

STATEMENT OF PURPOSE:

All schools should establish a process for appraising the physical and mental health of the students and a process for providing health counseling and resources for treatment and services to students and their parents/ caregivers.

AUTHORIZATION/LEGAL REFERENCE:

EPSDT & Title V Collaboration to Improve Child Health

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/early-and-periodic-screening-diagnostic-and-treatment.html>

Medicaid Administrative Claiming

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/medicaid-administrative-claiming.html>

Vermont Education Quality Standards - Section 2120.8.5 Health

http://education.vermont.gov/documents/EDU-FinalEQS_AsAdopted.pdf

Vermont Department of Health Immunization for School Entry

<http://healthvermont.gov/hc/imm/schoolentry.aspx>

REQUIRED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLE:

- Complete and submit by January 1st each school year, all information requested for the Vermont Health Department School Nurse Report. The data will be aggregated by SU/SD, school building, and grade. Collect the following health information:
 - Health insurance status (not what kind but insured or not)
 - Using these standardize questions, collect and report the number of students with asthma and with current asthma action plans:
 1. *Has a doctor, nurse, or other health professional EVER said that your child has asthma?*
 - a. *Responses Categories: "yes", "no", "don't know/not sure" (and did not answer the question)*
 2. *If yes, does your child STILL have asthma?*
 - a. *Response Categories: "yes", "no", "don't know/not sure" (and did not answer the question)*
 - Using these standardize questions, collect and report the number of students with comprehensive annual well care visit and annual dental exam visits:
 1. *What was the date of your child's last comprehensive annual well care visit received in their medical home? Date: _____*
 2. *What was the date of your child's last dental exam received in their dental home? Date: _____*
- The Vermont School Nurse Report will ask the school nurse to report
 1. If he/she uses an electronic health record (EHR) system to track and maintain [Individual Healthcare Plans](#).
 2. If the school promotes the American Academy of Pediatrics *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* recommendation of an annual well exam on the school's website, or within a handbook (i.e. student, parent, or teacher handbook).
- Complete and submit by January 1st each school year, all required Vermont Department of Health Annual Immunization Status Report grade level data for all enrolled students (see Immunization Section of the Manual). Include *enrolled students* who are otherwise home schooled, or who study in alternative settings,

residential, or technical programs off site. The data will be aggregated by SU/SD, school building, and grade. (See Immunization Section of the Manual).

SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES - INSURING THAT ALL STUDENTS HAVE ACCESS TO HEALTHCARE:

- Establish a system/protocol for maintaining current Annual Health Update and Emergency forms for all students.
- For students that are enrolled during the school year, ensure that the administrative support staff or registrar request that parents/caregivers fill out the emergency health form and provide all required immunization data prior to or on the day of student entry to classes. Encourage the family to contact the School Nurse if they have questions.
- Inform parents/caregivers each year about the American Academy of Pediatrics, *Bright Futures Guidelines for Health Supervision for Infants, Children, and Adolescents, 3rd edition*, recommendation for annual comprehensive well-care visits to the medical home (primary care provider), for all school-age children.
 - Suggested language that could be used in the School Health/Nurse section of the school district's parent/student handbook:
 - This district and school board support the American Academy of Pediatrics (AAP) recommendations for an annual comprehensive well-care visit to the medical home (primary care provider).
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive and preventive healthcare program for children and youth (up to 21 years of age) receiving Medicaid benefits: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/early-and-periodic-screening-diagnostic-and-treatment.html>. Through EPSDT, these children receive health screenings, as well as medically necessary diagnostic and treatment services for identified conditions. One of the EPSDT program objectives is to ensure that children receive appropriate health services and that their full learning potential is not threatened by poor health.
- Children who have a dental home are more likely to receive appropriate preventive and routine oral health care. Referral by the primary care physician or health provider has been recommended, based on risk assessment, as early as six months of age and no later than 12 months of age http://www.aapd.org/media/policies_guidelines/p_dentalhome.pdf. The dental home is the ongoing relationship between the dentist and the patient, inclusive of all aspects of oral health care delivered in a comprehensive, continuously accessible, coordinated, and family-centered way. (AAPD)
- Detecting mental health problems and making appropriate referrals so that interventions can begin is an important role for school nurses. The first step is to ensure a recent comprehensive well care visit to the medical home. Depression screening is a recommend part of the adolescent comprehensive well care visit. Tools suggested in the Resource part of this Manual section are not used for diagnosis but are useful in identifying individuals who may need further evaluation and for developing programs for those at risk... (Selekman, Diefenbeck, Guthrie, 2013, pg. 931)
 - *Check with school policies about screening for mental health symptoms and whether parental permission is required before hand (Selekman, Diefenbeck, Guthrie, 2013).*
 - Collaborate with the school guidance counselor and educational support team, and become familiar with the principals of screening for mental health before undertaking this role alone.
 - Work with the family and the medical home to support students with symptoms of mental health concerns.
- Encourage the establishment and use of Vermont Asthma Action Plan with parents/caregiver and medical home if the student has a diagnosis of asthma.
- Monitor health status and maintain and/or improve outcomes. Specifically:

- Provide resources for insurance to parents/caregivers who indicate no current health insurance coverage on their annual health update form.
- Inform all families served by the SU/SD of the Vermont Medicaid program and its benefits;
- Assist families in determining their eligibility for participation in Vermont's Medicaid program;
- Assist families by sharing information about Vermont Health Connect (Vermont's health insurance exchange), and local assistor organizations.
- Ensure that early and appropriate health services are appropriate and available so that screening, diagnosis, and treatment occur in a timely manner, ideally through a medical/dental home, and using the EPSDT periodicity schedule;
- Work to ensure that eligible individuals and/or their parents/guardians are aware of and understand the benefits of preventive and remedial healthcare;
- Work to ensure that the health-related services obtained by children enrolled in Medicaid, and who are students in the SU/SD, are of sufficient amount, duration, and scope to correct or ameliorate any diagnosed condition. [Medicaid Administrative Claiming Agreement, (2015-2017), Vermont Department of Health]
- The Vermont Department of Health (VDH) seeks to establish linkages between Supervisory Unions/School Districts (SU/SD) and the VDH in order to better carry out the following EPSDT administrative responsibilities:
 1. Seek out eligible children and inform them and their parents or guardians about the benefits of prevention, and of the health services and assistance available to them;
 2. Assure the availability of health services;
 3. Systematically assess students for risk factors that may interfere with learning and refer if needed; working collaboratively with their medical or dental home providers (see <https://medicalhomeinfo.aap.org/overview/Pages/Whatisthemedicalhome.aspx>).
 4. Help children and their families use health care resources effectively and efficiently;
 5. Assure that health problems found are diagnosed and treated early, that needed services are provided in a timely and efficient manner, and that duplicative and unnecessary services are avoided.
 6. Develop an individual healthcare plan, based on your health appraisal of the student with the family/caregivers and the medical home if student has chronic health conditions that may impact learning, e.g. asthma, life-threatening allergies, asthma, seizures, and re-evaluate the care plan on a regular basis (see [Students with Special Health Needs](#) section of the Manual).

RESOURCES

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 2008. 3rd Edition, American Academy of Pediatrics. <https://brightfutures.aap.org/Pages/default.aspx>

Colorado School Nursing and Health - Health Conditions (October 2015)

School Nurse Assessment Tool:

<http://www.cde.state.co.us/healthandwellness/schoolnurseassessmenttool-oct2015-word>

Olson, K.R., Durwood, L., Demeules, M., McLaughlin, K.A. (2016). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*. March.

<http://pediatrics.aappublications.org/content/early/2016/02/24/peds.2015-3223>

Pediatric Symptoms of Mental Health

- Mental Health is clearly recognized as an important part of physical health and wellbeing. School nurses are often called upon to document symptoms of poor mental health.

- Check with school policies about screening for mental health symptoms and whether parental permission is required before hand (Selekman, Diefenbeck, Guthrie, 2013).
- As a healthcare provider, it is within the role of the school nurse to assess the health status of individuals and groups [not to diagnose (added)], prevent complications, assess for risk, and promote good mental health (Selekman, Diefenbeck, Guthrie, 2013). These tools below may be helpful in the school nurse's assessment of mental wellbeing, as part of an interview with a parent or student.
- "The Pediatric Symptom Checklist (PSC) is a brief screening questionnaire that is used by pediatricians and other health professionals to improve the recognition and treatment of psychosocial problems in children" (MGH, n.d. retrieved Jan. 5, 2016). Forms for nursing assessment of pediatric symptoms of mental health:
 - a. Parent Form: http://portal.nasn.org/text/6905_W28_1_001.pdf
 - b. Student Form: http://portal.nasn.org/text/6905_W28_2_001.pdf
 - c. Scoring instructions for Pediatric Symptom Check lists above:
http://portal.nasn.org/text/6905_W28_2_001.pdf
 - i. From: Massachusetts General Hospital - Psychiatry
 - ii. http://www.massgeneral.org/psychiatry/services/psc_scoring.aspx

Periodicity Schedule: *Recommendations for Preventive Pediatric Health Care*: Bright Futures/American Academy of Pediatrics. Copyright © 2015 by the American Academy of Pediatrics, updated 05/2015.

https://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf

Selekman, J., Diefenbeck, C., Guthrie, S. (2013). Mental Health Concerns, Chap.28. In J. Selekman (Ed.). *School Nursing: A Comprehensive Text, (2nd Ed)* (pp. 927-969). Philadelphia: F.A. Davis Company.

Vermont Agency of Education

Homeless Children and Youth Education Program: <http://education.vermont.gov/homeless-children-and-youth>

- Definition of Homeless
- Vermont Homeless Education Resources
- McKinney-Vento Homeless Education Act

Vermont Agency of Education – VT Standards Board for Professional Educators 5440-65 School Nurse Revised (3/20/13) http://education.vermont.gov/documents/EDU-Rule-5440_Supplement_A_Licensing_Endorsements.pdf#page=118

SAMPLE POLICIES, PROCEDURES AND FORMS

1. Annual Health Update & Emergency Form
 - a. See Required School Nurse/Associate School Nurse Role and questions above
 - b. School nurses may adapt other parts of the form
2. Form for newly enrolled students
 - a. See Required School Nurse/Associate School Nurse Role and questions above
 - b. School nurses may adapt other parts of the form
3. When students are new to the United States – additional assessments and resources
4. Vermont Asthma Action Plan <http://healthvermont.gov/prevent/asthma/tools.aspx>
5. SAMPLE Calendar of School Nurse activities for the year.

Your School Letter Head Here

ANNUAL HEALTH UPDATE & EMERGENCY AUTHORIZATION FORM

PURPOSE: To enable parents/caregivers to AUTHORIZE emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached. Upon completion, parents/ caregivers must return this form to the school. The original form and any copies thereof may be used to identify the medical options of the undersigned parent. The original form stays with the school nurse.

School District School Building Home Room Teacher Grade
Student's Full Name

Last First Middle initial

Form with fields for Doctor's Name, Phone, Date of last comprehensive annual well care visit, Dentist's Name, Phone, and Date of last dental exam.

* A comprehensive well-care (physical) visit is not a sick appointment

STUDENT'S MEDICAL HISTORY:

- ALLERGIES: Serious- Requires epinephrine: (please describe)
ASTHMA: Has a doctor, nurse, or other health professional EVER said that your child has asthma?
DIABETES? Yes NO
SEIZURES? Yes NO
MEDICATIONS taken on a regular basis (Please explain):
USE CORRECTIVE LENSES? YES NO HEARING AIDS? YES NO

Does your child have health insurance? Yes No If No, dial 1- 855-899-9600 for Vermont Health Connect info [https://portal.healthconnect.vermont.gov/VTHBELand/welcome.action]

IN CASE OF AN EMERGENCY INVOLVING MY CHILD, WHEN I CAN NOT BE REACHED: I hereby give consent to transport my child for medical care and authorize the providers and hospital to give any reasonable and customary medical and health care deemed necessary at my expense. It is understood that I will be financially responsible for all emergency care.

Signature of Parent/Guardian Date

I give my permission for the school nurse or Tooth Tutor (if available) to communicate with my dental provider: Yes No

I give permission to exchange health information between my child's primary care provider and the school nurse, including vision and hearing screening information: Yes No

Signature of Parent/Guardian Date

(Pg. 1 of 2) OPTION FOR SCHOOLS: Complete Form on Other Side

-----THIS SAMPLE FORM HAS two SIDES THAT MAY BE USED AT YOUR SCHOOL -----

Please indicate if student has had or is currently under treatment for any of the following conditions:

- _____ BLEEDING DISORDERS _____
- _____ EAR/HEARING PROBLEMS _____
- _____ HEART PROBLEMS _____
- _____ HIGH BLOOD PRESSURE _____
- _____ HOSPITALIZED FOR SERIOUS ILLNESS,
SURGERY OR ACCIDENTS? _____
- _____ _____

- _____ MENTAL HEALTH CONDITION and treatment
(Please explain): _____
- _____ _____
- _____ MUSCULAR WEAKNESS OR PARALYSIS _____
- _____ MIGRAINE HEADACHES _____
- _____ OTHER allergies: (Please list) _____
- _____ _____

_____ PLEASE ADD ANY PROBLEMS NOT LISTED _____

Notes:

Siblings: [this section is for optional inclusion in school emergency health form]		
Last Name	First Name	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission for Over the Counter Medications (OTC) [this section is for optional inclusion in school emergency health form]. My child has permission to receive the following medications at school according to the instructions on the manufacturer’s label [THIS OPTIONAL SECTION IS TO BE ADAPTED BY SCHOOL NURSE TO ADD OR SUBTRACT OTC LIST RELEVANT TO SCHOOL DISTRICT/SUPERVISORY UNION POLICY/PROTOCOLS]

Signature – Parent or Guardian

Relationship to student

Date

(pg. 2 of 2)

Your School Letter Head Here
FORM FOR NEWLY ENROLLED STUDENTS

Your Town, Vermont	Health Information Form
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Student's Name _____ Student's Birthdate _____ Age ____ Grade ____

MEDICAL HISTORY

1. Has your child ever been a **patient in a hospital** (other than a few days after birth)?

- No (If no, go to question #2.)
 Yes (If yes, explain why and when below.)

2. Birth History: At how many weeks gestation was your child born? _____. What if any complications were there? _____

My child was in the hospital because:	When
Example: Bike accident-concussion	5 years old

3. Is your child taking any **prescription medicines**?

- Yes - Please list the child's medicines below OR
 No. My child does not take any prescription medicines. (If no, go to question #3)
 Yes No. Does your child use an inhaler or breathing treatments? If YES, please list medicine below.

Name of medicine	Amount / size of pill	How many pills or doses does your child take at
Example: Dexadrine	10 mg	_1_ morning _1_ noon ___ dinner ___ bed
		___ morning ___ noon ___ dinner ___ bed
		___ morning ___ noon ___ dinner ___ bed
		___ morning ___ noon ___ dinner ___ bed

4. What **over-the-counter medicines** does your child take **regularly**?

- Vitamins
 Herbal medicine (please list) _____
 Other medicines like Tylenol, Advil or something else? (Please list) _____

None, my child does not take any over-the-counter medicines regularly.

** Please note: Confidential information about your student's health may be shared only with other school staff that need to know to protect your child's safety. They are told to keep this health information private and not to share with anyone else. If there is health information you would like not to be shared, please contact the school nurse.*

Turn page over please!

5. Does your child have any **allergic reaction** (bad effect) from any of the following? (Check all that apply.)

- Outside or Indoor allergies, (for example: hay fever, grass, pollen, cats ...) **Please list below ↓**
- Food Allergies (for example: peanuts, milk, wheat ...) **Please list below ↓**
- Insect or Animal Allergies (for example: bees, wasps, cats...) **Please list below ↓**
- Medicine or shots (immunization). **Please list below ↓**
- No**, my child has no allergies that I know of.

Does your child have an **Epi-Pen** or **Auvi-Q**? Yes No If **YES**, please bring one to school.

My child is allergic to:	What happens when your child has a reaction?
Example: amoxicillin	Diarrhea (runny poop)

6. Has your child had any of the following **medical problems or injuries**? (Examples in parenthesis)

Describe **your child's** problem for each **Yes** on the lines at the bottom of the page ↓ .

Chicken Pox --Date if had chickenpox:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgery --Date of any surgeries:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head Injury or Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ear infections (often has them, ear tubes, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nose problems (sinus infections, nose bleeds)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye problems (blurry vision, wears glasses, lazy eye)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing problems (has trouble sometimes, wears hearing aid)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mouth or throat problems (Strep throat, swallowing problems)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Constipation (problems having a bowel movement (BM))	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems peeing (bed wetting, pain when peeing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back problems (crooked back, back pain)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Muscle and bone problems (weak muscles, pain in joints)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin problems (acne, flaking skin, rashes, hives)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures (shaking fits or convulsions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ADD/ADHD (problems paying attention, sitting still)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Breathing problems (cough, asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart problems (fast or irregular heartbeat, murmur, birth defect)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feelings or emotions (depression, anxiety, fears)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No

_____/_____
Signature and /Relationship to Student

Date

WHEN STUDENTS ARE NEW TO THE UNITED STATES:

Work with your SU/SD's Student Services Director and School Counselor to --

- Identify health status and how long they have been in the US.
 - Students who are officially Refugees under the UN High Commission qualify for certain services and hold legal status.
 - Undocumented students
- Identify that student has access to financial and social resources such as access to:
 - Family
 - Housing/shelter
 - Food
 - Safety
 - Healthcare, including immunizations (see [Immunization section of this Manual](#) and the [VDH School Entry Requirements](#))
 - Dental care
 - Insurance
- As with all students facilitate their access to a medical and dental home. Students from some countries may have been exposed to endemic disease, i.e. tuberculosis, HIV, Hepatitis so access to care may be of higher importance as they attend school.
- Please use the resources below for assistance with the topics above

ACCESS TO HEALTHCARE FOR STUDENTS IN VERMONT NEW TO THE US

<http://healthvermont.gov/rural/maps.aspx>

Free Clinics: VT Coalition of Clinics for the Uninsured

<http://www.vtccu.org/>

FQHC: Federally Qualified Health Clinics in **Vermont**

http://healthvermont.gov/rural/documents/FQHC_map.pdf

Immunizations

<http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html>

Link to multilingual handouts <https://healthreach.nlm.nih.gov> ,

TO LEARN MORE ABOUT NEW AMERICANS, REFUGEES, IMMIGRANTS AND ILLEGAL TRAFFICING OF MINORS

Centers for Disease Control and Prevention

CDC <http://www.cdc.gov/immigrantrefugeehealth/profiles/> /

Center for Applied Linguistic [and cultural diversity]

<http://www.cal.org/>

Cultural Competency for Health Care Providers. Champlain Valley Area Health Education Center web site.

Revised January, 2013. Accessed March 28, 2016 – link removed from web 3/29/16

Culture grams

<https://ethnomed.org/culture>

Connecting Cultures and NESTT (New England Survivors of Torture and Trauma)

<http://newenglandsurvivorsoftorture.org/> are good resources for supporting refugee students and families with mental health needs

English Language Learners in Vermont

http://education.vermont.gov/documents/educ_ell_sped_resource_guide.pdf

Interpreters: Statement on the use of trained interpreter and translated materials

<http://refugeehealthta.org/access-to-care/language-access/best-practices-communicating-through-an-interpreter/>

Migrant Labor Turnover among Dairy Farm Workers: Insights from the Vermont Migrant Education Program

http://education.vermont.gov/documents/Erin_Shea_Research.pdf

National Child Traumatic Stress Network

<http://nctsn.org/trauma-types/refugee-trauma/guidance-teachers>

Trafficking of Vulnerable Children and Youth

Human Trafficking and Exploitation of Children and Youth in the United States

http://www.luc.edu/media/lucedu/chrc/pdfs/Conference_Outcome_Document_2011.pdf

Undocumented Immigrants & Access to Health Care

<http://www.undocumentedpatients.org/issuebrief/health-policy-and-access-to-care/>

United Nations High Commission on Refugees:

<http://www.unhcr.org/cgi-bin/texis/vtx/home>

US Citizenship and Immigration Services

<https://www.uscis.gov/>

University of Vermont

- Bridges to Health
<https://www.uvm.edu/extension/agriculture/farmworker/?Page=bridges-to-health.html>
- Migrant Education Program
<http://www.uvm.edu/extension/agriculture/farmworker/vmep/?Page=services.html>

Vermont Department of Education -- Serving Students Learning English as a Second Language: A Guide for Vermont Educators: <http://education.vermont.gov/english-language-learner/guide-for-vermont-educators>

World Health Organization

<http://www.who.int/topics/refugees/en/>

Vermont Asthma Action Plan:

Download from here and copy: http://healthvermont.gov/prevent/asthma/documents/asthma_action_plan.pdf

OR

1. Order a Hard Copy:

- A. Contact your local [District Office](#) for a copy
- B. Order by phone: 1-866-331-5622 (toll free) or 1-802-863-7514

C. Mail your request:

Vermont Department of Health
Asthma Program
108 Cherry St., P.O. Box 70
Burlington, VT 05402-0070

STATEMENT OF PURPOSE:

School health services strengthen and facilitate the educational process by improving and protecting the health status of students and school personnel.

AUTHORIZATION/LEGAL REFERENCE

Vermont Standards of Practice: School Health Services Manual

http://healthvermont.gov/local/school/SchoolHealth-Standards_of_Practice.aspx

Section: *School Health Services Practice* in the Manual

http://healthvermont.gov/local/school/documents/SP25_school_health_services_practice.pdf

SAMPLE PLANNING CALENDAR FOR THE HEALTH SERVICES OFFICE

Are you ready; have you completed or planned for completion of these activities?

- CPR and First Aid Certifications up to date
- New School Nurse Training (in-person) if available
- Required New School Nurse Online Orientation
- Mentor established: Contact your principal and the Vermont State School Nurses Association to arrange for a School Nurse mentor: www.vssna.org
- Orientation to your Electronic Health Record system
- Meet key school resource people:
 - Principal, Superintendent, Business office
 - Front office staff
 - Guidance counselors
 - Head custodian

SAMPLE CALENDAR FOR SCHOOL NURSE ACTIVITIES (pg. 13-18)

The sample "Calendar" is a suggestion tool for how school nurses might wish to plan and prioritize their activities for the school year. It is critical that school nurses collaborate with school administrators about setting priorities. Success is further enhanced when school nurses look at ways to align school health services with supervisory union or school district wide school effectiveness plans. For more on school effectiveness plans see:

<http://education.vermont.gov/school-effectiveness>

AUGUST

The school nurse may:

- Send Medication Reminder Notices to parents of students known to take meds at school:
 - Identify students previously needing medications at school.
 - Request signed medication forms prior to the first day of school.
- Ensure that Individual Healthcare Plans (IHP) are signed by appropriate healthcare providers:
 - Identify students with previous IHP
 - Write or update IHP for identified students
 - Meet with teachers of students with special health needs for education and training
- Follow up on immunizations
 - Line list of non-compliant students:
http://healthvermont.gov/hc/imm/documents/Provisional_Exempt_Line_List.xls
 - All current forms found here: <http://healthvermont.gov/hc/imm/schoolentry.aspx>
 - Plan flu clinic with area home health agency or local pharmacy or school business insurer.
- Update school lists and student records; you will need:
 - Alphabetical lists of the whole school or electronic student record system
 - Class lists of students
 - A list of all staff
- Update the medical and dental provider list of those in your area
 - Medical/Dental Home
 - Emergency Departments
 - EMS system and Poison Control #, in addition to the 911. Does your system need an additional 9 or zero before dialing “out”?
- Prepare for the training of school personnel
 - Blood borne pathogen or universal precautions
 - Life threatening allergies, including epinephrine auto injectors
 - Concussion Management
 - Seizure protocols
 - Diabetes training
 - AED training (if available)
- Recruit school health volunteers (if available)
 - Check with the previous nurse or the principal to see how volunteers are used in school
 - If used for health screening or in health office consider your own review of confidentiality rules and having them sign a document, annually, of what you have reviewed.
- First Aid Kits
 - Make a baggie for each classroom with basics (band aids, gloves, antiseptic wipes, [hand washing poster sent by e-mail to teacher])
 - Health office passes if used
- Check playground and recreation/sports areas for safety concerns
 - Know what the spaces look like, where located
 - Note any concerns and follow up with school administrator or head custodian/facilities manager.
- Meet with Vermont Department of Health (VDH) School Liaison (contact info: http://healthvermont.gov/local/district/district_office.aspx#find)

□

SEPTEMBER

The school nurse may:

- Collect and review Annual Student Health Update/Emergency forms
 - Store them for daily access for contact information and emergency evacuation access
 - Verify that you have a health record for every student enrolled [!]
 - Ask administrators and teachers to facilitate the returning of forms to the nurse
- Meet with your Vermont Department of Health, School Liaison nurse; locate the number here: http://healthvermont.gov/local/district/district_office.aspx#find
- Continue reviewing student records, continue to update IHPs, including Asthma Action Plans (Health Appraisals)
 - Identify health conditions that potentially interfere with learning or safety
 - Review court order for parental custody issues, i.e. who can pick up student, etc.
 - Identify those students without medical/dental home or special services requests
- Meet with individual school personnel to share Health Alerts and:
 - Train on Emergency Care Protocols specific to individual student needs.
 - Educate on special health needs
 - Document your outreach to the personnel for those slow to respond to meeting with you,
 - Document the training you have done
 - Distribution of lists of student names with health needs violates confidentiality under FERPA
- Plan for Field Trips
 - Update protocols
 - Specific to special needs
 - General for ALL field trips
- Continue to collect signed IHPs and completed Medication Forms
 - 504 meetings
 - Flu clinic for staff
 - Blood Borne Pathogen /OSHA trainings if not already completed
- Continue to update immunizations and health records
- Substitute Nurse: update your sub plans
 - Verify with the person who arranges for subs that they will be contacting subs for the school nurse.
 - Reach out to colleagues and develop a list of substitute nurses; orient them
- MAC Training modules must be completed
- Complete Random Moments in Time Study (RMT study) training; complete all RMT requests.
- Prepare for professional school nurse development; contact [Vermont State School Nurses' Association](#); [National Association of School Nurses](#)
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf

OCTOBER

The school nurse may:

- Continue to collect Annual Student Health Update/Emergency forms [f/u with those families who have not turned in a form; check with their teachers and principal]
- Continue to collect current Asthma Action Plans
- Plan flu clinic
- Plan Health Office Budget: identify needs, \$ amounts, get estimates, discuss with building and/or school nurse administrator
- Begin screening, if possible:
 - Begin and continue
 - Enter results in health records
 - Referral letters to parents
- Continue to monitor immunizations and:
 - Receive your link to the Vermont Department of Health Annual Immunization Report
 - <http://healthvermont.gov/hc/imm/ImmSurv.aspx>
 - Update health records
 - Notify parent/caregivers of student not in compliance
 - Provide exclusion notice per VDH -IZ Procedural Flow Sheet
 - <http://healthvermont.gov/hc/imm/schoolentry.aspx>
- Receive your link to the Annual School Nurse Report
- Schedule
 - vision/hearing screenings
 - Notify teachers
 - Identify space for screening
 - Identify volunteers if possible
- Consider pre – planning for Medicaid Administrative Claiming Annual Plans due in April; contact your VDH School Liaison for information
- Complete all RMT requests
- Ensure process for incident reporting including reporting of medication errors (see First Aid and Medication section of the [Manual](#))
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf

NOVEMBER

The school nurse may:

- Continue from October
- Contact school administrator and special education administrator to find out about student meetings: IEP, 504, Educational Support Team, and others. Arrange to attend when possible.
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Contact Vermont Uniform Data Set Champion (at sharonlee.sfx.edu@gmail.com) about participation in <https://www.nasn.org/Research/StepUpBeCounted>
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Complete all RMT requests.

DECEMBER

The school nurse may:

- Continue from November
- Prepare for required Annual Immunization Report; submit on or before January 1st
 - <http://healthvermont.gov/hc/imm/ImmSurv.aspx>
- Prepare for and submit required Annual School Nurse Report on or before January 1st
- Participate in *voluntary* Uniform Data Set: <https://www.nasn.org/Research/StepUpBeCounted>
- Prepare for professional school nurse development; contact Vermont State School Nurses' Association; National Association of School Nurses
- Help students access nutrition services, [Whole School Whole Community, Whole Child](#) team meetings
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Complete all RMT requests.

JANUARY

The school nurse may:

- Continue with screenings, referrals, and Health Appraisals as needed for ongoing monitoring of student health and academic success : See Manual section: Health Appraisal:
http://healthvermont.gov/local/school/documents/SP16_health_appraisal_students.pdf
- Plan for School Nurse Day/Week
- Prepare for Kindergarten and prekindergarten (if relevant) registration
- Consider preparing/updating forms for the NEXT school year
 - Registration/new student Health Forms
 - Annual Health Update and Emergency Forms
 - Notice for Immunization requirements and recommendations for comprehensive annual well care visits and annual dental visits.
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Complete all RMT requests.

FEBRUARY

The school nurse may:

- Finalize your budget recommendations
- Address health education issues if applicable
 - Do you teach on-going classes?
 - Have you been asked to teach a few classes?
- Continue with screenings, referrals, and Health Appraisals as needed for ongoing monitoring of student health and academic success.
- Continue outreach and informing to ensure students/families have access to healthcare, i.e. they know how to access health insurance and can establish a medical/dental home
- Coordinate with MAC SU Coordinator about priorities and upcoming meeting schedules
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Complete all RMT requests.

MARCH

The school nurse may:

- Continue
 - With screenings, referrals, and Health Appraisals as needed for ongoing monitoring of student health and academic success.
 - Outreach and informing to ensure students/families have access to healthcare, i.e. they know how to access health insurance and can establish a medical/dental home
 - Reaching out to school personnel and arrange/advocate for your attendance at : IEP, 504, Educational Support Team, and other meetings
 - Document incoming information, trainings, delegation, and attendance at meetings:
 - Student specific information goes in student health records
 - Other information goes in your Health Office files
 - School specific information related to issues of school policy and procedure are documented /stored per school policy, i.e. child protection reporting, etc.
- Coordinate with MAC SU Coordinator about priorities and upcoming meeting schedules
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Complete all RMT requests.

APRIL

The school nurse may:

- Evaluate School Health Services:
 - See Manual section Evaluation of School Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
 - Self-Evaluation
 - Of current work
 - Plan goals for next year
 - Set up meeting with building administrator or your supervisor to discuss this
 - If you have not already, meet with Local Standards Board to plan for your Professional Learning activities (professional development)
<http://education.vermont.gov/professional-learning>
 - Prepare for yearend school data
- Plan for students with special healthcare needs that should be transitioning to adult healthcare, i.e. senior HS students
- Plan for student record migration into next school or grade; consider setting up meeting with receiving schools
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Complete all RMT requests.

MAY

The school nurse may:

- Start New Student incoming record review or open new records, i.e. immunizations, medical/dental homes, insurance
- Continue on-going yearlong activities:
 - Record keeping
 - Update IHPs
 - Screening and referral: follow up on all referrals if no information received from family/caregiver or healthcare provider.
 - Maintain or create monthly bulletin boards if appropriate, community liaison work, daily hearing aid checks if needed,
 - Attend teacher and personnel meetings when possible
 - Filing or delegate it to UAP
 - Accident reports
 - Meeting with your VDH School Liaison as needed
- Set meeting to share annual update with your school board
- Schedule annual calibration of all health office instruments used to assess health status, i.e. screening machines, sphygmomanometers, glucose testing equipment (check to see if this needs more frequent calibration); scales for weight and measures, etc.
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Complete all RMT requests.

JUNE

The school nurse may:

- For high school seniors, send a copy of their immunization record, a reminder to keep up with their annual well care visit, and how to access insurance
- Prepare documents for distribution for August/September; identify or update process with your front office/registrar and or send, such as:
 - Medication reminders
 - Asthma Action plan
- Prepare records to send to receiving schools.
- Consider transition planning meetings with sending and receiving school nurses.
- Follow up on referrals
- Prepare IHPs for the fall OR consider sending emergency care plans, individual healthcare plans to be signed during the summer.
- Prepare for unused medication returns to families/caregivers
 - What is your protocol for unclaimed medications?
 - Review your process/protocol for transporting medication back to family
 - What meds need to be counted and by whom?
- Prepare monthly school health office reports, see Manual section: Evaluation of Health Services
 - http://healthvermont.gov/local/school/documents/SP14_evaluation.pdf
- Complete all RMT requests.
- Plan trainings for delegation and for Unlicensed Assistive Personnel for procedures, activities that you delegate/oversee.
- Clean Health Office; store all items appropriately
- Have a great summer