

CHAPTER 3

School Health Services

This chapter presents guidelines for use in planning, implementing, and evaluating *school health services*, a component of a school health program. Included within this chapter is information about related codes, policies, and recommendations for appraisal, preventive, and remedial aspects of school health services. Also included is information on planning the school health services facility.

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Overview of School Health Services

Health services, depending on the needs and preference of the community, may include services for students with disabilities and special health care needs and the traditional first aid, medication administration, and screening services. Communities make a decision about what level of health services they need. Then they implement the health services based on their decisions. Once implemented, health services should be evaluated to determine if the level of school health services is meeting the needs of the school community.

Subsections

The following subsections contain information on determining a model for health services, how to plan or implement health services, and a tool for evaluating health services.

- ◆ Deciding on a Model to Provide School Health Services
- ◆ Planning the School Health Services Facility
- ◆ Evaluating Health Services

Deciding on a Model to Provide School Health Services

Authorization

There is no requirement that specifies a school-based health services model. There are several different models for the delivery of school health services. The appropriateness of an approach for a school division typically depends on the educational preparation and the scope of practice of the available personnel, the funding available in the particular community, the scope of services available in the community, attitudes, and objectives of the community.⁶⁵

Overview

Definition. Although a universally accepted definition of the term “school health services” has not been adopted, *Health Is Academic: A Guide to Coordinated School Health Programs* presents the following definition:⁶⁶

School Health Services: Prevention services, education, emergency care, referral, and management of acute and chronic health conditions. Designed to promote the health of students, identify and prevent health problems and injuries, and ensure care for students.

The goals and program elements of school health services are derived from “student needs, community resources for health care, available funding, local preference, leadership for providers of school health services, and the view of health services held by school administrators and other key decision-makers in the school divisions.”⁶⁷ The types of services vary based on the goals and objectives of school health services.

Common Elements. While there is no one best universally accepted model of school health services, there are, however, common elements provided by schools across the

⁶⁵ Fox, H.B., Wicks, L.B., and Lipson, D.J. (1992). *Improving Access to Comprehensive Health Care Through School-Based Programs* (Grant #MCJ063500). Prepared with funding from the Maternal and Child Health Bureau, U.S. Department of Health and Human Services.

⁶⁶ Marx, E. and Wooley, S.F. (Eds.) (1998). *Health Is Academic: A Guide to Coordinated School Health Programs* (p.4). New York, N.Y.: Teachers College Press.

⁶⁷ Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.) (1997). *Schools and Health: Our Nation's Investment* (p.153). National Academy Press: Washington, D.C.

country. A study conducted by the Institute of Medicine Committee on Comprehensive School Health Programs in Grades K-12 found that although the scope of school health services varies from one school district to another, most schools provide the following services:

- ◆ Screenings.
- ◆ Monitoring student immunization status.
- ◆ Providing first aid.
- ◆ Administering medication.
- ◆ Providing wide range of health services for students with disabilities and special health care needs.⁶⁸

Models. The school health literature identifies the following three major approaches for providing or facilitating access to primary health care, a primary goal of school health services: (1) screening and referral by school nurses, (2) nurse practitioners providing primary care, and (3) school-based clinics providing comprehensive health care services.⁶⁹ Each of these models is described below.

Screening and Referral by School Nurses

School Nurses. This is the traditional model that usually consists of school nurses who provide the following health services:

- ◆ Assessment of the health needs of students and staff.
- ◆ Health screening.
- ◆ Health promotion and disease prevention activities.
- ◆ Individual health education and counseling.
- ◆ First aid and emergency care.
- ◆ Chronic care services for children with disabilities.

⁶⁸ Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation's Investment* (p.7). National Academy Press: Washington.

⁶⁹ Fox, H.B., Wicks, L.B., & Lipson, D.J. (1992). *Improving Access to Comprehensive Health Care Through School-Based Programs* (Grant #MCJ063500). Prepared with funding from the Maternal and Child Health Bureau, U.S. Department of Health and Human Services.

- ◆ Referral of children with health problems to community health care providers for further diagnosis and treatment.

Physician consultation. In the traditional model, physician consultation is typically provided by a consulting medical director/physician who is available to the school health program for providing medical evaluations, consultation, and support to nursing personnel.

Nurse Practitioners Providing Primary Care

Nurse Practitioners. This model expands the direct services provided to the students. In this model, nurse practitioners provide the following comprehensive preventive and primary health care services:

- ◆ Diagnosis and treatment of a range of health conditions in accordance with treatment protocols established by a supervising physician.
- ◆ Health screenings.
- ◆ Assistance to families in visiting appropriate health care providers.
- ◆ Monitoring chronic illnesses.

The school nurse and unlicensed assistive personnel should be a part of this team to provide the traditional school health services.

School-Based Clinics Providing Comprehensive Health Care Services

School-Based Clinics. This model provides for the following comprehensive health care services that are to be delivered by an interdisciplinary team usually made up of physicians, nurses, counselors, lab and medical assistants, and other health care professionals.

- ◆ Comprehensive primary health care services.
- ◆ Promoting positive health behaviors.
- ◆ Preventing such “new morbidities” as intentional and unintentional injuries, teenage pregnancy, and substance abuse.

The school nurse and unlicensed assistive personnel should be a part of this team to provide the traditional school health services.

Recommendation

Need for School Health Services. Schools bring together large populations of students and staff with needs for first aid management, detection of contagious diseases, routine medication administration, specialized health care procedures for students with special health care needs, and so forth. To address these issues, some of which are legislative mandates, a system needs to be in place to reduce risks and liability. In addition, because education and health are linked, health services are needed to promote student health and prevent disease. Therefore, although the primary goal of schools is education, basic school health services are an essential component of today's education program. Roles and responsibilities for school health services should be determined with community input.⁷⁰

Coordination with Student's Health Care Provider/Parents/Guardian. An important component of a school health program is the direct delivery of health care services to students. Health care services include health assessments, population-based screenings, providing emergency care and managing crisis situations, and addressing the day-to-day health care needs of the students.

School health services should be coordinated with the student's health care at home. There should be ongoing communication between the school health services personnel and the student's parents/guardians and health care provider so that the student is able to participate in school at the highest level.

Choosing a Model. Each school health services model can be successful in facilitating or providing access to primary health care—if properly designed and aggressively implemented.⁷¹ Therefore, a school health services model should be determined locally, based on which model, or model combination, best matches a community's needs and characteristics.⁷²

⁷⁰ Adapted from: Allensworth, D., et al editors (1995). *Defining a Comprehensive School Health Program: An Interim Statement* (pp. 6-7). National Academy Press: Washington D.C.

⁷¹ Fox, H.B., Wicks, L.B., & Lipson, D.J. (1992). *Improving Access to Comprehensive Health Care Through School-Based Programs* (Grant #MCJ063500). Prepared with funding from the Maternal and Child Health Bureau, U.S. Department of Health and Human Services.

⁷² Adapted from: Allensworth, D., Lawson, L., Nicholson, L., and Wyche, J. (Eds.). (1997). *School & Health: Our Nation's Investment* (p. 226). National Academy Press: Washington, D.C.

Planning the School Health Services Facility

Authorization

School Building Regulations, Section 55.42 and 55.43.

Excerpt:

The examination room shall have private access to a toilet and there shall be separate restrooms for boys and girls that are adjacent and accessible to the exam room.

Note: This regulation is under review at the time of development of this manual. Please refer to current regulations.

Standards. Standard for a School Health Clinic Environment, Southern Association of Colleges and Schools. According to the Southern Association of Colleges and Schools, the standards for a school health clinic environment include the following:

- ◆ Provision of health services to meet the immediate needs of students enrolled through the school rather than by an outside agency.
- ◆ Provision of appropriate health facilities, equipment, supplies, and personnel to fulfill the needs of students and staff.
- ◆ Development of a plan for handling injuries or illnesses of students and staff and making the faculty and staff familiar with the plan.

Overview

The school health office should be planned to meet the needs of emergency care and outpatient clinic services. The design and equipment should support infection control measures.

Planning for the Facility. In planning a school health facility, the clinic personnel and space or structure should be adequate and provide appropriate privacy for:

- ◆ Projected school enrollment.
- ◆ Make-up of the present student population.
- ◆ Medical supplies needed by the personnel.

- ◆ Services provided.
- ◆ Confidentiality and safety of each person entering the facility.

Facility Functions. The functions of the facility may include the following.⁷³

- ◆ A conference space where the school nurse, health care provider, teacher, pupil, parents, or others concerned with health counseling and guidance can discuss specific health problems of individual students in privacy.
- ◆ A designated space for the care of students who become ill or are suspected of having a communicable disease, until they can be placed under their parent's care or returned to class.
- ◆ A designated space for student health records.
- ◆ A resource center for health education materials.
- ◆ A center to provide a program of expanded school-based primary care services where applicable.
- ◆ A storage area for health supplies and equipment. (Note: It is important to remember that not all school divisions have the same size space available nor the same school health personnel staff. School divisions serving a greater percentage of students with special care needs must adjust the facility to accommodate the needs of these children.)
- ◆ Localities must adapt the school health clinic to their environmental and staff specifications.
- ◆ Services may be decentralized in some schools. For example, immunizations may be given in the school auditorium and hearing and vision screening may be done in the school gymnasium or school library.
- ◆ At all times strict guidelines for infection control measures, safety, confidentiality, and delivery of professional health services must be followed.

Structural Design. The following research article has structural design recommendations for a standard nurse's station for elementary, middle, and secondary schools: McKibben, C., and DiPoala, S. (1997) Promoting The Construction Of An Optimal Nurse's Office Facility: One School District's Experience. *Journal of School Nursing*. Vol. 13, No. 2. pp. 22-29.

⁷³ Massachusetts Department of Public Health. (1995). *Comprehensive School Health Manual* (p. 2-19). Boston, Mass.: Author.

Basic Clinic Environment. The most basic clinic environment should be required to provide space for the following:

- ◆ Waiting and triage.
- ◆ Assessment and treatment.
- ◆ Counseling.
- ◆ Storage.

Recommendations

Furniture and Equipment for a School Health Office. The following guidelines⁷⁴ provide recommendations for the school health clinic that should be considered when new construction is being planned or when school buildings are being renovated. The supervisor/director/coordinator of school health services should be an active part of the advisory group designing any new health services area.

School Health Office: Recommendations for Furniture and Equipment

Location	<ul style="list-style-type: none"> ◆ Located, ideally, in a quiet area of the building, on the ground floor, near administrative offices, with easy access for students and staff. ◆ Conveniently accessible for the disabled—designed with a door(s) leading to the outside, outer hallway, and/or main office to provide for emergency transport and to be wheelchair accessible. ◆ An area that is used <i>only</i> for health-related services and that allows for individual privacy. ◆ An area 600 square feet minimum, including the bathroom (which should be approximately 130 square feet).
Ventilation and Lighting	<ul style="list-style-type: none"> ◆ Adequate ventilation. One outside window without fixed panes for natural lighting and ventilation or an operable skylight would be advantageous. ◆ Proper illumination in health clinic and the bathroom areas, including adjustable overhead lights in rest areas, in the storage closet, and over the first-aid area station.
Accessibility for Disabled	<ul style="list-style-type: none"> ◆ At least one handicapped-accessible toilet facility that has hot and cold running water in accordance with American Disabilities Act guidelines.

⁷⁴ The guidelines are a composite of recommendations from: Massachusetts Department of Public Health. (1995). *Comprehensive School Health Manual* (pp. 2-20 to 2-24). Boston, Mass.: Author. McKibben, C., and DiPoala, S. (1997). Promoting the Construction of an Optimal Nurse’s Office Facility: One School District’s Experience. *Journal of School Nursing*, 13, (2), pp. 22-29.

School Health Office: Recommendations for Furniture and Equipment

Water Sources	<ul style="list-style-type: none"> ◆ Adequate plumbing to ensure hot and cold running water for assessment and treatment area. A water source outside of the bathroom is needed to allow for giving medication and washing hands and wounds while the bathroom is in use. Hot and cold running water in the bathroom is necessary for washing hands and providing special health care procedures.
ELECTRICAL OUTLETS	<ul style="list-style-type: none"> ◆ Each sink should be equipped with a gooseneck faucet and wrist control device, liquid soap, and paper towel dispenser. ◆ Adequate electrical outlets, approximately 1 every 6 feet. A space that is 600 square feet should have 12 accessible outlets distributed throughout the health clinic and bathroom area.
Climate Control	<ul style="list-style-type: none"> ◆ Heating and air-conditioning controls that solely control the health facility environment. ◆ Access to fresh air and exhaust fans is optimal for adequate ventilation.
Floor and Wall Covering	<ul style="list-style-type: none"> ◆ Tile or seamless anti-microbial resinous floor is the preferred floor covering to facilitate proper disinfecting of soiled areas. If the facility includes a private nurse's office, this room may be carpeted. (Note: Carpet is difficult to keep clean and may contain allergens, such as latex.) ◆ Easily cleanable—hard walls are preferred.
Storage	<ul style="list-style-type: none"> ◆ A locked storage cabinet or, preferably, a walk-in closet with floor-to-ceiling shelves for medical and other supplies. A walk-in closet is preferable for storage of scale, crutches, stretcher, wheelchair, privacy screen, and other large items. ◆ In-wall medicine cabinet that has a secure lock, for storing medications and inhaler devices. ◆ Base cabinets that have counter tops would provide a more functional treatment area and storage for supplies and screening equipment. ◆ Refrigerator (approximately 3.9 cubic feet) for storage of medication or snacks for students with special needs, and cold packs. An icemaker—either in a larger refrigerator or a size that is stackable—on top of the refrigerator to provide ice for injuries, sore throats, and so forth is optimal. (Note: For clinics with more than 7600 students, an apartment-sized refrigerator is needed because it contains a larger freezer.)
Area Design Configuration	<ul style="list-style-type: none"> ◆ The clinic design should include four specific areas, including: <ol style="list-style-type: none"> 1. A waiting and triage area. 2. An assessment and treatment area. 3. A private area for conference, counseling, and isolation. 4. The bathroom area. (See “Assessment and Treatment.”)

School Health Office: Recommendations for Furniture and Equipment

Waiting and Triage	<ul style="list-style-type: none"> ◆ Adequate number of chairs for seating in the waiting area (approximately four chairs) and one cot (for approximately every 300 students). ◆ Desk or other suitable writing surface that is visible to the waiting area and has at least one drawer which can be locked. A telephone outlet should be nearby. ◆ Telephone with a direct line outside. ◆ Computer with monitor, disc drive, and printer on table. ◆ Filing cabinets (two or more four-drawer cabinets, depending on the student population) that can be secured and locked for storage of current health records, emergency response cards, instructional information, and daily maintenance files.
Assessment and Treatment	<ul style="list-style-type: none"> ◆ Adequate private rest areas that have cots or beds. (Note: It is recommended that beds/cots have washable surfaces that can be disinfected between student use.) The number of rest spaces should correspond to student enrollment and frequency of use. ◆ Blankets, sheets, pillows, and disposable or plastic pillow cases/covers. (Note: If items cannot be laundered between students, items must be disposable or not used.) ◆ Folding screen or draperies to provide privacy in the rest area. ◆ Rest area visible from the clinic personnel’s work station. ◆ Rest area fitted with an outlet for its own light source. ◆ Private room (area) for examination and consultation, preferably with an examination table. ◆ Bathroom that is wheelchair accessible, has grab bar next to toilet, is well lit and ventilated, and has a sink and storage area for supplies and special needs equipment. (ADA guidelines recommend a changing table, washer dryer, and shower area with seat.) (Note: Bathroom should have a mirror.) ◆ Sink that has hot and cold running water and a gooseneck faucet. ◆ Wall-mounted liquid soap dispenser that has soap and is adjacent to all sinks. ◆ Wall-mounted paper towel holders that has paper towels and is adjacent to all sinks. ◆ Pedal-controlled, covered trash receptacles that is lined with polyethylene trash bags. ◆ First-aid station that has washable counter tops (preferably stainless steel), under-counter drawers for storage, and over-counter hanging cabinets with see-through sliding doors are preferable. (Note: May prefer wooden, locked doors to prevent theft.) ◆ Sharps container for disposal of hazardous medical waste. ◆ At least 15 feet of unobstructed space should be available in the school health clinic, if screening programs (e.g., vision and hearing) are conducted in the clinic.
Counseling and Treatment	<ul style="list-style-type: none"> ◆ Space that ensures privacy of sight and sound and is easily accessible. ◆ Private telephone line as well as an extension telephone.

Expendable (Consumable) Supplies for a School Health Office. The following table lists recommended supplies that should be available in a school health office.

Recommendations for Expendable (Consumable) Supplies

Movable Equipment	<ul style="list-style-type: none"> ◆ Book cases ◆ Bulletin boards ◆ Clock that has a second hand ◆ Flashlight or pen light with battery ◆ Gooseneck lamp ◆ Magnifying lamp ◆ Otoscope/ophthalmoscope with battery ◆ Physician's scale that has a height rod and is balanced ◆ Portable crisis kit ◆ Portable first-aid kit ◆ Pure tone audiometer (calibrated annually), tympanometer ◆ Reflex hammer ◆ Sphygmomanometer (calibrated annually) and appropriate cuff sizes ◆ Stethoscope ◆ Table for vision and hearing testing equipment ◆ Tape measure ◆ Vision testing machine, such as Titmus ◆ Wall-mounted height measuring tool ◆ Wheelchair
Suggested First Aid and Other Supplies	<ul style="list-style-type: none"> ◆ Bandages, including adhesive (e.g., Band-Aids) and elastic, of various types and materials ◆ Basins (emesis, wash) ◆ Cold packs ◆ Cotton-tip applicators (swabs) ◆ Cotton balls ◆ CPR masks (pediatric and adult) ◆ Dental floss ◆ Disinfectant for surfaces, spills (fresh [within 24 hours] 1:10 bleach solution or disinfectant approved by the U.S. Environmental Protection Agency) ◆ Disposable gowns ◆ Eye irrigating bottle ◆ Eye pads ◆ Eye wash solution ◆ Fingernail clippers ◆ Latex gloves ◆ Magnifying glass ◆ Masks ◆ Office supplies ◆ Paper cups (drinking, medicine, and pill) ◆ Paper towels ◆ Plastic bags (small and large, resealable) ◆ Physician rollpaper (optional)

Recommendations for Expendable (Consumable) Supplies

- ◆ Record forms (e.g., emergency cards, logs, medical sheets, accident reports, state forms)
- ◆ Ring cutter
- ◆ Safety pins
- ◆ Salt
- ◆ Sanitary pads, individually wrapped (may be used for compression)
- ◆ Scissors (blunt end)
- ◆ Slings
- ◆ Soap (must be in a dispenser)
- ◆ Splints (assorted)
- ◆ Surgi-pads
- ◆ Tape (different widths and hypo-allergenic)
- ◆ Tissues
- ◆ Thermometer (disposable) or other mechanism for measuring temperature, such as temp dots and thermometer sheaths, if applicable
- ◆ Tongue depressors
- ◆ Triangular bandage
- ◆ Tweezers
- ◆ Vinyl gloves (for latex allergies)
- ◆ Washcloths (disposable)

Suggested Reference or Resource Books

- ◆ Benenson, Abram (Ed.). (1995). *Control of Communicable Diseases*. Washington, D.C.: American Public Health Association.
 - ◆ Keen, T. (Ed.) with Cox, A, Ford, N., and Henry, J. (Consulting Editors). (1997). *Specialized Health Care Procedures*. Richmond, Va.: Virginia Department of Health.
 - ◆ Keen, T. and Ford, N. (Eds.) with Cox, A, Henry, J., Smith, G., and Tarr, J. (Consulting Editors). (1999). *Virginia School Health Guidelines*. Richmond, Va.: Virginia Department of Health.
 - ◆ Lewis, K. (1994). *School Health Manual*. Menlo Park, Calif.: Addison Wesley.
 - ◆ Tarr, J. (Developer) with Ford, N., Henry, J., and Cox, A. (Eds.). (1998). *First Aid Guide for School Emergencies*. Richmond, Va.: Virginia Department of Health.
 - ◆ Pharmacological reference
 - ◆ Medical dictionary
 - ◆ Physical assessment book
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Evaluating Health Services

Authority

- ◆ **Standard.** *Regulations Establishing Standards for Accrediting Public Schools in Virginia* (September 1997), 8 VAC 20-131-260 C, Commonwealth of Virginia, Department of Education.

Recommendation

Please see the following “Guidelines for Evaluation of School Health Services” adapted from:

- ◆ Task Force on Standards of School Nursing Practice. (1983). *Standards of School Nursing Practice*. Kansas City, Mo.: American Nurses’ Association.
- ◆ Task Force on an Evaluation Guide for School Nursing Practice. (1987). *Evaluating School Nursing Practice: A Guide for Administrators*. Kent, Ohio: American School Health Association.
- ◆ *An Evaluation Guide for School Nursing Practice Designed for Self and Peer Review*, Scarborough, Maine: National Association of School Nurses, Inc.
- ◆ *Standards of Nursing Practice*. (1998). Scarborough, Maine: National Association of School Nurses, Inc.

Guidelines for Evaluation of School Health Services	
Criteria	Documentation/Comments
I. GENERAL SCHOOL HEALTH SERVICES	
A. Purposes and scope of the school health program have been defined by written policies.	
B. Specific, written school health procedures are available for: <ol style="list-style-type: none"> 1. Emergency care of ill or injured students. 2. Medications given in the schools (including appropriate storage under double lock). 3. Control of communicable diseases. 4. Reporting child abuse. 5. Compliance with immunization law. 6. Health component of Individuals with Disabilities Education Act (IDEA). 	
C. Responsibilities of different classifications of school health personnel are clearly defined and applied.	
D. Community health resources are used in the school health program.	
E. A school health advisory board has been organized and is functioning effectively.	
F. Consultative services: <ol style="list-style-type: none"> 1. Physicians are available for consultation and advice. 2. Dentists are available for consultation and advice. 3. The public health nursing department is available to the schools. 	
G. Personnel currently certified in first aid and CPR are available and on duty at all times during the school day and school sponsored activities.	
H. Cumulative health records are maintained K-12 on all students and include: <ol style="list-style-type: none"> 1. Major health problems that may be significant educationally or pertain to the child's safety or the safety of others with whom the child interacts. 2. Designated screening programs are recorded for both pass and fail. 3. All health information obtained on the student is recorded on and/or <i>filed</i> in the health record. 4. Health records are readily accessible to appropriate school personnel. 5. Staff are knowledgeable about confidentiality of student records. 6. Health records are kept in locked files. 	
I. The school health services program undergoes periodic evaluation and revision.	
II. SPECIFIC SCHOOL HEALTH SERVICES	

Guidelines for Evaluation of School Health Services	
Criteria	Documentation/Comments
A. There is a written job description for the school nurse.	
B. There is a written job description for the health clerk and other health personnel, such as technicians, physicians, and health aides.	
C. There are written objectives for the school health program.	
D. A qualified school nurse supervisor, coordinator, or consultant is available to give direction and advice.	
E. School nurses are licensed to practice within the Commonwealth of Virginia.	
F. Channels of communication between the supervisor, administrator, and staff are clearly established and understood.	
G. The number of health personnel is adequate to fulfill the objectives of the school health service program and/or to meet the standards recommended by the Task Force on Standards of School Health Nursing Practice: <ul style="list-style-type: none"> ◆ 1:750 in general school populations. ◆ 1:225 in mainstreamed populations. ◆ 1:125 in severely/profoundly handicapped populations. 	
H. In-service training is available and a reasonable amount of release time is available to permit health personnel to attend staff meetings, workshops, and continuing education programs.	
I. Individual staff evaluations are conducted by peer and/or supervisor.	
J. Health assessments by the school nurse are: <ol style="list-style-type: none"> 1. Completed on all kindergarten students. 2. Completed on all new students in the school division. 3. Completed on students enrolled special educational programs. 4. Completed on all students referred by school personnel or parents for a suspected health problem. 5. Completed as needed on students with a known health problem. 	
K. School entrance physical examinations by a physician are: <ol style="list-style-type: none"> 1. Required for all new students entering the school district K-5. 2. Required annually for all students competing in school athletics. 3. Reviewed by the school nurse to identify and follow up on all health problems. 	

Guidelines for Evaluation of School Health Services	
Criteria	Documentation/Comments
<p>L. Screening programs are conducted as designated by the school nurse or other trained personnel.</p> <ol style="list-style-type: none"> 1. Written procedures are available and being followed for: <ul style="list-style-type: none"> ◆ Identification of health problems. ◆ Vision. ◆ Hearing. ◆ Scoliosis. ◆ Dental. ◆ Height and weight. ◆ Other (List). _____ 2. The school nurse initiates follow-up steps to ensure further evaluation or care for all students failing screening procedures. 3. The teachers are notified of any preferences needed for the student to participate in the classroom. 4. Follow-up checks are made on students for further evaluation or care to see that such services were provided. 5. The school nurse shares evaluation recommendations with the teachers and records them on the student’s health record. 6. Efforts are made to ensure that students with severe conditions receive professional care. 	
<p>M. School personnel-nurse referrals and conferences:</p> <ol style="list-style-type: none"> 1. School personnel are advised and encouraged to observe each student for possible health deviations. 2. Classroom teachers are provided with information on signs to watch for in referring students for health screening and have necessary forms or written procedures to make such referrals. 3. There is an established system by which school personnel can make referrals to the school nurse. 4. The school nurse provides feedback to school personnel on referrals. 5. Teacher-nurse conferences are held to inform teachers of students with health problems, or a list of students with health problems is given to teachers. 6. Inservice training is held, as needed, to inform teachers on how to handle health problems and emergencies in the school setting; i.e., epileptic seizures, diabetic coma, insulin reaction, reporting serious accidents or illness, using universal precautions. 	
<p>N. Health counseling is available to public, parents, and school personnel.</p> <ol style="list-style-type: none"> 1. Parents are encouraged to confer with the school nurse when a school program adjustment is needed for a student with a health problem. 2. Time and privacy are available for students to talk with the school nurse 	

Guidelines for Evaluation of School Health Services	
Criteria	Documentation/Comments
<p>about their concerns or for the school nurse to discuss his/her screening findings with the student.</p> <ol style="list-style-type: none"> 3. The school nurse can make home visits to pupils with special health problems. 4. Parents are informed of the results of health assessments and failures in screening programs either by telephone or written notice. 5. Parents are assisted in locating resources for care of identified health problems. 6. Students are assisted in becoming knowledgeable health consumers. 	
<p>O. Disabled or chronically ill students are identified in the school division.</p> <ol style="list-style-type: none"> 1. Parent-school nurse conferences are conducted to ascertain the student's current health status. 2. Current recommendations are obtained from the student's source of medical care. 3. Special instructions and services are provided for disabled or chronically ill students as indicated. 4. School personnel are informed of the special needs of disabled or chronically ill students if educationally appropriate. 5. The school environment is adapted to accommodate students with disabilities. 	
<p>P. The school nurse is responsible for participating in the appropriate placement of students with exceptional needs.</p> <ol style="list-style-type: none"> 1. The school nurse obtains health history and current health status information on students prior to determining placement. 2. The school nurse helps identify the relationship between the health status and the student's ability to learn. 3. The school nurse serves as a team member to identify and interpret the physical findings and health needs of the student. 4. The school nurse serves on the school team to write goals, objectives, and characteristics for the health component of the individualized education program (IEP) and determines health factors that are pertinent to the student's most appropriate educational placement. 	
<p>Q. Communicable disease control is part of the school health services program.</p> <ol style="list-style-type: none"> 1. School personnel are prepared to recognize signs of suspected communicable diseases in students. 2. School nurses report immediately to the principal and local health agency (by phone) any of the following conditions: diphtheria, rubella, measles, meningococcal disease, polio, public gathering outbreaks (e.g., food poisoning), tuberculosis. 3. School nurses report on a designated basis to the principal and the local health department any other communicable disease. 	

Guidelines for Evaluation of School Health Services	
Criteria	Documentation/Comments
<ul style="list-style-type: none"> 4. Provisions are made for isolating students with a communicable disease until they are removed from school. 5. Students with a communicable disease do not return to school until the condition has been remedied or the student is under treatment. 6. The school health service correlates its plans for disease prevention and control with the community program. 	
<p>R. A school health office or adequate workspace is available in every school.</p> <ul style="list-style-type: none"> 1. The nurse has the following equipment available: a desk with drawers, files or cupboards for health records and supplies, and an appropriate number of chairs. 2. A telephone is available in the clinic for confidential conversations concerning student health problems. 3. First aid supplies, including ice, are readily available. 4. Privacy is possible in the school health office for conducting health counseling and health assessments. 5. One cot is available for every 300 students in the school. 6. The cot has a washable surface or disposable cover. 7. A locked cabinet or container is provided for storing prescription drugs. 8. A sink, separate from the bathroom facility, is located in the clinic for use in first aid/skilled care. 9. Bathroom facilities that also accommodated disabled students are available within the clinic area. 	