

# Developing a Program: Infrastructure and Planning Process Steps

## Overview

**Introduction.** As described in *School & Health: Our Nation's Investment*,<sup>31</sup> the vision of a comprehensive school health program (CSHP) can seem daunting and out of reach. However, this vision may be closer in reality than might be perceived. Many components of the infrastructure that are needed to support CSHPs—the basic underlying framework of policies, financial and human resources, organizational structures, and communication channels that will be needed for program to become established and grow—already exist or are emerging.

Nationally, as reported in *Coordinated School Health Program Infrastructure Development: Process Evaluation Manual*,<sup>32</sup> all eight components are represented in state education agencies and are present to some extent in local school districts and agencies and in most schools. They are represented to some degree in state and local health agencies. However, according to CDC, the components are seldom well planned or coordinated within state and local educational agencies or with comparable programs in state or local health agencies.

In Virginia, according to the legislative study *Findings and Recommendations of the Blue Ribbon Commission on School Health*,<sup>26</sup> all school divisions offer some portion of a school health program. The Commission found that there is virtually no success difference in school health program components by school type (i.e., elementary, middle, and secondary schools) and regions of the state, with the exception of health promotion for staff. That is, elementary schools did not necessarily report greater success in accomplishing school health services goals than secondary schools. Furthermore, the Commission reported that school respondents rated meeting the goals of each component of a school health program as follows:

- ◆ High success group: health services, healthful school environment, psychological and social services, nutrition services, health promotion for staff, and physical education.
- ◆ Middle success group: school counseling.
- ◆ Low success group: health education and parent/community involvement.

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<sup>31</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (1997). *School & Health: Our Nation's Investment* (p. 237). Washington, D.C.: National Academy Press.

<sup>32</sup> Centers for Disease Control and Prevention. (1997). *Coordinated School Health Program Infrastructure Development: Process Evaluation Manual* ( p. 2). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

## Subsections

The following two subsections summarize resources available at the national, state, and local levels and the planning process steps that need to be done to build a school health program.

- ◆ Infrastructure
- ◆ Planning Process Steps

## Infrastructure

### Building the Infrastructure for a School Health Program

**National Infrastructure.** According to *School & Health: Our Nation's Investment*,<sup>33</sup> there are many federal agencies that have developed programs to improve the health of children and adolescents. These programs can be a source of technical assistance and funding that states and local school districts can use to develop the infrastructure to develop a school health program. Some of these agencies are listed below, including their Internet Web site address (URL).

<b>Federal Programs and Funding Streams for School Health</b>	
<b>Agency/Internet Address</b>	<b>Examples of Programs</b>
<b>CDC, Division of Adolescent and School Health (DASH)</b> <a href="http://www.cdc.gov/nccdphp/dash/what.htm">http://www.cdc.gov/nccdphp/dash/what.htm</a>	<ul style="list-style-type: none"> <li>◆ CSHP Infrastructure Demonstration Grants, Adolescent and School Health Initiative</li> <li>◆ School Health Program Finance Project</li> </ul>
<b>U.S. Department of Agriculture</b> <a href="http://www.usda.gov/">http://www.usda.gov/</a>	<ul style="list-style-type: none"> <li>◆ School Lunch, School Breakfast, Special Milk, and Snack Programs</li> <li>◆ Nutrition Education and Training Program</li> </ul>
<b>U.S. Department of Education</b> <a href="http://inet.ed.gov/">http://inet.ed.gov/</a>	<ul style="list-style-type: none"> <li>◆ Title I of the Elementary and Secondary Education Act (ESEA)</li> <li>◆ Title IV of ESEA, Safe and Drug-Free Schools</li> <li>◆ Title XI of ESEA, Coordinated Services Projects Individuals with Disabilities Act (IDEA)</li> </ul>
<b>U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA)</b> <a href="http://www.hcfa.gov/">http://www.hcfa.gov/</a>	<ul style="list-style-type: none"> <li>◆ Medicaid</li> <li>◆ Early Periodic Screening and Diagnosis and Treatment (EPSDT) Program</li> <li>◆ Child Health Insurance Programs</li> </ul>
<b>U.S. Department of Health and Human Services: Maternal and Child Health Bureau (MCHB)</b> <a href="http://www.mchb.hrsa.gov/index.html">http://www.mchb.hrsa.gov/index.html</a>	<ul style="list-style-type: none"> <li>◆ MCH Title V State Block Grants</li> <li>◆ National Resource Centers</li> <li>◆ Healthy Schools, Healthy Communities</li> <li>◆ Community and Migrant Health Centers Initiatives</li> </ul>

<sup>33</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation's Investment* (pp. 237, 241-245). Washington, D.C.: National Academy Press.

Furthermore, there are many national organizations that are involved in supporting school health programs. The scope of involvement is presented in the publication *Creating An Agenda for School-Based Health Promotion: A Review of Selected Reports*, published by the Harvard School of Public Health (Lavin et al., 1992). In addition, there are many nonprofit and philanthropic organizations that support school health programs. Some of these organizations are listed below, including their Internet Web site address (URL).

<b>National Organizations Supporting School Health Programs</b>	
<b>Organization/Internet Address</b>	<b>Description</b>
<b>American Academy of Pediatrics (AAP)</b> <a href="http://www.aap.org/">http://www.aap.org/</a>	The AAP and its member pediatricians dedicate their efforts and resources to the health, safety and well-being of infants, children, adolescents, and young adults.
<b>American Cancer Society, Health for Success</b> <a href="http://www.cancer.org/">http://www.cancer.org/</a>	It is the American Cancer Society's goal to eliminate cancer as a major health problem. The Society has determined that strengthening school health education is the best and most economic way to fight this devastating disease.
<b>American School Health Association (ASHA)</b> <a href="http://www.ashaweb.org/">http://www.ashaweb.org/</a>	The ASHA promotes comprehensive and coordinated school health programs comprising health services, health education, and a healthful school environment.
<b>Association of State and Territorial Health Officials (ASTHO)</b> <a href="http://www.astho.org/index/html">http://www.astho.org/index/html</a>	The mission of ASTHO is to formulate and influence sound national health policy and to assist state health departments in the development and implementation of programs and policies to promote health and prevent disease.
<b>National Association of School Nurses (NASN)</b> <a href="http://www.vrmedia.com/Nurses/">http://www.vrmedia.com/Nurses/</a>	The mission of the NASN is to advance the practice of school nursing and provide leadership in the delivery of quality health programs to the school community.
<b>National Association of State School Nurse Consultants</b> <a href="http://lserver.aea14.k12.ia.us/swp/tadkins/nassnc/nassnc.html">http://lserver.aea14.k12.ia.us/swp/tadkins/nassnc/nassnc.html</a>	The mission of the NASSNC is to provide a forum for state-level nurse consultants to share information, develop expert consensus on issues, and impact policies related to the practice of school nursing and the health and education of the nation's school children and youth.
<b>Robert Wood Johnson Foundation</b> <a href="http://www.rwjf.org/main.html">http://www.rwjf.org/main.html</a>	The Robert Wood Johnson Foundation is the nation's largest philanthropy devoted exclusively to health and health care.
<b>School Health Resource Services (SHRS), Office of School Health University of Colorado Health Sciences Center</b> <a href="http://www.uchsc.edu/sn/shrs/">http://www.uchsc.edu/sn/shrs/</a>	SHRS is a direct way to access the diverse resources needed to implement or improve school health programs and services. SHRS provides technical information, resource materials, and research assistance.

**State Infrastructure.** As noted in *School & Health: Our Nation’s Investment*,<sup>34</sup> the overall task of the state’s leadership should be to integrate education, physical and mental health, and other related programs and services for children and families. An effective approach for anchoring the state infrastructure is to establish an official state interagency coordination council for school health with designated authority and responsibilities, along with an advisory council of representatives from relevant public and private sector agencies, including representatives from managed care and indemnity insurers.

In Virginia, in 1992, the Virginia Maternal and Child Health Council was created to improve the health of the Commonwealth’s mothers and children by promoting and improving programs and service delivery systems related to maternal and child health. When the Council was first convened, a School Health Subcommittee was formed to make recommendations to the Council on school health-related issues. In 1997, the Subcommittee presented a report on school health services to the MCH Council. The report, entitled *Recommendations to the MCH Council: School Health Services*, September 17, 1997, is available on the web at <http://www.vdh.state.va.us/fhs/child/school/publications.htm>.

Many state agencies can provide localities with child health information and technical assistance, which can help communities enhance or establish a school health program. Some of the key agencies are listed below, including their Internet Web site address (URL).

<b>Key Child Health-Related State Agencies</b>	
<b>Agency</b>	<b>Description</b>
<b>Virginia Department of Education (DOE)</b> <a href="http://www.pen.k12.va.us/">http://www.pen.k12.va.us/</a>	The mission of Virginia’s public education system, first and foremost, is to educate students in the fundamental knowledge and academic subjects that students need to become capable, responsible, and self-reliant citizens. Therefore, the mission of the Board of Education and Superintendent of Public Instruction, in cooperation with local school boards, is to increase student learning and academic achievement.
<b>Virginia Department of Health (VDH)</b> <a href="http://www.vdh.state.va.us/">http://www.vdh.state.va.us/</a>	The mission of the VDH is to achieve and maintain optimum personal and community health by emphasizing health promotion, disease prevention, and environmental protection.
<b>Virginia Department of Medical Assistance Services (DMAS)</b> <a href="http://www.state.va.us/~dmas/">http://www.state.va.us/~dmas/</a>	The DMAS administers the Medicaid program; Indigent Health Care Trust Fund; State and Local Hospital Program; Involuntary Commitment Program; Regular Assisted Living Payments for Residents of Adult Homes; Health Premium Assistance Program for HIV-Positive Individuals; and the Virginia Children’s Medical Security Insurance Plan (CMSIP).

<sup>34</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation’s Investment* (pp. 263-264). Washington, D.C.: National Academy Press.

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### Key Child Health-Related State Agencies

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Agency	Description
<b>Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)</b> <a href="http://www.dmhmrzas.state.va.us/overview.htm">http://www.dmhmrzas.state.va.us/overview.htm</a>	Central Office provides leadership in the direction and development of public mental health, mental retardation, and substance abuse services which are responsive to client and constituency needs and accountable to statutory requirements and State MHMRSAS Board policies. This leadership involves: obtaining and allocating resources to Community Services Boards (CSBs) and state facilities in an effective and efficient manner; monitoring field operations; providing technical assistance and consultation; human resource development and management; promoting client advocacy; systems planning; regulating and licensing programs; and maintaining relationships with other human resource agencies.
<b>Virginia Department of Social Services (DSS)</b> <a href="http://www.dss.state.va.us/">http://www.dss.state.va.us/</a>	The mission of the Virginia Department of Social Services (VDSS) is to promote self-reliance and the protection of Virginians through community-based services. The Department, with its five state regional offices, supervises and supports the locally operated social services agencies, which administer financial assistance as well as a variety of other programs for children, adults, and families.

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**Local Infrastructure.** A formal organization with broad representation—a coordinating council for school health—should be established in every school district, to anchor the infrastructure at the community or district level.<sup>35</sup>

In Virginia, such coordinating councils, known as school health advisory boards (SHABs) should exist in all school divisions. SHABs were established by the 1992 General Assembly (*Code of Virginia*, § 22.1-275.1), to assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services. Please see “Establishing and Enhancing School Health Advisory Boards” in Chapter II for further information on SHABs in Virginia.

**School Level.** According to *School & Health: Our Nation’s Investment*,<sup>36</sup> individual schools should establish a school health committee and appoint a school health coordinator to oversee the school health program. Please see the following section, “Establishing School Health Team: Position Descriptions,” for recommendations on establishing a school health team.

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<sup>35</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation’s Investment* (p. 264). Washington, D.C.: National Academy Press.

<sup>36</sup> Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation’s Investment* (p. 265). Washington, D.C.: National Academy Press.

## **CDC Guidance on Developing the Coordinated School Health Program Infrastructure<sup>37</sup>**

The Centers for Disease Control and Prevention (CDC) handbook *Coordinated School Health Program Infrastructure Development* provides guidance to those responsible for developing coordinated school health program infrastructure at state and local levels.

The CDC handbook is a planning tool for developing organizational supports to build a coordinated school health program and an implementation tool for institutionalizing these supports at the state and local levels. The CDC handbook was designed as a tool for assessing progress toward institutionalizing the Coordinated School Health Program at established intervals. Summarized below are some infrastructure-related terminology contained in the handbook.

**CSHP Definition.** The Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH), defines the Coordinated School Health Program (CSHP) as a planned and coordinated school-based program designed to enhance child and adolescent health. For the CSHP to exist and perform consistently over time, CDC/DASH reports that it must be fully institutionalized within state and local education and health agencies and supported by an infrastructure.

**CSHP Infrastructure.** The CSHP infrastructure is the basic system on which the larger CSHP program depends for continuance and growth. When fully implemented, the CSHP infrastructure will enable each state and community to establish a collaborative organizational pattern that facilitates community-wide planning, implementation, and evaluation of activities to help schools implement CSHPs that are consistent with community values and needs.

**CSHP Infrastructure Supports.** The four main units that comprise infrastructure are (1) authorization and funding, (2) personnel and organizational placement, (3) resources, and (4) communication and linkages. Each support can be broken down into multiple subcategories.

**CSHP Institutionalization.** The CSHP as an integrated, self-sustaining part of health and education agencies that is subject to minimal disruption caused by changes.

**Need for CSHP Infrastructure.** According to CDC, when CSHP infrastructure is fully institutionalized, school health initiatives with sufficient quality and duration will provide long-term health benefits for children and their families. The CSHP that has a strong infrastructure is able to:

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<sup>37</sup> Centers for Disease Control and Prevention. (1997). *Coordinated School Health Program Infrastructure Development: Process Evaluation Manual* (p. VI-4). Atlanta, Ga.: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

- ◆ Respond to the changing health priorities routinely faced by policymakers in health and education agencies.
- ◆ Facilitate predictable and coherent organizational change to benefit children and youth.
- ◆ Coordinate independent programs and services provided to children, youth, and families by multiple organizations.
- ◆ Effectively use finite fiscal, technical, and human resources to meet a wide range of health problems affecting children and youth.

## Planning Process Steps

**Introduction.** When developing or enhancing a school health program—whether at the national, state, local, or school level—a planned approach is essential for success. Use of a program planning process can improve a school health program because change may be difficult both on a personal and organizational level. It is critical to set the stage by choosing the appropriate community participants and school health professionals. A team with the appropriate mixture of responsibility, knowledge, and experience can lead the schools in an improvement project that will make a difference for students and staff. The team should define the problem from a national, state, local, or school level perspective as appropriate. Then the team can do an assessment of the problem or need, set goals and objectives, develop an action plan with strategies to be used, implement the plan, and evaluate the results.

The six key steps in a planning process are listed below.

1. Establish the planning team.
2. Assess health problems and service needs.
3. Set goals and objectives.
4. Develop an action plan.
5. Implement the plan.
6. Evaluate effectiveness of the planning process and program.

This sub-section, “Planning Process Steps,” summarizes the steps of a logical planning process, which can be used at the school level for enhancing or establishing a school health program. The information presented can be modified according to what is appropriate at national, state, or local level. (For additional information on building support for a comprehensive or coordinated approach to school health programs, please see Chapter III, “Building Support for School Health Programs.”)

### Establish Planning Team

**Role Assignment.** When developing a school health team, it may be customary to assign roles on the team based on the team members’ responsibilities associated with their existing school health role. For example, the school nurse may be assigned school health services because the school nurse is responsible for school health services as part of the school nurse role. However, there are no clear-cut responsibilities and members may contribute in several areas. While health services may be considered by many to be the domain of the school nurse, every staff member should refer students who exhibit health problems, such as vision and hearing disorders or substance abuse, for early detection

and correction of health problems. In another example, the healthy school environment component is often assigned to administrators. The principal may typically set the tone for the school; however, without the cooperation of all staff, efforts to make the school environmentally safe and aesthetically pleasing may fall short. Using a variety of individuals who each bring specific attributes to a particular plan strengthens the school health improvement team.

**Primary Team Members.** The following list identifies potential team members and describes attributes they may bring to the team based on their functional responsibility.<sup>38</sup> (It is important to remember that each person can bring more attributes than those based on their identified role in school health.)

### Features of a School Health Team: Primary Members

Primary Team Member	Attributes
◆ School Administrators	Sets the tone for the school environment and can facilitate implementation of the plan.
◆ School Nurses ◆ Nurse Practitioners ◆ Clinic Aides	Understands student health needs, can link school and community programs, can provide case management for student health needs, and can serve as a health resource for all staff.
◆ Health Educators	Can coordinate supplemental health instruction with the health curriculum and provide access to a variety of health resources.
◆ Physical Educators ◆ Coaches ◆ Trainers	Can coordinate the physical education program with special wellness-related fitness programs, as well as implement special physical activity events.
◆ Food Service Directors ◆ Food Service Managers	Can organize supplemental nutrition education programs.
◆ Guidance Counselors ◆ School Psychologists ◆ Social Workers	Can direct peer instructional programs, small group process, and support groups, as well as teach within the guidance program the generic skills needed to address a variety of health problems.
◆ Worksite Health Promotion Directors	Can organize health promotion activities and coordinate community health promotion resources.
◆ Community Professionals ◆ Physicians ◆ Parents ◆ Community Leaders ◆ SHAB (School Health Advisory Board) Members ◆ Law Enforcement Officials (e.g., Dare Officers, Resource Officers)	Have access to human and material resources and leverage within the community to assure implementation of projects.

<sup>38</sup> Allensworth, D., Symons, C., and Olds, R. (1994). *Healthy Students 2000: An Agenda For Continuous Improvement In Schools* (p. 20). Kent, Ohio: American School Health Association.

**Additional Team Members.** Although the previous list contains the major players who have some responsibility for the school health program, other individuals can facilitate the accomplishment of program goals because of their unique role in the school. The following list identifies individuals who could assist in health programs.<sup>39</sup>

**Features of a School Health Team: Other Members**

Additional Team Members	Attributes
<ul style="list-style-type: none"> <li>• Librarians</li> </ul>	Have access to school media resources and can prepare exhibits for students.
<ul style="list-style-type: none"> <li>• Special Education Teachers</li> </ul>	Teach students with disabilities.
<ul style="list-style-type: none"> <li>• Occupational Therapists</li> <li>• Physical Therapists</li> <li>• Speech-Language Pathologists</li> </ul>	Implement IEP requirements.
<ul style="list-style-type: none"> <li>• Work and Family Studies Teachers (Home Economics)</li> <li>• Science Teachers</li> </ul>	Can provide significant health programming within their respective discipline.
<ul style="list-style-type: none"> <li>• English Teachers</li> </ul>	Can assign homework with health themes.
<ul style="list-style-type: none"> <li>• Office Secretaries</li> </ul>	Are aware of available school resources and have contact with students waiting in office for professional staff.
<ul style="list-style-type: none"> <li>• Music Teachers</li> <li>• Art Teachers</li> <li>• Drama Teachers</li> </ul>	Can use a variety of channels to provide health messages. Additionally, any teacher or school staff member who works with students can be valuable in this endeavor.
<ul style="list-style-type: none"> <li>• Students</li> </ul>	Although students routinely have not been placed on committees to improve school health programs, it is appropriate to consider their value. Students have the attention of their peer group, the idealism and energy to complete projects, and the need to engage in meaningful activity. They also can promote behavioral change among students more effectively than adults.
<ul style="list-style-type: none"> <li>• Consultants</li> </ul>	Outside consultants, who are trained health education specialists and understand the theories of individual and organizational change and the process of program implementation, can facilitate institutionalization of an interdisciplinary approach to school health programming. Consultants may be based at the district office, secured from a local university, or hired through a consulting firm.

<sup>39</sup> Adapted from Allensworth, D., Symons, C., and Olds, R. (1994). *Healthy Students 2000: An Agenda For Continuous Improvement In Schools* (p.20). Kent, Ohio: American School Health Association.

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Health program team members who represent various disciplines foster greater dissemination of information and innovations. The team members can share activities of the team with their respective professional groups and can request assistance from these groups in implementing specific parts of the action plan.

**Note:** Please see the following section, “Establishing School Health Team: Position Description,” for guidelines for selected school health program personnel.

## **Assess Health Problems and Service Needs**

**Data Collection and Interpretation.**<sup>40</sup> Once the team is formed, the next step in developing a school health program is to assess the school community health status and available resources. Assessment involves the regular collection, analysis, and sharing of information about the health conditions, risks, and resources in a community. Assessing the school community is needed to identify (1) trends in illness, injury, high-risk health behaviors, and death, and the factors that may cause these events; and (2) available school health resources and their application, unmet needs, and community perceptions about school health issues. Assessment results are then interpreted, and school community health problems and capabilities are identified.

**Assessment Questions.** To identify the unique needs of the students in the school division, data are collected to answer such questions as:

- ◆ What are the major health problems?
- ◆ What is the current status of programming that addresses these health problems?
- ◆ What are the gaps in needed programming?
- ◆ What health problems should be addressed first?

**Data Collection Methods.** Data can be collected from a variety of sources that might include:

- ◆ Students’ knowledge, attitudes, and behaviors about health in general or in any priority area.
- ◆ School health programming in each of the eight-component areas.
- ◆ Community resources.

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<sup>40</sup> Adapted from Washington State Core Governmental Public Health Functions Task Force Members. *Core Public Health Functions* (July 1993). National Association of County Health Officials, Washington, DC.

- ◆ Programming within the school and community that addresses specific priority areas.
- ◆ Epidemiological data (e.g., mortality/morbidity) and social indicator data (e.g., injury reports, school health records, crimes, driving-under-the-influence arrests).
- ◆ Parents.

**Data Collection Tools.** Some examples of tools that may be used for assessment include:

- ◆ A Model Survey: Healthy Schools Make Sense: Evaluating Your School Health Program (1995), which was developed and published by the Virginia Department of Education and Virginia Department of Health. The survey addresses the components of a comprehensive school health program as defined by CDC.<sup>41</sup>
- ◆ Blue Ribbon Commission on School Health Evaluation Survey, which is a modification of the above survey that was developed by the Virginia Department of Education. (See Appendix A.)
- ◆ Youth Risk Behavior Survey (YRBS), which was developed by the Centers for Disease Control and Prevention to assess health-related risk behaviors in youth. The survey focuses on behaviors in six priority areas: (1) physical fitness, (2) nutrition, (3) intentional injuries, (4) unintentional injuries, (5) reproductive health, and (6) substance abuse. Local programmers can compare local students' behavior with the behavior of students at the national or state level.<sup>42</sup>
- ◆ School Health Education Profile (SHEP), which is a report designed to help state education agencies and local education agencies monitor the status of school health education at the middle/junior high school level in their school divisions. The profile addresses the quantity and quality of school health education provided in schools.<sup>43</sup>
- ◆ Guidelines for Evaluation of Health Services, which is an evaluation of general school health services, such as school health procedures and cumulative health records and specific school health services, such as nursing and screening programs. (See Chapter III, School Health Services, for more detailed information.)

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<sup>41</sup> Contact Fran Meyer, Comprehensive School Health Specialist, Office of Special Education and Student Services, Virginia Department of Education at (804) 225-4543 for more information and a copy of the evaluation tool.

<sup>42</sup> Ibid.

<sup>43</sup> Ibid.

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**Problem Analysis and Prioritization.**<sup>44</sup> After the information about the health conditions, risks, and resources of the school community is collected, problem analysis should be undertaken by the school health team for each identified problem to clarify the nature of the problem. This analysis can include (1) identification of the origins (i.e., precursors of the problem) and impact (i.e., consequences) of the problem, (2) the point at which interventions (e.g., health services, health education) might be undertaken and the adequacy of existing services, and (c) the community representatives that have an interest in the problem and its solution.

Communities are always faced with the dilemma of addressing a large number of health problems with limited human, financial, and other resources. This necessitates setting priorities among the identified problems in order to decide how to allocate resources to address them. The school team should consider numerous criteria and the perspectives of many individuals when the school health problems are being prioritized. To allow a variety of perspectives and criteria to be fully represented, the school health team should consider using a problem analysis and prioritization framework that encourages consideration of all of them in a balanced, rational way.

Various models or decision frameworks exist for conducting problem analyses and health services needs assessments. The school health team might consider using an already-developed process and substantive experts to facilitate problem analysis and problem prioritization.

## Set Goals and Objectives

**Goals.** After the needs are identified, goals and objectives are specified. Goals are broad statements that identify long-term outcomes the school health program is to achieve.

**Objectives.** After the goals have been identified, specific objectives are identified that will help facilitate the attainment of the goal. Objectives are the incremental steps that must be accomplished before the goal can be attained. Objectives identify the action to be performed and should be stated in specific, measurable terms. Specific objectives are important because they will become the focus of the evaluation plan that will be developed.

## Develop Action Plan

**Action Plan.** The next step in developing a school health program is developing an action plan. The action plan is a strategy or blueprint for meeting the identified priority needs from the assessment. The action plan answers the question of what can be done to resolve the identified needs or problems. It focuses on analysis of the need, setting

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<sup>44</sup> Adapted from Mary D. Peoples-Sheps, DrPH, Anita Farel, DrPh, and Mary M. Rogers, MSN, DrPH (authors). (1996). *Assessment of Health Status Problems*. Maternal and Child Health Bureau.

priorities for goals and objectives, identifying the strategies to facilitate attainment of the objectives and goals, delineating the specific activities needed to complete each strategy, establishing timelines, and identifying evaluation procedures.

**Strategies.** The team should formulate specific strategies to achieve each objective. A strategy is a set of activities designed to bring about the desired change. Strategies can take the form of a policy development, formal instruction, informal modeling of behavior, social support, facility modification, direct intervention, or mass media campaigns to change behavior. As the action plan is implemented, attention to the reception and the progress of the program is paramount. In this phase, there is a formative evaluation that provides guidance for program modification. If the plan is not proceeding according to schedule or if unexpected outcomes are discovered, revision and restructuring of the action plan are warranted.

**Factors to Consider.** When developing the action plan, it is important to consider the following factors:

- ◆ Involve as many people as possible in the planning process. The more people who have ownership of the plan, the more people who will support the plan when it is implemented. Successful school health improvement projects link professionals within the school and integrate school activities with the community.
- ◆ Identify the key stakeholders associated with the identified problem and encourage their involvement.
- ◆ Anticipate potential problems with the plan and develop contingency plans.
- ◆ Ensure that the plan is communicated to everyone who will be affected by it.
- ◆ Determine if the plan is manageable and reasonable.
- ◆ The work of the school health team is enhanced if the community has mounted a similar campaign and if there is a link integrating the programming in the community with what is occurring in the school. Various options are available for school community partnerships, such as community agency professionals and parents working on school health improvement teams, and formal task forces that include coalitions or consortiums. As the organizational unit becomes more formal and complex, the roles and responsibilities of participating individuals and agencies should be clarified.

**School Health Advisory Boards.** The school health advisory board (SHAB) is an excellent vehicle to assist in the development of the school health program. The SHAB may be the group that can assist in the assessment of the health conditions, risks, and resources in a school community, or may assist persons associated with the school division to plan for an identified school health need. In many situations, the SHAB members are key stakeholders associated with a particular school health need. (Please see

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“Establishing and Enhancing School Health Advisory Boards” in Chapter II for more information on SHABs.)

## Implement Plan

After being developed, the plan is implemented to effect the identified school health needs. As each school division has unique needs, each school division will develop plans that are specific to their school’s situation. For example, a plan developed to meet the accessibility needs of a small rural school division will not be appropriate for the accessibility needs of a large urban school division. One system may have only 5 students with special needs, while the other has 100 students with special needs.

**General Guidelines.** General guidelines for implementing the action plan include:

- ◆ Involve the community and community leaders in implementation of the action plan.
- ◆ Communicate the plan to all persons who need to be involved.
- ◆ Identify the appropriate resources at the state level, such as the Virginia Department of Education and the Virginia Department of Health, and at the local level, such as school health advisory boards, school administration, area health professionals, local health departments, and school boards.
- ◆ Build partnerships and develop interdisciplinary collaboration as needed.
- ◆ Obtain a written agreement with all involved agencies and partners so that each person’s/organization’s role is clearly defined in the action plan.

## Evaluate Effectiveness

The final component of the planning process is evaluation. The purpose of the evaluation is to appraise the effects of the school health program. Evaluation procedures should be developed during the planning process. Ongoing or formative evaluation guides program implementation. Outcome or summative evaluation determines program effectiveness. Evaluation of the program planning process is conducted to determine if the goals, objectives, strategies, activities, personnel, and time frames chosen were appropriate, attainable, comprehensive, congruent, and acceptable to community standards. Evaluation of the program’s effectiveness focuses on planned and unplanned outcomes and the degree to which established goals were realized.

**Basic Steps.** The basic steps in the evaluation process are:

1. Develop questions that should be answered to determine whether the program is successful.

2. Identify procedures and persons to answer the questions.
3. Obtain information and data that specifically address the questions asked.
4. Analyze and interpret collected information and data.
5. Use evaluation results to plan for future programs.

**Evaluation Questions for Program Planning Process.** Examples of questions that may be asked regarding evaluation of the program planning process as presented in the following table.<sup>45</sup>

Evaluation Area	Sample Questions
Goals	<ul style="list-style-type: none"> <li>• Are the chosen goals congruent with needs identified in the assessment?</li> <li>• Are the chosen goals capable of being attained?</li> </ul>
Objectives and Outcomes	<ul style="list-style-type: none"> <li>• Are the objectives and outcomes comprehensive?</li> <li>• Are the objectives and outcomes attainable?</li> <li>• Are the objectives and outcomes measurable?</li> <li>• Are the objectives and outcomes congruent with goals and strategies?</li> </ul>
Strategies	<ul style="list-style-type: none"> <li>• Are the chosen strategies congruent to the attainment of goals?</li> <li>• Are the chosen strategies comprehensive?</li> <li>• Are the chosen strategies attainable? (Resources available amenable to student developmental levels?)</li> <li>• Are the chosen strategies acceptable to community standards and values?</li> </ul>
Activities	<ul style="list-style-type: none"> <li>• Are the activities attainable? (Resources available?)</li> <li>• Are the activities developmentally appropriate?</li> <li>• Are the activities comprehensive?</li> <li>• Are the activities congruent with strategies and goals?</li> <li>• Are the individuals in charge of each activity or strategy competent, well-organized, interesting, and effective?</li> </ul>
Time Frame	<ul style="list-style-type: none"> <li>• Is the time frame reasonable?</li> </ul>
Outcome of Action Plan	<ul style="list-style-type: none"> <li>• How effective were the specific health promotion strategies that were implemented by the components of the school health program (health services, health instruction, healthful school environment) in changing knowledge? attitudes? behavior?</li> <li>• Have new policies been implemented?</li> <li>• Has health status improved?</li> </ul>

<sup>45</sup> Adapted from Allensworth, D., Symons, C., and Olds, R. (1994). *Healthy Students 2000: An Agenda For Continuous Improvement In Schools*. (p. 33). Kent, Ohio: American School Health Association.

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# Establishing a School Health Team: Position Descriptions

## Authorization

**Regulations.** Virginia Department of Education (September 1997). *Regulations Establishing Standards for Accrediting Public Schools in Virginia*. Richmond, Va.: Author.

Excerpt: The regulations state that:

*Each school shall have contingency plans for emergencies that includes staff certified in Cardiopulmonary Resuscitation, the Heimlich maneuver, and emergency first aid.*

**Code of Virginia, Section 22.1-274E.**

Excerpt:

*Each school board shall ensure that, in school buildings with an instructional and administrative staff of ten or more, at least two instructional or administrative employees have current certification in cardiopulmonary resuscitation or have received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation. In school buildings with an instructional and administrative staff of fewer than ten, school boards shall ensure that at least one instructional or administrative employee has current certification in cardiopulmonary resuscitation or has received training, within the last two years, in emergency first aid and cardiopulmonary resuscitation.*

## Recommendation

**Local School Health Team.** The basic school health team consists of the parents, primary care physician, school physician or public health medical director, and school nurse. A school nurse practitioner functioning in an expanded role may also be a member of the school health team per school division policy. Ideally, this group will collaborate with administrators, teachers, guidance counselors, occupational therapists, physical therapists, speech-language pathologists, audiologists, social workers, psychologists, educational diagnosticians, food services, dentists, court services, legal services, and child welfare services.

The school health team recognizes that parents or guardians have the basic responsibility for the health of their children. School health services supplement, rather than substitute for, parental care and concern for the health of the student. Parents are to be advised of health problems, encouraged to secure needed medical or dental care, and made aware of various private and public community resources available to them.

**Interdisciplinary Team.** The intervention of an interdisciplinary team is the ideal method to be used in solving problems of a student with complex medical, social, and emotional needs. The team works in collaboration to develop a comprehensive plan to meet the needs of each student who has problems. The individual disciplines represented on the team will vary according to the needs of the student.

The appropriate lead member of the interdisciplinary team should be based upon the student's primary need. Interdisciplinary team membership may vary among school divisions; smaller school divisions are more likely to have personnel who are assigned multiple roles. The key to the interdisciplinary approach is not so much the specific disciplines represented on the team but the coordinated approach to problem solving and to meeting the needs of each student.

The activities of school health staff may overlap with those of other school personnel. For example, children with social and emotional problems are the concern of school guidance counselors, social workers, psychologists, mental health workers, and special education teachers, as well as of the school physician and school nurse. Collaboration is necessary to prevent duplication of services and to ensure a coordinated approach in meeting the student's health needs. Coordination of interventions by the interdisciplinary team is the ideal method to be used in solving problems of a student with complex medical/social/emotional needs.

For an interdisciplinary team to function cohesively, each member must understand the role of the other members of the team. The following guidelines contain recommended functions and responsibilities of various team members. The information contained under staff personnel is not intended to be a complete position description.

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## Subsections

**Functions and Responsibilities of School Health Program Personnel.** The following subsections provide guidelines on the roles of each of the following school health program personnel.<sup>46</sup>

- ◆ School Nurse: Registered Nurse
- ◆ School Nurse: Licensed Practical Nurse
- ◆ School Nurse Practitioner
- ◆ School Health Supervisor/Coordinator: Registered Nurse
- ◆ Unlicensed Assistive Personnel
- ◆ School Health Volunteer
- ◆ School Health Physician

**Resource.** Committee on School Health, American Academy of Pediatrics. (1987). *School Health: A Guide for Health Professionals*. Elk Grove, Ill.: the Academy.

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<sup>46</sup> Massachusetts Department of Health. (1995). *Comprehensive School Health Manual* (pp. 45-49, 50-59). Boston, Mass.: Author.

## School Nurse: Registered Nurse

The following are recommendations for school divisions to consider when developing a position description for a school nurse—Registered Nurse.

### Scope of Responsibilities

The Registered Nurse (RN) is responsible for developing, implementing, and managing a school health program for a school population as defined by the school division. Responsibilities include program management, nursing services, collaboration, health education, community health planning, and professional practice.

### Supervision Received

The Registered Nurse reports to the school nursing supervisor (if available) and to the chief administrator of the school building. In some cases, the RN reports to the local health department nursing supervisor. School physicians or medical health director may also be available for consultation.

### Supervision Given

The Registered Nurse supervises the health aide/technician and others as defined by the position description (e.g., licensed practical nurse, health services secretary, school health volunteer).

### Required Qualifications

- ◆ Must have a valid license to practice as a Registered Nurse in the Commonwealth of Virginia.
- ◆ Must maintain current certification in cardio-pulmonary resuscitation and first aid from a recognized provider (e.g., American Heart Association).
- ◆ Must have a minimum of two years of supervised nursing experience in community health or child health prior to entry into school nursing practice.

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## Recommended Qualifications

- ◆ A baccalaureate degree in nursing or public health nursing from an accredited college or university program in nursing.
- ◆ Work toward (and subsequently maintain) certification in school nursing, community health/public health nursing, family nurse practitioner, or pediatric/school nurse practitioner by a nationally recognized professional nursing organization.

## Responsibilities<sup>47</sup>

**Program Management.** Establishes and manages a school health program consistent with Virginia guidelines, regulations, and statutes governing nursing and school health, and local school division policy.

- ◆ Advises the local school health advisory board (SHAB).
- ◆ Consults with the school physician, school administrators, and others to establish, review, and revise policies, procedures, and specific programs for school health education and services.
- ◆ Works with others to develop a needs assessment and data collection procedures.
- ◆ Ensures the orientation, training, supervision, and evaluation of paraprofessionals, as needed, to comply with the nurse practice act and other relevant statutes and regulations.
- ◆ Organizes and implements state-mandated programs, such as immunization surveillance and screening programs.
- ◆ Promotes positive safety practices both within and outside of school buildings, and ensures that the school has an emergency plan that is communicated to personnel and students.
- ◆ Maintains comprehensive school health records.
- ◆ Collaborates with school administrators and personnel in assessing and improving the social and emotional climate of students and faculty and involves them in maintaining a healthful school environment.

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<sup>47</sup> Adapted from: American Nurses Association. (1983). *American Nurses Association Standards of School Nursing Practice*.

- ◆ Uses population-based data to plan and evaluate the school health program.
- ◆ Prepares regular written reports for school officials and other agencies describing the services provided by the program, numbers of students served, and so forth; interprets school health service needs and the role of the school nurse to the school and community.
- ◆ Carries out communicable disease prevention and infection control based on current guidelines for universal precautions, prevention of bloodborne pathogens exposure and hazardous medical waste disposal.

**Nursing Services.** Using the nursing process, collaborates with the parent/guardian and student, where appropriate, to develop and implement an individualized health care plan for the student.

- ◆ Collects information about the health and developmental status of the student and his/her family, and significant others, in a systematic and continuous manner, including health and social histories, screening results, physical assessment, emotional status, performance level and health goals, and makes home visits as needed.
- ◆ Develops a nursing diagnosis and care plan with specific goals and interventions delineating school nursing actions specific to student needs and coordinated with the efforts of other providers and school personnel; implements plans in a manner aimed at improving health and educational status.
- ◆ Provides medically prescribed interventions, including medication administration (based on state regulations), and provides care to ill children on a daily basis.
- ◆ Responds to frequently encountered health issues, providing counseling and crisis intervention as required by state and local policy (e.g., adolescent pregnancy, substance abuse, death of a family member, suicide, and child neglect or abuse issues).
- ◆ Assesses student response to nursing actions in order to revise the database, nursing diagnoses, and nursing care plan and to determine the progress made toward goal achievement; documents pertinent information in student records or confidential nursing notes.
- ◆ Provides first aid to injured children and staff, provides everyday care of acutely ill children, and manages children with communicable disease.

**Collaboration.** Collaborates with other professionals, team members, and community providers in assessing, planning, implementing, and evaluating programs and other school health activities, so as to maximize and coordinate services and prevent duplication.

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- ◆ Establishes a process to identify students at risk for physical and psychosocial problems. Communicates health needs to other school personnel, as appropriate, and establishes a referral system using both internal and community resources.
  - ◆ Participates as a team member—with parental consent, when indicated. Shares information with other team members about children with special health care problems that affect learning and growth; acts as an advocate for the student and family when appropriate; attends special education team meetings.
  - ◆ Includes the student and parent in the team conference whenever possible and appropriate.
  - ◆ Identifies health-related needs for inclusion in the individualized education program (IEP).
  - ◆ Serves as a member of pertinent committees and teams (e.g., crisis intervention team, support groups for grieving students, and so forth).

**Health Education.** Assists students, families, and groups to achieve optimal levels of wellness through health education and promotion.

- ◆ Identifies need for health education; teaches the basic principles of health promotion and disease prevention to students and staff, using principles of learning and appropriate teaching methods.
- ◆ Encourages students to be health educated people and knowledgeable health consumers.
- ◆ Assumes responsibilities for in-service programs for school personnel for first aid, emergency care procedures, and current health issues.
- ◆ Acts as a resource in health education for school personnel, students, and families.

**Community Health Planning.** Participates with other members of the community to assess, plan, implement, and evaluate school health services and community services that include the broad continuum of primary, secondary, and tertiary prevention.

- ◆ Uses population-based data.
- ◆ Uses community resources for referral of students with unmet health needs, including the need for a primary care provider.
- ◆ Participates in planning and implementing new services.
- ◆ Interprets school health service needs and the role of the school nurse to the school and community.

- ◆ Works with the media to convey important health information.

**Professional Practice.** Applies appropriate nursing theory as the basis for decision-making in the school setting while expanding knowledge and skills in response to the student health needs and participating in research.

- ◆ Demonstrates current knowledge in such areas as (1) professional issues in school nursing, (2) school and community health, (3) communicable disease control, (4) growth and development, (5) health assessment, (6) special health conditions—both chronic and acute, (7) injury prevention and emergency care, (8) health counseling, health education and promotion, and (9) current adolescent issues.
- ◆ Assumes responsibility for continuing own education; obtains expert consultation, supervision, and peer review as needed.
- ◆ Collaborates with local schools of nursing to provide student practice in community health, as well as to obtain nursing education resources.

**Note:** The administrator and school nurse should review and revise the position description at a minimum of every two years based on changing student health needs.

**Note:** In 1996, the Virginia Department of Health sent the following manual to all Virginia school divisions via the School Nurse Coordinator/Contact Person. School divisions are encouraged to consult the manual when developing orientation programs for new school nurses.

- ◆ Zaiger, Donna Shipley. *School Nursing Practice: An Orientation Manual*. Scarborough, Maine: National Association of School Nurses.

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## School Nurse: Licensed Practical Nurse

The following are recommendations for school divisions to consider when developing a position description for a school nurse—Licensed Practical Nurse.

### Scope of Responsibilities

The Licensed Practical Nurse (LPN) is responsible for implementing a school health program for a school population as defined by the school division under the direction of a licensed health professional. Responsibilities include selected nursing acts and collaboration with licensed health professional to implement school health services.

### Supervision Received

The LPN reports to the school nursing supervisor (if available) and to the chief administration of the school building. The LPN receives direction or supervision from a licensed medical practitioner, a registered nurse, or other licensed health professional authorized by regulations of the Virginia Board of Nursing.

### Required Qualifications

- ◆ Must have a valid license to practice as a Licensed Practical Nurse.
- ◆ Must have a minimum of two years of supervised nursing experience in community health or child health prior to entry into school nursing practice.
- ◆ Must maintain current certification in cardio-pulmonary resuscitation and first aid from a recognized provider (e.g., American Heart Association).

### Responsibilities<sup>48</sup>

**Nursing Services.** Using the nursing process, collaborates with a supervising licensed health professional, where appropriate, to develop and implement an individualized health care plan for the student with the assistance of the parent/guardian and students.

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<sup>48</sup> Adapted from: American Nurses Association. (1983). *American Nurses Association Standards of School Nursing Practice*.

- ◆ Collects information about the health and developmental status of the student and student's family and significant others, in a systematic and continuous manner, including health and social histories, screening results, physical assessment, emotional status, performance level and health goals; makes home visits as needed.
- ◆ Provides medically prescribed interventions, including medication administration (based on state regulations), and provides care to ill children on a daily basis.
- ◆ Initially responds to frequently encountered health issues and to child neglect or abuse issues (as required by state and local policy), and reports to appropriately trained and licensed health professional so that counseling and crisis intervention can be provided when required (e.g., adolescent pregnancy, substance abuse, death of a family member, suicide).
- ◆ Assesses student response to nursing actions in order to work with supervising licensed health professional to revise the database and individualized care plan and to determine the progress made toward goal achievement; documents pertinent information in student records or confidential nursing notes.
- ◆ Provides first aid to injured children and staff; provides everyday care of acutely ill children, and manages children with communicable disease.

**Health Education.** Assists students, families, and groups to achieve optimal levels of wellness through health education and promotion.

- ◆ Encourages students to be health educated people and knowledgeable health consumers.
- ◆ Acts as a resource in health education to school personnel, students, and families.

**Note:** The administrator and school nurse manager should review and revise the position description at a minimum of every two years based on changing student health needs.

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# School Nurse Practitioner

## Overview

The following are recommendations for school divisions to consider when developing a position for a school nurse practitioner—Licensed Nurse Practitioner (LNP).

## Scope of Responsibilities

The Licensed Nurse Practitioner's responsibilities vary according to the specific school division. In some school divisions, the LNP is the primary care provider for students who are registered in the school-based health center. In other divisions where there is no school-based health center, the LNP practices in an expanded role for the general student population.

## Supervision Received

The Licensed Nurse Practitioner receives clinical consultation from a designated physician. When functioning as part of the school health service team, the LNP receives administrative supervision from the school nurse manager as defined in the specific position description.

## Supervision Given

The Licensed Nurse Practitioner functioning as the primary care provider within a school-based health center (SBHC) provides supervision to those licensed and unlicensed persons functioning within the SBHC and as defined by the LNP's position description. If the LNP functions within the general school health program, the LNP likewise is responsible for those licensed and unlicensed personnel as defined by the position description.

## Required Qualifications

- ◆ Must have a valid license to practice as a Registered Nurse in the expanded role in Virginia. (Refer to the Virginia Nurse Practice Act for a description of this expanded role.)

- ◆ Must possess a minimum of a baccalaureate in nursing from an accredited nursing program; possess/maintain certification as a School/Pediatric or Family Nurse Practitioner.

## Recommended Qualifications

- ◆ Master's degree in primary health care nurse specialist practitioner with emphasis in pediatric, family, or school health.
- ◆ Have a minimum of three years experience in school nursing or a related field.
- ◆ Maintain certification in cardio-pulmonary resuscitation and first aid.
- ◆ Have an identified physician who provides consultation.
- ◆ Assume responsibility for updating knowledge and skill in community health, management, and related fields as new information emerges.
- ◆ Experience and/or education in the areas of school law and school health.
- ◆ Complete ongoing continuing education programs pertinent to the evolving specialty area of school health and school nursing practice, as well as meet the continuing education requirements for licensure in the expanded role in Virginia.

## Responsibilities

The Licensed Nurse Practitioner practicing within the school setting is responsible for many of those areas listed in the position description for the school nurse. In addition, the LNP role may include the following responsibilities.

- ◆ Consultation and collaboration with a pediatrician and medical specialist in adolescent medicine or other related field in addressing medical issues presented by the students and in developing practice guidelines.
- ◆ Provision of primary care to students.
- ◆ Management of the health care of students with chronic and acute conditions while providing intervention and/or referral as necessary.
- ◆ Provision of physical examinations to identified students at appropriate intervals, including prior to participation in sports, prior to obtaining work permits, and so forth.

- ◆ Provision of physical examinations to identified school staff according to school board requirements (e.g., school bus driver annual physical exam).
- ◆ Consultation with teachers on health issues and provision of clinical in-service education as needed.

## School Health Supervisor/Coordinator: Registered Nurse

### Overview

The following are recommendations for school divisions to consider when developing a position description for a school health supervisor/coordinator: registered nurse—School Nursing Supervisor.

### Scope of Responsibilities

The School Nursing Supervisor manages the total school nursing program, providing nursing leadership within the school system. The supervisor coordinates the clinical aspects of the school health program, collaborating with other members of the health services and health education team.

### Supervision Received

The School Nursing Supervisor reports to the school administrator as defined in her/his position description and collaborates with the designated school physician in developing and implementing the school health service program.

### Supervision Given

The School Nursing Supervisor supervises all clinical nursing staff providing services in the school health program, as well as those unlicensed personnel (e.g., health aides as designated in the organizational chart).

### Recommended Qualifications

- ◆ Must have a valid license to practice as a Registered Nurse in Virginia.
- ◆ Possess a minimum of a baccalaureate in nursing from an accredited nursing program. (A master's degree in nursing or related field is preferred with an emphasis on nursing, education, or public health.)
- ◆ Have a minimum of three years experience in school nursing or a related field.
- ◆ Experience in personnel management.

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- ◆ Experience in program administration.
  - ◆ Certification by a national organization of school nurses.
  - ◆ Maintain certification in cardio-pulmonary resuscitation; CPR-instructor certification for the supervisor or the supervisor's delegate is recommended.
  - ◆ Assume responsibility for updating knowledge and skill in community health, management, and related fields as new information emerges.
  - ◆ Complete ongoing continuing education programs pertinent to the evolving specialty area of school health and school nursing practice.

## **Responsibilities**

### **Needs Assessment.**

- ◆ Using available demographic, health, and school system data, identifies health needs of the student population.
- ◆ Selects or develops surveys, questionnaires, and other tools for obtaining information.

### **Planning.**

- ◆ Assumes leadership in the establishment of a school health service advisory committee consisting of representation from such groups as school administration, faculty, students, parents, and community providers.
- ◆ Based on needs assessment, develops program goals, objectives, and action steps.
- ◆ Coordinates planning with interdisciplinary colleagues in the comprehensive school health education and health services program.

### **Implementation.**

- ◆ Employs, orients, and assigns qualified personnel to implement the school health program.
- ◆ Implements communication systems that promote participatory management.
- ◆ Participates in the development of an interdisciplinary plan for each building to ensure that students in need of services are identified in a timely manner and appropriate intervention is initiated.
- ◆ Develops and implements written policies and procedures for the clinical services and programs addressing health issues (e.g., immunizations, medication administration,

services for children with special health care needs, school-wide injury prevention programs, and such special programs as groups addressing eating disorders, smoking cessation, and violence prevention).

- ◆ Develops and implements documentation systems at both the individual student level and the programmatic level.
- ◆ Provides clinical consultation to the health education staff, physical educators, and other administrative and teaching staff.
- ◆ Participates in interdisciplinary teams (e.g., crisis team, child abuse team, and so forth) to ensure that integrated systems are in place that address the comprehensive health needs of the student population.
- ◆ Carries out communicable disease prevention and infection control measures based on current guidelines for universal precautions, prevention of bloodborne pathogens exposure, and hazardous medical waste disposal.
- ◆ Ensures that there is an emergency care plan in place that is communicated to all staff and is closely coordinated with community emergency care procedures.
- ◆ Collaborates with other school administrators and teachers, and promotes a physically and psychologically healthy school environment.
- ◆ Promotes positive linkages and referral mechanisms to community providers for a range of services addressing child and adolescent health.
- ◆ Seeks opportunities to interpret the health needs of school-age children and adolescents, the goals of the health service program, and the importance of health education to administrators, school committee members, faculty, families and the general community, through special reports, the media, health fairs, and other special events.
- ◆ Prepares and administers the health services budget; seeks opportunities to apply for outside sources of funding for the school health services program.

#### **Evaluation.**

- ◆ Compiles statistical reports as required by the school system and state agencies.
- ◆ Evaluates nursing and other health service staff.
- ◆ Reviews changing trends in health needs and the outcomes of programs to determine need for revision of goals and objectives.

**Staff Development.**

- ◆ Implements an ongoing continuing education program for staff.
- ◆ Encourages health services staff to participate in pertinent conferences and workshops addressing a range of school health issues.
- ◆ Provides ongoing formal and informal feedback to staff about their progress in achieving the goals of the program, encouraging their continued educational and professional development.

**Other.**

- ◆ Collaborates with local nursing education institutions (e.g., provides student practice in the school health programs, guest lectures, participates in nursing research), seeks opportunities to give consultation on the specific issues of school-age children and adolescents, and publishes when possible.

# Unlicensed Assistive Personnel

## Overview

The following are recommendations for school divisions to consider when developing a position description for unlicensed assistive personnel—UAP.

## Scope of Responsibilities

Unlicensed Assistive Personnel (UAP) includes nursing assistants, clinic aides, health aides, and so forth. The UAP assists in the school health program as determined by the school nurse (who is a registered nurse). Therefore, the scope of responsibilities will vary according to school health program needs, the capabilities of the UAP, and the availability of the school nurse to provide supervision. When the Registered Nurse determines that certain tasks may be delegated to the UAP, such delegation shall be under the supervision of the Registered Nurse and consistent with the Virginia Board of Nursing regulations.

## Minimum Qualifications

- ◆ Possess a high school diploma or its equivalent.
- ◆ Demonstrate sound judgment.
- ◆ Ability to communicate with verbal and written language.
- ◆ Be able to read and write English.
- ◆ Respect and protect the confidentiality of students, staff, families, and so forth.
- ◆ Be willing to accept nursing supervision.
- ◆ Complete training in both cardio-pulmonary resuscitation and a basic first aid program, and maintain the necessary certifications.
- ◆ Demonstrate clerical proficiency.

## Recommended Qualifications

- ◆ Post high school education.

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- ◆ Office management skills, such as typing, computer literacy, and filing.
  - ◆ Experience in the care of the school-age child.
  - ◆ Certification as a nursing assistant.

## **Supervision Received**

The UAP receives supervision from the registered nurse appointed under the provisions of Virginia Nurse Practice Act.

## **Responsibilities**

A Registered Nurse assigns responsibilities to the UAP. These responsibilities may include but are not limited to the following activities.

### **Assisting in health care activities.**

- ◆ Assists with vision and hearing screenings and related tasks, such as recording results, sending letters to parents/guardians, and so forth.
- ◆ Weighs and measures students; completes graphs of heights and weights.
- ◆ Assists with preparation for health activities, such as physical examination of students, immunizations, Mantoux testing, and so forth.
- ◆ Administers medications and treatments as delegated by the school nurse, after having received the required training (if provided for in the policy of the local school division or local health department).
- ◆ Reports major health concerns to the supervising school nurse and/or school administrator within appropriate time limits.
- ◆ Provides first aid care to students with minor injuries.
- ◆ Follows guidelines contained in *First Aid Flipchart for School Emergencies*. (See Appendix B.)
- ◆ Reports all illnesses and injuries to the school nurse for professional review, care, and/or follow-up.
- ◆ Contacts parents of ill or injured students.
- ◆ ***Maintains confidentiality on student information.***

- ◆ Maintains a clean, orderly, and attractive health office/clinic.
- ◆ Attends ongoing in-service education programs.

**Performing clerical functions.**

- ◆ Records health information (e.g., results of various screening tests, immunization information, and so forth).
- ◆ Maintains an up-to-date master file of student health emergency information and so forth.
- ◆ Sends notices to parents, tabulates returns, and follows up on non-respondents.
- ◆ Provides ongoing communication to the school nurse regarding the status of health notices.
- ◆ Distributes information, forms, and so forth, to teachers and administrative staff.
- ◆ Develops computer skills as needed.
- ◆ Initiates and distributes incident and accident reports according to school division policy.

## School Health Volunteer

School health volunteers should be selected and function according to local school division policy. Volunteers should not administer medications or perform treatments unless specifically covered by local school board policy. In addition, they should not have access to confidential student records.

**Reference.** Virginia Department of Education. (1999). *Guidelines for the Management of the Student's Scholastic Record in the Public Schools of Virginia*. Richmond, Va.: Author.

# School Health Physician

## Overview

In elementary, middle, and high schools in Virginia, the physician might have the following roles in the school health program.

**Primary Care Provider.** “The most valuable role of the physician as primary care provider in a school program is that of general resource and liaison between the child, the family, and school personnel. By interpreting the health problems of a student for school personnel, the physician helps the staff to modify the student’s program as needed. Conversely, the school helps the primary care provider by providing pertinent information, and by reporting observations about the student’s physical and emotional behavior. In certain circumstances, the school can help the physician manage some aspects of health problems, such as psychosocial disorders, chronic disease, and physical disabilities.”<sup>49</sup>

**School Health Physician.** The role of the school physician is to serve in the capacity of consulting medical director to provide medical evaluations, consultation, and support to nursing personnel. The duties of the school physician are to provide consultation to the school health program, provide medical evaluations where appropriate, and maintain two-way communication between the school and the student’s primary care physician. The school health physician usually serves as advisor for medical concerns related to medically fragile/unstable students, special education placement, and issues related to Section 504 of the Rehabilitation Act.

The school physician may be employed by a single school division or by a group of school divisions.

**Medical Director of the Local Health Department.** The role of the medical director of the local health department (Health District Director) is to serve as a consultant and/or advisor to the local school division regarding school health laws, immunization regulations, control of communicable diseases, and enforcement of environmental laws and regulations.

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<sup>49</sup> American Academy of Pediatrics. (1987). *School Health: A Guide for Health Professionals* (p. 9). Grove, Ill.: The Academy.

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## Recommendation

The following are recommendations for school divisions to consider when developing a contract for a school health physician.

## Scope of Responsibilities

The school physician/physician consultant contracts with the local school division to provide medical expertise and consultation in the development and implementation of the school health program. The school nurse may request consultation on individual students or groups of students with specific health issues at any time. The school physician acts as a resource.

## Qualifications

- ◆ Must have a valid license to practice medicine in the Commonwealth of Virginia.
- ◆ Knowledgeable about the health needs of children and adolescents.
- ◆ Additional Suggested Qualifications: The school physician/physician consultant should, in addition, be board certified or board eligible in pediatrics or family practice. When the primary student population includes adolescents, the medical consultant or school physician should have education and experience in adolescent medicine.

## Responsibilities

The school physician/physician consultant may include the following responsibilities.

### Consultation to the school health program.

- ◆ Provides general consultation to school nurse and to the school division on matters relating to the health of the school population.
- ◆ Collaborates with the school nurse in identifying the need for and developing policies and procedures governing school health services for individuals or groups of students, which are then shared with the school health advisory board for adoption.
- ◆ Participates as a member of the school health advisory board.
- ◆ Provides consultation on the development of policies pertinent to the health and safety of the school (e.g., emergency care plan, first aid program, bee sting protocol, HIV/AIDS, environmental safety, athletic safety).

- ◆ Collaborates with the school nurse, school administrators, and other pertinent school personnel, as well as the local health department, to develop and implement a program for immunization against communicable diseases and control of infectious illnesses (e.g., bloodborne illnesses, parasitic diseases, and tuberculosis) and assists in developing policies on exclusion and readmission of students based on the aforementioned conditions.
- ◆ Collaborates with the interdisciplinary comprehensive school health education staff to develop educational programs specific to the current needs of student, faculty, and parent groups on such topics as nutrition, child development, family life, HIV/AIDS prevention, and so forth.
- ◆ Collaborates with the school nurse, teachers, support staff, and parents on specific health issues of individual students as they relate to the school setting, including classroom management of the student with physical or emotional problems.
- ◆ When indicated or requested by the school nurse, communicates with the student's primary physician on medical issues pertinent to the school setting.
- ◆ When indicated or requested by the school nurse, reviews the reports of physical examinations performed by the student's primary care provider.

**Physical assessment.**

- ◆ Completes the health assessments on such students who do not have this service performed by a primary care provider.
- ◆ Provides the physical examination of students participating in competitive or contact sports, prior to that participation (for students who do not have this service performed by a primary care provider).
- ◆ Examines students referred by the school nurse or other personnel because of health issues identified during screening and/or frequent school absences (if this service is not provided by a primary care provider).
- ◆ Conducts physical examinations on students as needed for special education assessment.

**Health education.**

- ◆ In collaboration with the comprehensive health education staff, assists in presenting educational programs as needed by faculty, parents, and students.

**Coordination with community providers.**

- ◆ In collaboration with the school nurse, interprets the needs and responsibilities of the school health program to the school committee, the community, and other health care providers within the community.
- ◆ Collaborates with other medical and public health professionals in prevention programs designed to enhance the health of children and adolescents within the community.

# Delineating Roles and Responsibilities for the Safe Delivery of Specialized Health Care

## Authorization

**Code of Virginia, Sections 22.1-274, School Health Services.** The *Code of Virginia* states that each school board may strive to employ, or contract with local health departments for, nursing services consistent with a ratio of at least one nurse (i) per 2,500 students by July 1, 1996; (ii) per 2,000 students by July 1, 1997; (iii) per 1,500 students by July 1, 1998; and (iv) per 1,000 students by July 1, 1999.

Excerpt: See Appendix A for *Code of Virginia*, § 22.1-274, A-D.

**Code of Virginia, Section 54.1-3000, Definitions.** The *Code of Virginia* defines “professional nurse,” “professional nursing,” “practical nurse,” and “practical nursing.”

Excerpt:

### Registered Nurse

*“Professional nurse,” “registered nurse” or “registered professional nurse” means a person who is licensed under the provisions of this chapter to practice professional nursing as defined in this section. Such a licensee shall be empowered to provide professional services without compensation, to promote health and to teach health to individuals and groups. The abbreviation “R.N.” shall stand for such terms.*

*“Professional nursing,” “registered nursing” or “registered professional nursing” means the performance for compensation of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health; in the prevention of illness or disease; in the supervision and teaching of those who are or will be involved in nursing care; in the delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined by the board; or the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered professional nursing require specialized education, judgment, and skill based upon knowledge and*

*application of principles from the biological, physical, social, behavioral and nursing sciences.*

### Licensed Practical Nurse

*“Practical nurse” or “licensed practical nurse” means a person who is licensed under the provisions of this chapter to practice practical nursing as defined in this section. Such a licensee shall be empowered to provide nursing services without compensation. The abbreviation “L.P.N.” shall stand for such terms.*

*“Practical nursing” or “licensed practical nursing” means the performance for compensation of selected nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease; or, subject to such regulations as the Board may promulgate, in the teaching of those who are or will be nurse aides. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board.*

See Appendix A for *Code of Virginia*, § 54.1-3000.

***Code of Virginia, Section 54.1-3005, Specific powers and duties of the Board.*** The *Code of Virginia* confers specific powers and duties to the Board (of Nursing). One specific power/duty involves delegation.

Excerpt:

*To promulgate regulations for the delegation of certain nursing tasks and procedures not involving assessment, evaluation or nursing judgment to an appropriately trained unlicensed person by and under the supervision of a registered nurse, who retains responsibility and accountability for such delegation.*

See Appendix A for *Code of Virginia*, § 54.1-3005.

**Note:** At the time of development of this manual, the final regulations had not been promulgated by the Virginia Board of Nursing. Please contact the Board of Nursing at (804) 662-9909 for current information on delegation.

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## Overview

**Role Delineation.** Advances in health care technology and procedures have resulted in increased numbers of children with special health care needs in the school setting. The trends toward out-patient and home-based treatments, federal mandates for educating special education students in the regular classroom, plus parental expectations have all reinforced the need for school divisions to clearly define roles and responsibilities in addressing the specialized health care needs of these children.

**Delegation.** The issue of delegation involves the responsibilities of registered nurses (R.N.s) in delegating patient or client care activities to unlicensed persons.<sup>50</sup> The American Nurses Association (1992) defines delegation as the transfer of responsibility for the performance of an activity from one individual to another while retaining the accountability for the outcome. The National Council for State Boards of Nursing (1990) defines delegation as transferring to a competent individual authority to perform a selected nursing task in a selected situation.

**Note:** At the time of development of this manual, the final regulations for delegation had not been promulgated by the Virginia Board of Nursing. The Virginia Board of Nursing will include a definition of delegation in its regulations.

## Recommendation

**Role Delineation.** Specialized health care procedures should be performed by qualified personnel who have received child-specific training as defined by the student's primary health care provider(s) and the student's family. Every student who has a special health care need requiring nursing care, intervention, and/or supervision should have a nursing care plan written by a nurse.

The National Joint Task Force for the Management of Children with Special Health Needs with membership from the American Federation of Teachers, the Council for Exceptional Children, the National Association of School Nurses, and the National Education Association developed the matrix, "Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting."<sup>51</sup> (Please see matrix at the end of this section.) Many of the special health care procedures that some children may need in the educational setting are regulated by professional standards of practice. The matrix delineates the persons qualified to perform

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<sup>50</sup> Schwab, N. and Hass, M. (1995). Delegation and Supervision in School Settings: Standards, Issues, and Guidelines for Practice (Part 1). *Journal of School Nursing*, 11(1), pp. 19-27.

<sup>51</sup> Joint Task Force for the Management of Children with Special Health Care Needs. (May, 1990). *Guidelines for the Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the Educational Setting*. Reston, Va.: Author.

specific procedures, who should perform them, and the circumstances under which these persons would be deemed qualified. The term “qualified” assumes that the individual has received appropriate training and has been certified as competent to perform the procedure by a registered nurse or physician. The matrix may be useful to administrators, health care providers, and educators in planning educational programs for staff who provide care for children with special health care needs.

**Delegation.** In the Commonwealth of Virginia, a registered nurse can delegate certain nursing tasks to an appropriately trained unlicensed person who is under the RN’s supervision. When delegating, the RN retains responsibility and accountability for such delegation. As defined in the *Code of Virginia*, RNs cannot delegate nursing tasks and procedures that involve assessment, evaluation, or nursing judgment. The final regulations, which will be developed by the Board of Nursing, will address the requirements that must be met in order for a task to be delegated.

**GUIDELINES FOR THE DELINEATION OF ROLES AND RESPONSIBILITIES  
FOR THE SAFE DELIVERY OF SPECIALIZED HEALTH CARE IN THE EDUCATIONAL SETTING \***

PROCEDURE	PHYSICIAN ORDER REQUIRED	REGISTERED NURSE (RN)	LICENSED PRACTICAL NURSE (LPN)	CERTIFIED TEACHING PERSONNEL	RELATED SERVICES PERSONNEL <sup>1</sup>	PARA PROFESSIONALS <sup>2</sup>	OTHERS <sup>3</sup>
<b>1.0 ACTIVITIES OF DAILY LIVING</b>							
1.1 Toileting/Diapering		A	A	A	A	(A)	A
1.2 Bowel/Bladder Training (Toilet Training)		A	A	(A)	A	S	S
1.3 Dental Hygiene		A	A	A	A	S	S
1.4 Oral Hygiene		A	A	(A)	A	S	S
1.5 Lifting/Positioning		A	A	(A)	A	S	S
<b>1.6 Feeding</b>							
1.6.1 Nutrition Assessment		A	X	X	N	X	X
1.6.2 Oral-Motor Assessment		X	X	X	(SP/TH)	X	X
1.6.3 Oral Feeding		A	A	A	A	(S)	S
1.6.4 Naso-Gastric Feeding	*	(A)	(S)	X	X	(S/HA)	X
1.6.5 Monitoring of Naso-Gastric Feeding		A	S	S	S	S	X
1.6.6 Gastrostomy Feeding	*	(A)	(S)	X	X	(S/HA)	X
1.6.7 Monitoring of Gastrostomy Feeding		A	S	S	S	S	X
1.6.8 Jejunostomy Tube Feeding	*	(A)	(S)	X	X	X	X
1.6.9 Total Parenteral Feeding (Intravenous)	*	(A)	(S)	X	X	X	X
1.6.10 Monitoring of Parenteral Feeding		A	S	S	S	S	X

**DEFINITION OF SYMBOLS**

A Qualified to perform task, not in conflict with professional standards  
 S Qualified to perform task with RN supervision and inservice education  
 EM In emergencies, if properly trained, and if designated professional is not available  
 X Should not perform

N Nutritionist only  
 TH Occupational or physical therapist only  
 SP Speech/language Pathologist only  
 ○ Person who should be designated to perform task

HA Health Aide only

<sup>1</sup> Related Services include N, TH, and SP.

<sup>2</sup> Paraprofessionals include teacher aides, health aides, uncertified teaching personnel.

<sup>3</sup> Others include secretaries, bus drivers, cafeteria workers, custodians.

\* DELINEATION OF RESPONSIBILITIES MUST ADHERE TO EACH STATE NURSE PRACTICE ACT.

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1.6.11 Naso-Gastric Tube Insertion	*	(A)	(S)	X	X	X	X
1.6.12 Naso-Gastric Tube Removal	*	(A)	(S)	EM	EM	EM/HA	X
1.6.13 Gastrostomy Tube Reinsertion	*	(A)	(S)	X	X	X	X
<b>2.0 CATHETERIZATION</b>							
2.1 Clean Intermittent Catheterization	*	(A)	(S)	X	X	S/HA	X
2.2 Sterile Catheterization	*	(A)	(S)	X	X	X	X
2.3 Crede	*	A	S	S	S	(S/HA)	S
2.4 External Catheter	*	(A)	(A)	S	S	(S/HA)	X
2.5 Care of Indwelling Catheter (Not Irrigation)	*	(A)	(S)	S	S	(S/HA)	X
<b>3.0 MEDICAL SUPPORT SYSTEMS</b>							
<b>3.1 Ventricular Peritoneal Shunt</b>							
3.1.1 Pumping	*	(EM)	(EM)	X	X	X	X
3.1.2 Monitoring	*	(A)	S	S	S	S	X
<b>3.2 Mechanical Ventilator</b>							
3.2.1 Monitoring	*	(A)	(S)	EM	EM	S/HA	X
3.2.2 Adjustment of Ventilator	*	X	X	X	X	X	X
3.2.3 Equipment Failure	*	(A)	(S)	EM	EM	EM	EM

**DEFINITION OF SYMBOLS**

- |   |  |                     |
|---|--|---------------------|
| A Qualified to perform task, not in conflict with professional standards                | N Nutritionist only  | HA Health Aide only |
| S Qualified to perform task with RN supervision and inservice education                 | TH Occupational or physical therapist only   |                     |
| EM In emergencies, if properly trained, and if designated professional is not available | SP Speech/language Pathologist only  |                     |
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1.6.11 Naso-Gastric Tube Insertion	*	(A)	(S)	X	X	X	X
1.6.12 Naso-Gastric Tube Removal	*	(A)	(S)	EM	EM	EM/HA	X
1.6.13 Gastrostomy Tube Reinsertion	*	(A)	(S)	X	X	X	X
<b>2.0 CATHETERIZATION</b>							
2.1 Clean Intermittent Catheterization	*	(A)	(S)	X	X	S/HA	X
2.2 Sterile Catheterization	*	(A)	(S)	X	X	X	X
2.3 Crede	*	A	S	S	S	(S/HA)	S
2.4 External Catheter	*	(A)	(A)	S	S	(S/HA)	X
2.5 Care of Indwelling Catheter (Not Irrigation)	*	(A)	(S)	S	S	(S/HA)	X
<b>3.0 MEDICAL SUPPORT SYSTEMS</b>							
<b>3.1 Ventricular Peritoneal Shunt</b>							
3.1.1 Pumping	*	(EM)	(EM)	X	X	X	X
3.1.2 Monitoring	*	(A)	S	S	S	S	X
<b>3.2 Mechanical Ventilator</b>							
3.2.1 Monitoring	*	(A)	(S)	EM	EM	S/HA	X
3.2.2 Adjustment of Ventilator	*	X	X	X	X	X	X
3.2.3 Equipment Failure	*	(A)	(S)	EM	EM	EM	EM

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3.3 Oxygen							
3.3.1 Intermittent	*	(A)	(S)	EM	EM	EM	X
3.3.2 Continuous (Monitoring)	*	A	S	S	S	S	S
3.4 Hickman/Broviac/IVAC/MED	*	(A)	(S)	X	X	X	X
3.5 Peritoneal Dialysis	*	(A)	(S)	X	X	X	X
3.6 Apnea Monitor	*	A	S	S	S	S/HA	X

**4.0 MEDICATIONS**

Medications may be given by LPN's and Health Aides only where the Nurse Practice Act of the individual state allows such practice, and under the specific guidelines of that nurse practice act.

4.1 Oral	*	(A)	(S)	X	X	S/HA	X
4.2 Injection	*	(A)	(S)	X	X	X	X
4.3 Epi-Pen Allergy Kit	*	(A)	(S)	EM	EM	EM	EM
4.4 Inhalation	*	(A)	(S)	EM	EM	EM/HA	EM
4.5 Rectal	*	(A)	(S)	X	X	EM/HA	X
4.6 Bladder Installation	*	(A)	(S)	X	X	X	X
4.7 Eye/Ear Drops	*	(A)	(S)	X	X	S/HA	X

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4.8 Topical	*	(A)	(S)	X	X	S/HA	X
4.9 Per Nasogastric Tube	*	(A)	(S)	X	X	S/HA	X
4.10 Per Gastrostomy Tube	*	(A)	(S)	X	X	S/HA	X
4.11 Intravenous	*	(A)	(S)	X	X	X	X
4.12 Spirometer	*	(A)	(S)	X	X	S/HA	X
<b>5.0 OSTOMIES</b>							
5.1 Ostomy Care	*	(A)	(S)	EM	EM	EM	X
5.2 Ostomy Irrigation	*	(A)	(S)	X	X	X	X
<b>6.0 RESPIRATORY ASSISTANCE</b>							
6.1 Postural Drainage	*	(A)	(S)	S	S	S/HA	S
6.2 Percussion	*	(A)	(S)	S	TH	S/HA	S
<b>6.3 Suctioning</b>							
6.3.1 Pharyngeal	*	(A)	(S)	S	S	S/HA	X
6.3.2 Tracheostomy	*	(A)	(S)	S	S	S/HA	X
6.4 Tracheostomy Tube Replacement	*	(EM)	(EM)	EM	EM	EM	EM
6.5 Tracheostomy Care (Cleaning)	*	(A)	(S)	X	X	X	X

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<b>7.0 SCREENINGS</b>							
7.1 Growth		(A)	(S)	S	S	S	X
7.2 Vital Signs		(A)	(S)	X	X	S/HA	X
7.3 Hearing		(A)	(S)	X	(SP)	S/HA	X
7.4 Vision		(A)	(S)	X	X	S/HA	X
7.5 Scoliosis		(A)	(S)	S	TH	S/HA	X
<b>8.0 SPECIMEN COLLECTING/TESTING</b>							
8.1 Blood Glucose	*	(A)	(S)	X	X	S/HA	X
8.2 Urine Glucose	*	(A)	(S)	X	X	S/HA	X
<b>9.0 OTHER HEALTH CARE PROCEDURES</b>							
9.1 Seizure Procedures		A	A	A	A	A	A
9.2 Soaks	*	(A)	(S)	X	TH	S/HA	X
9.3 Dressings, Sterile	*	(A)	S	X	X	X	X

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