

DISTRICT SCHOOL HEALTH SERVICES SELF-ASSESSMENT CHECKLIST

| A. School Health Services: Standards of Care | Yes | No |
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| administration planned? (Infinite Campus) Date _____ | | |
| 15. Monthly report on each health room's activity developed? | | |
| 16. A standardized process for developing and writing Individualized Health Care Plan (IHP) or Emergency Action Plan (EAP) for students with chronic conditions? | | |
| 17. Plans for an RN to be included in ARC meetings for students who may need health services included in an IEP or 504 Plan? | | |
| 18. Is there an RN assigned or available to each school to provide nursing supervision, delegation and training? | | |
| 19. Is there documentation of yearly training for designated unlicensed health staff? (Bloodborne pathogens, CPR, first aid, and/or clinical procedures to be performed) | | |
| 20. Is student health information only shared with those on a "need to know" basis? | | |
| Section Comments | | |
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DISTRICT SCHOOL HEALTH SERVICES SELF-ASSESSMENT CHECKLIST

| B. Medication Administration | Yes | No |
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| 1. Does the school district have approved policies and procedures for medication administration? | | |
| 2. Do these address issues such as: | | |
| a. Field trips, | | |
| b. Over-the-counter medications, | | |
| c. Emergency medications, and | | |
| d. Delegation to unlicensed assistive personnel (UAP)? | | |
| e. Student self-administration of medication (i.e asthma inhaler, EpiPen, insulin) | | |
| 3. Are medication policies and procedures periodically reviewed/updated? How often? _____ | | |
| 4. Is there a written procedure to report medication errors? Who receives the report? _____ Where is the report filed? _____ | | |
| 5. Is the KDE standardized medication administration training provided yearly for designated UAP documented? | | |
| 6. Is the UAP's successful completion of the Medication Administration Training documented yearly? | | |
| 7. Are all medications brought to school in the original container? | | |
| 8. Are all medications stored in a locked cabinet? | | |
| 9. Is there a separate refrigerator for storing medications that require refrigeration? | | |
| 10. Is there a written policy and procedure how to dispose of unused medication or expired medication? | | |
| 11. Is there a policy and procedure in place to monitor expiration dates of Emergency Medications: Glucagon, Diastat and EpiPens as per KRS 158.838? | | |
| 12. Is there a Medication Administration Record (MAR) individualized for each student and for each medication a student receives? | | |
| Section Comments | | |
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DISTRICT SCHOOL HEALTH SERVICES SELF-ASSESSMENT CHECKLIST

| C. Emergency Services | Yes | NO |
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| 1. Are there adequate facilities for First Aid in each school? (702 KAR 4:170) | | |
| 2. Are there Emergency Care Procedures in place in: | | |
| • All schools? | | |
| • All school buses? | | |
| • At all school sponsored events? | | |
| 3. Do the emergency procedures include: | | |
| • Presence of first aid supplies as listed in 902 45:150 Section 8 (2)? | | |
| • Student emergency card on file with parent phone number, emergency numbers and name of medical provider? | | |
| • Are student Emergency Action Plans (EAP) accessible by designated school staff? | | |
| • At least one employee in each school trained and delegated to administer Glucagon and/or Diastat according to KRS 158.838? | | |
| • At least one adult present during school hours who is certified in first aid and CPR for infant and children? | | |
| • Evidence of bus driver training on first aid? | | |
| 4. If AED's are present, are there protocols written for use and maintenance? | | |
| 5. Do all schools have access to 911 for emergencies? | | |
| 6. Does the school health coordinator or a school nurse participate in the: | | |
| • School district safety committee? | | |
| • School Health Advisory committee? | | |
| Section Comments: | | |
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DISTRICT SCHOOL HEALTH SERVICES SELF-ASSESSMENT CHECKLIST

| D. Budgets | Yes | No |
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| 1. How are school health services funded by district? a. District general funds b. Safe schools funds c. Special Education funds d. Family Resource Youth Service Center (FRYSC) e. Medicaid reimbursement from School Based Health Services and School Based Administrative Claiming f. Contracted with outside agency _____ g. Other (please explain) _____ | | |
| 2. If school health services are contracted out to another agency to provide services, is a copy of the contract available to the health coordinator? | | |
| 3. If school health services are contracted out to another agency, are school staff informed of services to be provided by the agency? | | |
| 4. Are all health services included in a student's IEP being billed to Medicaid? (PT/OT/SP and nursing) If no, are there plans for training staff to increase Medicaid billing? Date of training _____ | | |
| Section Comment | | |

DISTRICT SCHOOL HEALTH SERVICES SELF-ASSESSMENT CHECKLIST

| E. Data Collection | Yes | No |
|---|------------|-----------|
| 1. Is there access to a computer in the health room of each school? | | |
| 2. Are all school health required forms and data entered into Infinite Campus as per guidance in KY Health Services Standards Document? a. Health Care Exams (physicals, dental and vision) b. Immunizations c. Vision and Hearing Screening d. Health Alerts and Health Conditions e. Data entry for administering medications or clinical procedures f. Data entry for health room visits If school staff need training on above data entry, has this been arranged? | | |
| 3. Is the student health information kept in a cumulative folder or in the Kentucky Student Information System (KSIS) according to the KY Student Record Retention Schedule L2372 (retain 6 years after student leaves school then destroy)? | | |
| 4. Is there periodic review of district health services data for compliance and completed screening outcomes and referrals by school health coordinator? | | |
| 5. Are student visits to health room entered into KSIS for each visit? If no, is there a Health Room Activity Log implemented at each school? a. _____ Elementary _____ b. _____ Middle _____ c. _____ High School _____ (Goal for 2013-14 is to enter student health room visit into IC.) | | |
| 6. Are students required to see the school nurse before leaving school due to illness? | | |
| 7. Is a copy of all student medically excused absences received being given to District Health Coordinator for review of information? | | |
| 8. Is school health data used to identify student barriers to learning such as chronic health conditions management and/or comparison of absenteeism rate and those students with chronic diseases? If yes, please describe: | | |
| 9. Are there any monthly reports given to the district school board regarding school health services data? If so, please describe: _____ Suggested items: a. Number of students seen in health room, returned to class, sent home, sent to ER b. Number of scheduled health services administered (medications, glucose checks, catherizations, etc.) | | |
| Describe barriers to collecting, reporting, and analyzing data. | | |

DISTRICT SCHOOL HEALTH SERVICES SELF-ASSESSMENT CHECKLIST

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| Section Comments |
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| Facilities & Equipment | Yes | No |
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| 1. Are all health rooms periodically assessed according to the first aid room requirements in 702 KAR 4:170 Facility Programming, page 46? <ul style="list-style-type: none"> • Located off reception area • Within direct view of receptionist's desk through half-glass door and sidelight • Equipped with base cabinet with sink • Space for at least one cot • Handicapped accessible toilet room • Minimum of 200 Sq. Ft. • Separate refrigerator for medications, supplies • Telephone and computer • Locked filing cabinet • Locked medication cabinet | | |
| 2. Does the school district include the health coordinator in the planning of health room facilities for new schools or for the remodeling of existing schools? | | |
| Section Comments: | | |
| Collaboration & Professional Development | | |
| 1. Does your district have a Family Youth Resource Service Center (FRYSC)? How many _____ | | |
| 2. Is there an active School Health Advisory Committee (SHAC)? | | |
| <ul style="list-style-type: none"> • Were meetings conducted at least 3 times during the past year? | | |
| <ul style="list-style-type: none"> • Is the SHAC included in School Health Services Plan development? | | |

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| 3. Does the community support the school health program (i.e. SHAC participation, funding, donated health services, volunteers, health initiatives, etc.)? | | |
| If Yes, how? | | |
| 4. Does the school nurse provide classroom health education? | | |
| 5. Does the school nurse participate in continuing education activities sponsored by the Kentucky School Nurses Association (KSNA) and the National Association for School Nurses (NASN)? | | |
| Section Comments: | | |