Local School Health Program Framework

The local school health program should incorporate the Whole School, Whole Community, Whole Child (WSCC) components within a single framework that fosters student health and wellness. Program development begins with an evaluation of the existing program and a determination of current needs.

Evaluation/Needs Assessment of School Health Program

Programmatic assessment or evaluation design is dependent on the type of information desired. Possible focus areas include program goals, processes, or outcomes. A variety of assessment tools are available that include data collection, analysis, interpretation, and prioritization of next steps. In conjunction with the use of a tool, the following techniques can be helpful such as questionnaires or surveys, interviews, documentation review, observation, focus groups and the use of case studies. Several available tools and resources are listed below. This list is not exhaustive.

- Alliance for a Healthier Generation
  The Healthy Schools Program Framework of Best Practices identifies specific criteria that define a healthy school environment. Through an assessment tool and a customized action plan, the Framework helps schools work toward the Alliance's National Healthy Schools Award.
- American Academy of Pediatrics (AAP) *Enhancing School Health Services through TEAMS.* Utilizing the TEAMS resources provides an excellent opportunity to strengthen local partnerships and improve the quality and comprehensiveness of school health services district-wide.
- ASCD School Improvement Tool
  Based on the Whole Child Approach.
  CDC Assessing and Improving School Health provides several tools for schools to assess health policies, practices, strengths and weaknesses.
- CDC Division for Adolescent and School Health *Program Evaluation* page.
  Planning is critical to having a successful evaluation. Evaluation planning should be conducted as part of overall program planning so that evaluation is built into the program from the beginning.
- School Nursing: A Comprehensive Text, 4th Edition by Shannon & Yonkaitis provides resources and addresses the importance of school community needs assessments in chapter 2.

School Health Program Goals

Goals for a program are directly related to the findings generated through the baseline needs assessment or program evaluation. They should also align with the educational goals of the school district. A school health program's goals should state achievable expectations derived from problems that have solutions. Goals are statements of what a program is designed to do, and they guide the

development of the district health policies.

Memorandum of Agreement (MOA)

The NCDHHS Division of Child and Family Well-Being views the collaboration between schools and local health departments as a component of a population-based public health activity. School health nursing programs may be locally administered by the school system, local health department, medical center, or some combination thereof. Regardless of where the school health nursing program is located, school health improvement is an objective the Division finds necessary to carry out the duties of the Child Health Program. Local health departments and local school systems known as Public School Units (PSUs) are the primary agencies entrusted with the health and education of our children and youth, and it is imperative that they work together. School health programs should also include services that are provided to any North Carolina public charter schools within the service area of the local health department.

For health departments, collaboration with PSUs is a measurable outcome of the Child Health Agreement requiring a Memorandum of Agreement (MOA) between each local health department and each local school system also known as a PSU. Each year the Division provides MOA guidelines that address suggested services and activities which can be tailored to local community needs. This includes establishing priorities and roles during potential situations such as disasters and disease outbreaks. Ideally, the agreement(s) should be reached prior to the start of the school year when possible.

The MOA should be reviewed and/or revised annually by representatives of both agencies, *including at least one school nurse.* A copy of the MOA, including signatures from both agencies shall be submitted annually to the State School Health Nurse Consultant via the Regional School Health Nurse Consultant Team **no later than September 1st.**

Policies and Procedures

Policies should be in place to support district school health services. A policy is a broad statement of an intended course of action to be followed in a specific situation. Policies instruct on the what and why of the work. They reflect the values of a community and are the rules of an agency. Policies may also be in place for implementation of mandatory NC State Board of Education Policies. Most district policies are approved by the local board of education.

A procedure refers to planned actions that are carried out for the purpose of implementing the policy. Although defined differently, districts often use the words procedure and protocol interchangeably. As used here, the procedure describes a series of sequential action steps. Procedures discuss the 'how, when or who' of a policy and are often detailed in describing a process. Procedures should be developed to ensure best practice standards and continuity of care across all nurses in the district. Procedures related to school nursing practice must be developed by nurses, such as the school nurse team, and may need to be revised at times, especially with expanded resources, changing situations, and new technologies. In school health, there are often more procedures than policies. Procedures are not generally approved by the board of education.

Policy and Procedure Development

There are several recommended resources for the development of policy and procedures. The information presented below is adapted from information included in *School Nurse Administrators Leadership and Management* (Costante, 2013), developed by P. Krin and V. Taliaferro. As the

health content expert, school nurse leaders are well positioned to provide input in the development and evaluation of school health policies. If school nurse administrators or leaders do not already have a role in the policy development process, they should self-advocate for involvement.

Krin & Taliaferro (2013) list the following steps in the process for the development of school health policies:

- Establish a committee: Involvement of key stakeholders is important. Committee membership may vary depending upon the policy topic and may include administrators, lead nurses, one or more school nurses, teachers, PE coaches and parents. School health programs in North Carolina are hired and managed by a variety of agencies including Public School Units (PSU), Local Health Departments (LHD), hospitals, Area Health Education Centers (AHEC), charter and private schools. This further highlights the importance of collaboration regarding the development of policies and procedures. "Working together ensures a more effective, coordinated approach to the development of school health policies and avoids duplication of effort and confusion – hence the term coordinated school health" (Costante, 2013).

- Complete a needs assessment: An assessment is required to identify policy related needs before development or revisions occur. This process provides the opportunity to review a school's practices, identify and prioritize any needed changes, and create new policy or revise current policies to address identified needs.

- Establish the need for a policy: After a review of existing policies, a determination can be made as to whether a new policy is needed, or if an existing policy should be revised to address an identified need. The following questions can be used as a guide to help determine need:

    - Is it required to comply with or implement state or federal laws?
    - Will it diminish confusion over an issue?
    - Does it address an issue of lasting effect?
    - Is the issue still pertinent?
    - Is it necessary to legally protect the school system and/or the school nurses?
    - Will it establish consistent practice?

- Gather information: A review of current literature and local data helps establish the need for a specific policy. Evidence-based position papers or statements have been developed by many national organizations and can be used to guide the content of proposed policy.

- Draft a document: When developing a draft, care should be taken to ensure that the policy meets the intended goal and does not violate any existing laws or conflict with existing policies. Ask if the draft is:

    - Clear and easy to understand.

- Communicates the goal of the policy.
- Contains a statement of the policy's objectives.
- Includes an escape clause such as 'includes but is not limited to' or 'not an exhaustive list.'

- Review the draft document: Having others review the draft is important in assuring that the intent of the policy is clearly stated and readily understood as well as noting if there may be missing components.
- Finalize the document: Taking all reviewers' comments into consideration and making any revisions necessary. This revision process may include several cycles to establish group consensus and support for the final version.
- Submit the policy for approval: Most school districts have a process by which policies are approved. It is important to be familiar with and follow that process. Generally, a school district's legal counsel reviews all proposed policies and revisions prior to presentation to the school board.
- Distribute the document: Disseminate new or revised policies using established channels which may include parent/student handbooks, handouts sent home at the start of school, websites, and informational flyers. Be sure to communicate with all parties impacted by the change – teachers, other staff (food service, bus drivers, custodial), students, families, and possibly local health care providers. Consider including information about who to contact with questions or concerns.
- Implement the policy: Implementation may require the development of training or in-service education that can be delivered at a regularly scheduled staff meeting, a meeting scheduled expressly for this purpose, school orientation process for new staff, or, in an on-line format. If the on-line format is used there must be an opportunity for staff to ask questions and seek clarification as needed. Documentation of training is recommended and may be required in some cases.
- Evaluate and review the policy: All policies and procedures should be dated with a review process established. It is important to review all policies on a regular basis to ascertain the following:
  - Consistent implementation by all schools and by all school staff.
  - Whether new information is available that necessitates a change.
  - Whether the information is still relevant.
- Develop procedures needed for policy implementation: Policy should signify the presence of any related procedures that have been developed. A locally standardized format for procedures should be used, or if none exists, consideration should be given to the following elements:
  - Rationale or purpose
  - Role of the school nurse

- Required equipment and necessary preparation procedure (e.g. step-by-step, how-to)
- Documentation
- Referral (if appropriate)
- Follow-up
- Date of last review or revision
- Distribution/communication/education or training

Well-written policies and procedures provide the foundation for safe care and can help create a sound structure for school nursing practice as well as establish programmatic expectations. Strong policies and procedures support a consistent response, offer a degree of legal protection, and help prevent controversy when implemented effectively. Policies are consistent with the local school district's requirements and format, and state a subject or title, purpose, body of policy, and references/resources which include related federal and state laws, administrative code, state board policy, exceptional children's policy, and cross-references to other local policies. See the next section for a suggested list of school health program policies.

In addition to North Carolina State Board of Education mandated health policies, local school health programs should address the following:

1. **Identification of Students with Acute or Chronic Health Care Needs/Conditions**

   Policy should be in place that supports timely identification of students with special health care needs. Related procedures should detail the steps for the identification process for newly admitted students with chronic conditions, special health care procedures, life-threatening medical diagnoses and/or disabilities, as well as a process for annually updating those already identified.

2. **Provision of Emergency Care, Including Injury Reporting**

   Policy should support well-organized plans of action. Procedures should detail the handling of student health care and medication needs during an emergency event, including school evacuation or 'lockdown.' Likewise, written guidelines should be in place for handling individual and school building emergencies and directing expectations for reporting. (See Section D, Chapter 6 on managing medical emergencies.)

3. **Medication Administration**

   Each school district should adopt a policy and develop procedures concerning the administration of medication to students at school. Policy and the resulting procedures should be based on state and federal law and standards of practice. (See Section D, Chapter 5 for medication standards and best practice.)

4. **Screening, Referral and Follow-Up**

   Health screening programs should focus on early detection of health alterations to provide interventions to students that may be asymptomatic but still have a health problem that inhibits education. Policy should support screening for this purpose. For screening programs to be effective, referral and follow-up components must be included and should be detailed in related procedures**.** (See Section D, Chapter 7 for guidance on health screening programs.)

5. **Prevention and Control of Communicable Diseases**

   Policy with related procedures should address guidelines for school staff as well as students. Such policies should support a safe, healthy, and orderly environment for all while balancing education and protection of student and employee privacy and the prevention and control of communicable diseases. (See Section D, Chapter 1 for more information on communicable disease.)

6. **Maintenance of School Health Records/Electronic Records**

   Access to, storage, retention, and confidentiality of student health records, both paper and in electronic format, should be part of every school district's written policies and

procedures and follow FERPA and, where relevant, HIPAA guidelines. Compliance with the related schedule for destruction and archiving of records maintained by the Archives NCDCR Records Retention and Disposition Schedule (10/2021) should be assured. Student records are subject to maintenance and confidentiality requirements as stipulated in G.S. 115C-402 and G.S. 115C-403.

7. **Response to Do Not Attempt Resuscitation Directive (DNAR)**

   Acceptance or denial of a request for DNAR in the schools is determined by the local policy. Policy should determine that response prior to receipt of a request and procedure should detail the steps to handle a request. A review of related state statutes is advised, as well as the establishment of a multidisciplinary team for development.

8. **Diabetes Care as Required by G.S. 115C-375.3**

   Each school district shall implement guidelines mandated by G.S. 115C-12. (31) as established by the State Board of Education regarding care of students with diabetes.

9. **Special Health Care Services (16 NCAC 6D.0402)**

   N.C. Administrative Code requires that each LEA make available a registered nurse for assessment, care planning, and on-going evaluation of students with special health care service needs in the school setting.

10. **Return to Learn After Concussion**

    Local policy should be developed in support of NC State Board of Education policy SHLT-001 and Return-to-Learn after Concussion-Guidelines for Implementation from the NC Department of Public Instruction.

School Health Advisory Council

The School Health Advisory Council (SHAC) is a team whose function is to help plan, implement, and monitor the NC State Board of Education's Healthy Active Children policy (SHLT-000). It is to be composed of community and school representatives from each of the 10 components of the WSCC model, the local health department, and school administration. Including the SHAC in the school health needs assessment and program planning process helps provide a broad perspective, consistent planning efforts and focused actions. The SHAC may also be helpful in identifying available community resources to help address identified needs. The role of the school nurse as a SHAC member is to represent the health services component in the assessment of needs and identification of resources to offer support. The school nurses' actions will address the overall health of students to promote academic achievement, school success and overall quality of life.

Each team member has unique resources, differing access to students, and different means of influencing the health of the school community. A planned coordination of all programmatic efforts is critical to improving outcomes for the entire school community.

SHAC Resources:

- Policy SHLT-000: Healthy Active Children Policy

References

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Costante, C., (2013). *School Nurse Administrators: Leadership and Management*. (p. 356) National Association of School Nurses, Silver Spring, Md.

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