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| **School Name**   **Date**  **School Leader**  **School Nursing and Health Program Plan** | |
| ***Human Resources*** | |
| **Section 1: School Nurse Qualifications** | |
| 1. Who at your school ensures the school nurse possess the credentials appropriate to be hired as a school nurse? | Click here to enter text. |
| 1. Does your school nurse possess the following licensure requirements?  * Bachelor’s degree or higher in nursing from an accepted institution of higher education * A license to practice professional nursing in Colorado pursuant to the provisions of the Colorado Nurse Practice Act or a license in another state and is practicing in Colorado pursuant to the nurse licensing compact * Successful completion of field experiences and a supervised practicum as prescribed by the preparing institution, including experiences with school-age children in a community health/public health or school setting. * A Colorado Department of Education Special Services Provider License with the School Nurse Endorsement OR a Temporary Educator Eligibility License | Click here to enter text. |
| 1. Describe a timeline for your school nurse to participate in CDE’s School Nurse Mentor Program? (If your school nurse does not yet hold a CDE professional license or they possess their initial license) | Click here to enter text. |
| 1. Describe a timeline for your school nurse to participate in a School Nurse Induction program? (If your school nurse does not yet hold a CDE professional license or they possess their initial license) | Click here to enter text. |
| 1. List the name(s) of your school nurse(s) and health aide(s). |  |
| 1. Is your school nurse employed by your school or contracted? If contracted, through which agency? |  |
| 1. Does your school Nurse serve in a part time or full-time capacity? If part-time, how many hours per week? |  |
| **Section 2: School Nurse-to-Student Ratio** | |
| 1. What will be your school’s nurse-to-student ratio? | Click here to enter text. |
| **Section 3: Delegation of School Nurse Duties** | |
| 1. Will your school nurse delegate school nursing-related tasks to an individual(s) at the school to assist with the completion of school-nursing-related tasks? Please attach any relevant policies or procedures, or identify your timeline to complete delegation-related policies | Click here to enter text. |
| 1. If your school nurse will delegate duties, please describe the process for ensuring that an individual(s) who has received appropriate training from the School Nurse will be on-site and have adequate time to devote to essential nursing-related services. |  |
| 1. How will your school nurse monitor the performance of those staff to whom nursing-related tasks are delegated? | Click here to enter text. |
| 1. How will you plan to keep adequate records regarding delegations and trainings? | Click here to enter text. |
| ***Nursing/Health Office Procedures*** | |
| **Section 1: Immunizations** | |
| 1. Describe your school’s procedure for collecting and maintaining up to date immunization records, including medical and non-medical exemptions. Please attach any relevant policies or procedures, or identify your timeline to complete immunization-related policies. | Click here to enter text. |
| 1. Who will be responsible for submitting immunization reports due to Colorado Department of Public Health and Environment? | Click here to enter text. |
| **Section 2: Screenings** | |
| 1. Describe your school’s procedure for collecting and maintaining up to date vision and hearing screening records? Please attach any relevant policies or procedures or identify your timeline to complete health screening-related policies. | Click here to enter text. |
| 1. What screenings will your schools administer to students? |  |
| **Section 3: Medication Administration** | |
| 1. Include relevant policies and procedures for prescription and over-the-counter Medication Administration, Allergy and Anaphylaxis, or identify your timeline to complete medical administration-related policies. | Click here to enter text. |
| **Section 4: Infectious and Communicable Diseases** | |
| 1. How would school staff identify a pattern between high absentee and possible link to an infectious or communicable disease, or identify your timeline to complete infectious and communicable disease-related policies. | Click here to enter text. |
| **Section 5: Student Health Care Plan** | |
| 1. How are students with health care needs identified in your school? Please attach any relevant policies or procedures, or identify your timeline to complete health care plan-related policies. | Click here to enter text. |
| 1. How will your school ensure health care plan needs are met during field trips, before or after school activities, and other extracurricular activities. | Click here to enter text. |
| **Section 6: Communication to School Community** | |
| 1. How will your school communicate health-related policies, procedures, and other information to the school community? Please attach any relevant policies or procedures, or identify your timeline to complete communication related policies. | Click here to enter text. |
| ***Student Wellness and School Safety*** | |
| **Section 1: Behavioral and Mental Health** | |
| 1. What will the role of the school nurse in supporting the behavioral and mental health of students? Please attach any relevant policies or procedures or identify your timeline to complete behavioral and mental-related policies. | Click here to enter text. |
| 1. Will you school have other services or staff to support the behavioral and mental health of students? (e.g. school psychologist, social worker) |  |
| **Section 2: School Safety and Emergency Preparedness** | |
| 1. Who will be responsible for developing student safety-related policies and procedures for your school? | Click here to enter text. |
| 1. What role will your school’s nurse play in promoting the safety of students and creating a safe environment for students at your school? | Click here to enter text. |
| 1. Have you submitted relevant school safety and emergency preparedness policies or procedures to CSI? | Click here to enter text. |