunization compliance policy and procedures will be reviewed annually. | | | |
|  | 1. Communicable disease identification and referral policy and procedures will be reviewed annually. | | | |
|  | 1. Assure review of immunization records on all new and transferring students. (At the beginning of each school year an initial review should be completed within 30 calendar days.) | | | |
|  | 1. Identify all students with medical and religious exemptions and maintain up-to-date records on exempted students. (At the beginning of each school year a list of exempted students should be completed within 30 calendar days. Keep the list updated throughout the year as other students transfer.) | | | |
|  | 1. Inform and periodically update school principal on students who are not in compliance or are officially “in process”. | | | |
|  | 1. Inform parent regarding student’s lack of immunization compliance status. | | | |
|  | 1. Prepare or assist with immunization compliance report by required date. (For K and 7th graders) | | | |
|  | 1. Develop and provide health education and outreach regarding prevention and control of communicable diseases (hand washing, vaccinations, OSHA standards, etc.). | | | |
|  | 1. Review and understand the local school nurse role in event of disease outbreak. | | | |
|  | 1. Identify and refer students with signs and symptoms of communicable illness to private provider/health department. | | | |
|  | 1. Track for increase in symptom clusters indicative of communicable disease and report according to policy/procedure. | | | |
|  | 1. Collaborate with local health department on cases of students with reportable communicable disease, symptom clusters, and/or unusual diagnoses. | | | |
|  | 1. Other: | | | |
| **Health Service Area II. Developing/Implementing Plans for Emergency Health Related Assistance for Students,**  **Staff and Community** | | | | |
| 1. **Outcomes:** | | | | |
| 1. Emergency response plans will be in place for assigned schools. | | | | |
| 1. All students who have been identified with a potential life-threatening health condition will have a plan (EAP) in place within 10 school days of entry or identification. | | | | |
| 1. **Related Activities:** | | | | |
| 1. Injury reporting and provision of emergency care policies will be reviewed annually. | | | | |
| 1. Notify/update school staff about the nursing role when dealing with injuries/emergencies. | | | | |
| 1. Provide or coordinate CPR/First Aid classes for school staff. | | | | |
| 1. Observe for and report school environment issues that may impact health and/or safety. | | | | |
| 1. Provide or coordinate in-service education regarding management of student health needs during disasters. | | | | |
| 1. Be available to assist the local health department during a public health emergency, as agreed upon locally. | | | | |
| 1. Identify all students with potential life-threatening health conditions. (At the beginning of each school year, this is a priority and should be done within 10 school days. Monitor for new enrollees throughout the school year. ) | | | | |
| 1. Assess identified students and prepare EAPs for student conditions. (At the beginning of each school year, this is a priority and should be done within 10 school days.) | | | | |
| 1. Delegate to and train designated school personnel per individual student EAP. | | | | |
| 1. Provide supervision and evaluation of delegated activities. | | | | |
| 1. Participate in student support teams and efforts related to emergency health needs of students in crisis response planning or school safety planning. | | | | |
| 1. Other: | | | | |
| **Health Service Area III. Supervising Specialized Clinical Services and Associated Health Teaching for Students with**  **Chronic Conditions, Other Special Health Needs, and Developmental Disabilities** | | | | |
| 1. **Outcomes:** | | | | |
| 1. All students who have been identified with special health care needs will have an individualized health care plan (IHP) in place within 15 school days of entry or identification. | | | | |
| 1. IHPs will be shared and supervised to maintain student safety and well-being. | | | | |
| 1. **Related Activities:** | | | | |
| 1. Special health care services policy or procedures will be reviewed annually. | | | | |
| 1. Identify all students with specialized health care needs at the beginning of each school year. (This should be done within 15 school days.) | | | | |
| 1. Develop individual health care plans in coordination with parent and health care provider at the beginning of each school year. (This should be done within 15 school days.) | | | | |
| 1. In support of Division of Public Health priorities, provide school nurse case management services to students with chronic conditions who are identified with needs related to management of condition, attendance and/or school performance. | | | | |
| 1. Delegate to and train appropriate health care procedure(s) to designated staff. | | | | |
| 1. Provide ongoing supervision to designated staff. | | | | |
| 1. Monitor student progress according to IHP and evaluate care. | | | | |
| 1. Participate on student support teams (IEP, 504, MTSS, etc.) for students with health conditions that impact education. | | | | |
| 1. Other: | | | | |
| **Health Service Area IV. Managing medication administration, including administering, delegating to other school staff when**  **appropriate, and providing associated health teaching.** | | | | |
| 1. **Outcomes:** | | | | |
| 1. 100% of staff administering medication in schools will complete annual training and receive ongoing support. | | | | |
| 1. Medication audit issues and/or medication errors will be remediated immediately. | | | | |
| 1. **Related Activities:** | | | | |
| 1. Medication Administration policy and procedures will be reviewed annually. | | | | |
| 1. Identify staff in need of training in medication administration. | | | | |
| 1. Provide annual training to identified staff as early in the year as possible. (Ongoing process to include new staff members or those newly designated to administer medications.) | | | | |
| 1. Conduct regular audits per policy/procedure to evaluate compliance with the six rights of medication administration. | | | | |
| 1. Develop a corrective action plan within two weeks of audit findings (if any) and share plan with staff and principal. Use findings to guide additional training and/or procedure revision. | | | | |
| 1. Other: | | | | |
| **Health Service Area V. Provide or Arrange for Routine Health Assessments, such as Vision, Hearing, or Dental**  **Screenings, and Follow-up Referrals as Necessary.** | | | | |
| 1. **Outcomes:** | | | | |
| 1. Students who fail a screening will receive follow-up | | | | |
| 1. 75-100% of referred students will secure care | | | | |
| 1. **Related Activities:** | | | | |
| 1. Participate in mass vision screening program, if part of role. | | | | |
| 1. Students failing the vision screening will receive referral and follow-up | | | | |
| 1. Participate in a mass hearing screening program, if part of role. | | | | |
| 1. Students who fail hearing screening will receive referral and follow-up | | | | |
| 1. Participate in a mass dental screening program, if part of role. | | | | |
| 1. Students who fail dental screening will receive referral and follow-up | | | | |
| 1. What other screening service (or services) do you want to add this year that does not fit the above service areas (ex. BMI, BP, etc.)? Other: (List) | | | | |
| 1. Other: | | | | |
| **Health Service Area VI. Assure that Mandated Health-Related Activities are Completed (Health Assessments, OSHA**  **requirements, etc. Immunization requirements are covered in Section I.)** | | | | |
| 1. **Outcomes:** | | | | |
| 1. All students entering a NC public school for the first time will have a Health Assessment on file within 30 calendar days. | | | | |
| 1. At-risk school staff will be identified and offered Hepatitis B immunization according to OSHA guidelines. | | | | |
| 1. All schools will be in compliance with OSHA guidelines. | | | | |
| **B. Related Activities:** | | | | |
| 1. Assure review of Health Assessment forms, and that a process is in place for school nurse referrals. | | | | |
| 1. Coordinate provision of information at school registration events for parents regarding Health Assessment/Immunizations. | | | | |
| 1. Review LEA blood and body fluid exposure control plan and become familiar with expected role in assigned schools. | | | | |
| 1. Monitor Universal Precautions use by staff during delegated health procedures. | | | | |
| 1. Act as resource for staff with blood or other body fluid exposure. | | | | |
| 1. Other: | | | | |
| **Health Service Area VII. Provide Health Education and Counseling for Students, Parents, and Staff** | | | | |
| **A. Outcomes:** | | | | |
| 1. Students, parents and staff will have access to health education and health related counseling provided by an RN through direct or consultative health education and support. (Direct education limited to presentations on selected topics; school nurses do not assist in instruction associated with school curriculum.) | | | | |
| 1. Community resources will be sought and utilized in providing information, interventions and referrals. | | | | |
| **B. Related Activities:** | | | | |
| 1. Assess physical and mental health support and education needs of students, parents, and staff and/or from teacher requests. | | | | |
| 1. Provide health education through direct or consultative methods using evidence-based sources where available. | | | | |
| 1. Provide counseling within the scope of nursing practice for students seeking help and support regarding physical and/or mental health concerns. | | | | |
| 1. Seek out local and state health resources, including mental health, and refer students, family, and staff as appropriate. | | | | |
| 1. Invite community partners to participate on the school health advisory council and health education opportunities for parents and staff, as appropriate. | | | | |
| 1. Act as a resource/liaison with school health advisory council and other community groups. | | | | |
| 1. Other: | | | | |
| **Health Service Area VIII. Help to Assure that Students Attend School in a Safe, Nurturing School Environment** | | | | |
| 1. **Outcomes:** | | | | |
| 1. Healthy food programs and services will be supported in assigned schools. | | | | |
| 1. Students will have access to physical activity appropriate to their capabilities. | | | | |
| 1. Community partners will be involved in school health and safety issues. | | | | |
| 1. **Related Activities:** | | | | |
| 1. Review nursing role as a healthy food program resource with school staff. | | | | |
| 1. Review all modified diet orders from physicians and assist as consistent with nursing practice role. | | | | |
| 1. Discuss nursing role with staff in promotion of healthy physical education, sports policies, and practices and assist as appropriate. | | | | |
| 1. Foster parent and community partner involvement in health and safety efforts. | | | | |
| 1. Other: | | | | |
| **Section IX. Assurances Funded school nurse must be certified at hire, or within 3 years of hire. Bachelor’s degree in nursing or other health-**  **related field required prior to taking exam. As of 2020, eligibility to take NCSN exam will require a BSN or Masters**  **in nursing.** | | | | |
| 1. **Certification** | | **Certifying Agency** | **Date** |
| * Is the school nurse certified by either ANCC or NBCSN? If yes list the agency and add date certification ***expires*** in the date box and **skip to “C”.** | |  |  |
| * If the school nurse has a qualified degree, but is not yet certified, specify the month/year that the school nurse intends to take the exam. | |  |  |
| 1. **Education, skip if certified** | | **Education Plan** | **Year/Date** |
| * If the school nurse does not have a qualified degree, a *detailed* education plan, semester by semester, must be completed and updated in January, June and August until graduation. Click on the Education Plan link, download the plan and complete in detail. Email the plan as an attachment to your Regional Consultant. If an education plan is already in place please update that copy with your Regional Consultant. | | [Education Plan](http://childrenyouth.schoolnurse.sgizmo.com/s3/) |  |
| * Indicate anticipated graduation date. | |  |
| 1. **Role Specific Training** | | **Comments** | **Date** |
| * Date school nurse completed *School Nurse Orientation Modules* | |  |  |
| * Date school nurse participated in *School Nurse: Roles & Responsibilities* (SNR&R). | |  |  |
| * If previously attended SN R&R, what other training activity or course does the nurse plan to attend during this plan year? | |  |  |

**Signature Page Follows**

**By electronically typing my name below, I certify that I have reviewed this work plan and will assure compliance with the program deliverables.**

School Nurse Signature:  Date:

School Nurse Supervisor Signature: Date: