

## Beginning of Year School Nurse Checklist

School \_\_\_\_\_ School-Year \_\_\_\_\_

| GETTING INTO THE SYSTEM            |   |          |        |
|------------------------------------|---|----------|--------|
| Access On-line/Electronic Systems  |   | Priority | NOTES: |
|                                    | Student Records including Health                                  | 1        |        |
|                                    | Find out how student health information is collected and accessed | 1        |        |
|                                    | Access Phone system   | 1        |        |
|                                    | Access Email  | 1        |        |
|                                    | Locate Health Office Keys   | 1        |        |
|                                    | Other   |          |        |
| Hard Copies in Health Office       |   |          |        |
|                                    | CDPHE Infectious Disease  | 2        |        |
|                                    | Emergency Procedures  | 2        |        |
|                                    | Important Phone Numbers   | 1        |        |
|                                    | Student records – if not kept electronically                      | 1        |        |
|                                    | Other   |          |        |
| Meet Key School Personnel          |   |          |        |
|                                    | School administrator/s  | 1        |        |
|                                    | Secretarial Staff   | 1        |        |
|                                    | Health Office Staff   | 1        |        |
|                                    | Facility Management/Custodial Staff                               | 2        |        |
|                                    | Special Education Teachers  | 1        |        |
|                                    | School Meal Program Staff   | 2        |        |
|                                    | School Psychologist/Social Worker/Counselor                       | 3        |        |
|                                    | School Crisis Team  | 2        |        |
|                                    | Other   |          |        |
| Scheduling                         |   |          |        |
|                                    | Access Master Calendar – School & District                        | 1        |        |
|                                    | Identify School Traditions/Celebration Dates                      | 3        |        |
|                                    | Identify School Announcement Dates/Processes                      | 3        |        |
|                                    | Identify Major School Testing Dates                               | 3        |        |
|                                    | Locate Field Trip Calendar  | 1        |        |
|                                    | Other   |          |        |
| SAFETY                             |   |          |        |
| Emergency Procedures and Equipment |   |          |        |
|                                    | Locate fire alarms, extinguishers                                 | 1        |        |
|                                    | Locate AED (or acknowledge lack of AED)                           | 1        |        |
|                                    | Locate CPR Mask   | 1        |        |
|                                    | Locate School Safety Plan and Procedures                          | 1        |        |
|                                    | Locate Evacuation Staging Areas                                   | 1        |        |
|                                    | Locate Evacuation Map for Health Office                           | 1        |        |
|                                    | Locate Emergency Evacuation Bag                                   | 1        |        |
|                                    | Learn about School Emergency Communication Processes              | 1        |        |



|   |  |   |  |
|---|--|---|--|
|   | Identify staff with current CPR/First Aid Certification  | 1 |  |
|   | Other  |   |  |
| <b>Infection Control</b>  |  |   |  |
|   | Identify Local Public Health Contact   | 2 |  |
|   | Identify State Public Health Contact   | 2 |  |
|   | Locate Designated Isolation Area   | 1 |  |
|   | Locate Personal Protective Equipment (PPE)   | 1 |  |
|   | Distribute Classroom First Aid Kits  | 2 |  |
|   | Locate Sharps Container  | 1 |  |
|   | Gain Access to the Colorado Immunization Information System (CIIS) – Through CDPHE   | 2 |  |
|   | Collect Immunization Records and Enter into School's Electronic Student Health System  | 3 |  |
|   | Other  |   |  |
| <b>HEALTH OFFICE SET-UP</b>   |  |   |  |
| <b>Equipment - Health Office Availability of some items are based on district/school-specific needs</b> |  |   |  |
|   | Locked Medication Cabinet  | 1 |  |
|   | Locked Medical Records Cabinet   | 1 |  |
|   | Cot/s  | 1 |  |
|   | Thermometer  | 1 |  |
|   | BP Cuff  | 1 |  |
|   | Audiometer   | 3 |  |
|   | Eye Chart  | 3 |  |
|   | Refrigerator for Health Needs  | 1 |  |
|   | COVID Tests – may not be available in all schools  | 1 |  |
|   | Basic first aid equipment and medical supplies listed on page 25 of <a href="#">Rules and Regulations Governing Schools</a> (6.13 Health Service)  | 1 |  |
|   | Other  |   |  |
| <b>Documents/Records Organization</b>   |  |   |  |
|   | Create/Update Student Health Care Plan – Binder  | 2 |  |
|   | Create/Update Student Medication – Binder  | 2 |  |
|   | Blank Copies of Frequently Used Forms – <ul style="list-style-type: none"> <li>Medication Administration Agreements</li> <li>Emergency Action Plans</li> <li>Delegation Forms</li> </ul> | 3 |  |
|   | Other  |   |  |
| <b>PROVISION OF CARE for STUDENTS</b>   |  |   |  |
| <b>Students with Chronic Health Conditions – Physical and Mental</b>                                    |  |   |  |
|   | Identify Students with Conditions <ul style="list-style-type: none"> <li>Organize Information. Share Information with Staff who have a “Legitimate Educational Interest”</li> </ul>      | 1 |  |

|  |  |   |  |
|--|--|---|--|
|  | Meet with Parents to Discuss Needs of Students with Complex Medical Needs  | 1 |  |
|  | Meet with Staff to Discuss Needs of Students with Complex Medical Needs  | 1 |  |
|  | Develop Student Health Plans in Collaboration with others as needed<br>(Student/Parent/Guardian/Provider/Other School Staff)   | 1 |  |
|  | Share Health Plans with Appropriate Staff  | 1 |  |
|  | Identify Unlicensed Personnel (UAP) and Delegation Needs – For example <ul style="list-style-type: none"> <li>• Medication Administration</li> <li>• Procedure Administration</li> <li>• Universal Precautions</li> <li>• Health Office Support</li> </ul> | 1 |  |
|  | Provide Training and Delegation to UAPs as needed  | 1 |  |
|  | Determine School-Wide Training Needs and Schedule with School Administrator  | 2 |  |
|  | Other  |   |  |
| <b>Special Education</b>                     |  |   |  |
|  | Meet Special Education Staff Including Other Special Service Providers   | 1 |  |
|  | Identify IEP Processes   | 1 |  |
|  | Locate IEP Team Meeting Calendar   | 2 |  |
|  | Locate Student IEP Meeting Calendar  | 1 |  |
|  | Other  |   |  |
| <b>Section 504</b>                           |  |   |  |
|  | Meet School 504 Coordinator  | 1 |  |
|  | Identify Students with 504 Plans   | 1 |  |
|  | Identify School 504 Processes  | 2 |  |
|  | Participate in 504 Team Processes When Appropriate   | 2 |  |
|  | Other  |   |  |
| <b>Student Vision and Hearing Screenings</b> |  |   |  |
|  | Schedule Mandatory Vision and Hearing Screenings for Appropriate Grade Levels  | 3 |  |
|  | Coordinate and Oversee Vision and Hearing Screening Process  | 3 |  |
|  | Follow Up with Students Identified at Risk for Vision/Hearing Deficits   | 3 |  |
|  | Identify Other Health Screenings That the District/School Conducts   | 3 |  |
|  | Other  |   |  |

**ADDITIONAL NOTES:**