

**ORIENTATION CHECKLIST  
SCHOOL NURSE**

**A GUIDELINE CHECKLIST TO ASSIST SCHOOL NURSES IN COMPLETING THEIR ORIENTATION  
RESPONSIBILITIES**

**\*Check off once successfully completed**

**I. Assessment of Student Health Needs:**

- \_\_\_\_\_ Process for annual review of records
- \_\_\_\_\_ Familiarization with the student's cumulative health record
- \_\_\_\_\_ Writing effective nurses notes
- \_\_\_\_\_ Sharing of student medical information
- \_\_\_\_\_ Review of work sheet/logs/annual reports
- \_\_\_\_\_ Appropriate medical information

**General Information:**

- \_\_\_\_\_ Evaluations
- \_\_\_\_\_ Reporting absences
- \_\_\_\_\_ Mileage/travel expenses
- \_\_\_\_\_ Ordering supplies
- \_\_\_\_\_ Who to call with questions (Cluster Leader, Program Assistant, Director)
- \_\_\_\_\_ Job duties/description

**II. Immunizations:**

- \_\_\_\_\_ Procedure for referrals to community based health care providers
- \_\_\_\_\_ Completion of Kindergarten / Tdap Immunization Audit due **October 10<sup>th</sup>**
- \_\_\_\_\_ Students with immunization waivers
- \_\_\_\_\_ Ensure Immunization recording on CSIR Card and Zangle
- \_\_\_\_\_ Utilization of log to monitor due dates for immunizations

**III. Medications:**

- \_\_\_\_\_ Preparation of medication book
- \_\_\_\_\_ Listing of all students at your site requiring medication while at school
- \_\_\_\_\_ Medication log/sign off sheet
- \_\_\_\_\_ Training of designated school personnel
- \_\_\_\_\_ Proper storage of prescribed medications
- \_\_\_\_\_ Proper consents on file for administration of medication
- \_\_\_\_\_ Preparation of an IHSP for students on medications

**IV. Vision and Hearing Screening:**

- \_\_\_\_\_ Inservice on Snellen, Near Point Card, Instaline, EOM's
- \_\_\_\_\_ Scheduling and organizing classroom time
- \_\_\_\_\_ Preparation of referral notebook
- \_\_\_\_\_ Recording results
- \_\_\_\_\_ Color vision on 1<sup>st</sup> grade males
- \_\_\_\_\_ Otosopic exam/otitis media

SECTION 1

V. **Procedures for:**

A. **School Nurse Role in Special Education**

- \_\_\_\_\_ Role of the school nurse on the Special Ed. Team
- \_\_\_\_\_ Health Assessment completed by school nurse only if health impacts learning. Otherwise, complete vision and hearing.
- \_\_\_\_\_ Medical referral and follow-up
- \_\_\_\_\_ Writing of goals/objectives for I.E.P. (Individualized Education Plan) as related to medical/health needs for D.I.S. (Designated Instructional Services) by the school nurse to identified students
- \_\_\_\_\_ Referral and screening process

B. **Programs available (upon completion of Special Ed. Assessment)**

- \_\_\_\_\_ Special Day Class (SDC)
- \_\_\_\_\_ Resource Specialist Program (RSP)
- \_\_\_\_\_ Adaptive Physical Education (APE)
- \_\_\_\_\_ Early Development Search & Serve (EDSS) – Special Ed (pre-school)
- \_\_\_\_\_ Early Development Class Program (EDC) – Pre-Kindergarten program
- \_\_\_\_\_ Communicatively Handicapped (CH)
- \_\_\_\_\_ Severe Language Disorders (SLD)
- \_\_\_\_\_ Visually Impaired Services (VI)
- \_\_\_\_\_ Developmentally Delayed – San Gabriel Services Pomona Valley Regional Center  
Parent can request for referral 909-620-7722
- \_\_\_\_\_ Other Health Impaired (OHI)
- \_\_\_\_\_ California Children’s Services (CCS)
- \_\_\_\_\_ Transportation – Obtain referral from Special Ed. Handbook and send completed form to Special Ed.

C. **Designated Instructional Services**

- \_\_\_\_\_ Special Education Students
- \_\_\_\_\_ Regular Education Students
- \_\_\_\_\_ Writing of the DIS goals for the IEP
- \_\_\_\_\_ Update annually at the IEP (coordinate with Special Ed teacher)
- \_\_\_\_\_ Complete all forms using SEIS system
- \_\_\_\_\_ Special Ed DIS list available on SEIS
- \_\_\_\_\_ Input accountability form on SEIS when services are discontinued

D. **Accident Reports**

- \_\_\_\_\_ Form/procedure
- \_\_\_\_\_ Notification Site Administrator
- \_\_\_\_\_ Follow-up information

E. **Supervision of Clerical Personnel**

- \_\_\_\_\_ Orienting Health Services Assistant
- \_\_\_\_\_ Familiarization of Health Services Assistant’s duties
- \_\_\_\_\_ Supervision and coordinating work of Health Services Assistant

SECTION 1

F. **LEA Medi-Cal/MAA**

- \_\_\_ Provider / User Name
- \_\_\_ Purposes and procedures for completing forms
- \_\_\_ System/partnership with Health Services Assistant
- \_\_\_ Form completion and follow through responsibilities

G. **Daily Log/Monthly Report**

- \_\_\_ Enter all students into Zangle under Health Office visit

H. **Specialized Physical Health Care Procedures (SPHCP'S)**

- \_\_\_ Proper medical and parental consent on file for procedures
- \_\_\_ Specialized daily log
- \_\_\_ Completion of IHSP

I. **Suspected Child Abuse**

- \_\_\_ Board Policy and Administrative Regulation
- \_\_\_ State and Federal Law
- \_\_\_ Assisting site staff in recognition and referral process for suspected Child Abuse case
- \_\_\_ Reporting forms/procedure

J. **Pregnant Minors**

- \_\_\_ Referral to Cal Safe program

K. **Sharing of Medical Information**

- \_\_\_ Request of release of medical information
- \_\_\_ CCS referral process
- \_\_\_ Public Health Department and community based health care providers
- \_\_\_ Referral for hearing evaluation with Special Ed. 909-397-4648

L. **Emergency Protocol/First Aid**

- \_\_\_ Providing emergency care/when to call 911
- \_\_\_ Inservice to site staff on emergency first aid/disaster preparation
- \_\_\_ What to do when a parent can't be contacted
- \_\_\_ Emergency Card/Letter to parents (review these annually for health concerns)
- \_\_\_ Accident Report Completion
- \_\_\_ Classroom first aid box
- \_\_\_ First aid procedures (CSNO flip chart)
- \_\_\_ Field trip first aid box and medications; i.e. inhalers, Ritalin

VI. **Communicable Disease Procedure**

A. **Policy**

- \_\_\_ Communication with County Health Department
- \_\_\_ Education of site staff on signs and symptoms of communicable disease
- \_\_\_ Notification to parents (sample letters in manual)

B. **Types of Communicable Diseases:**

- \_\_\_ CSNO Flipchart: Guidelines For Common Communicable Diseases

SECTION 1

VII. **Mandated Screening and Assessment and Procedures:**

A. **Child Health and Disability Prevention Program (CHDP)**

- \_\_\_ CHDP eligibility
- \_\_\_ Referral to Community Based Health Care Providers
- \_\_\_ Review procedures for CHDP Program
- \_\_\_ School nurse follow-up on medical/health referral as needed
- \_\_\_ 1<sup>st</sup> grade certificates due **December 15th**

B. **Dental Health – Oral Assessment For Kindergarteners**

- \_\_\_ Oral Health Assessment Form
- \_\_\_ Notification to parents - Keep a list of completed assessments & waivers
- \_\_\_ Resources: DDS, Assistance League (income/eligibility)
- \_\_\_ Oral report due end of May

C. **Attention Deficit Hyperactivity Disorder**

- \_\_\_ Instrument for assessment
- \_\_\_ Vanderbilt
- \_\_\_ Communication with health care provider
- \_\_\_ Classroom management strategies
- \_\_\_ Follow-up with teachers monitoring student's behavior

D. **Scoliosis**

- \_\_\_ Screening and procedures (7<sup>th</sup> grade girls/8<sup>th</sup> grade boys)
- \_\_\_ Parent notification (letter)
- \_\_\_ Audit report (Mandated Cost Report) due in **June**

VIII. **Health Education (\*requires parental permission)**

A. **Students**

**1. Kindergarten Hand washing Lesson (Communicable Disease Prevention):**

- \_\_\_ Scheduling classroom presentations
- \_\_\_ Availability of prepared lesson plans, i.e., Scrubby Bear
- \_\_\_ Acquirement of Health Education Materials
- \_\_\_ Observation of other nurses

**2. Second Grade Dental:**

- \_\_\_ Scheduling classroom presentations
- \_\_\_ Acquirement of Health Education Materials
- \_\_\_ Observation of other nurses
- \_\_\_ Scheduling screening with assigned dentist (WesternU or Dental Assistance League)
- \_\_\_ Referrals
- \_\_\_ Familiarization with Resource Manual

**3. Fourth and Fifth Grade Menstruation (girls)(\*)**

**4. Fourth and Fifth Grade Personal Hygiene(\*)**

SECTION 1