OREGON **HEALTH** AUTHORITY

School Health Improvement and Nursing Enhancement

Scan & Plan Toolkit

Contents

Navigating the SHINE Scan & Plan Toolkit

The table of contents has in-document links. Additional links are provided throughout the document. Click any entry to jump to the corresponding area of the SHINE Toolkit.

Introduction

School nursing services are robustly linked to student wellbeing and academic achievement. Research demonstrates the positive impact of school nursing on everything from management of complex health conditions to reduced suicidality and increased graduation rates. School nursing services make a critical difference for students in underserved populations including those experiencing disability, houselessness, or poverty, students who identify as LGBTQ+, and students of color.[1]

The **School Health Improvement and Nursing Enhancement (SHINE)** program is facilitated by the Oregon Health Authority's Adolescent and School Health unit (OHA ASH). The SHINE program provides grant funds and technical assistance to school settings working to make school nursing programs effective and equitable. The SHINE Scan & Plan Toolkit helps school teams conduct evaluations and plan interventions. Collaborative efforts to "SHINE for student health" advance the OHA ASH vision that Oregon students have excellent opportunity to learn, grow, and thrive.

School Nurses and Health Teams

A school nurse is a licensed health professional; a registered nurse (RN) working in a school setting whose primary role supports foundational school health services.

School nursing services may be supported by Licensed Practical Nurses (LPN) under RN clinical supervision. Nursing care may also be supported by unlicensed and unregulated assistive personnel (UAP), such as school secretaries and classroom aides.

School health services also include specialized health professionals such as physical and occupational therapists and mental health providers. School nurses are generalist providers who support, and often lead, multidisciplinary teams providing holistic care.

Foundational School Health Services

Foundational school health services are required to ensure student safety and equitable access to education. (See Appendix for related regulations.) Examples include:

- Individualized services for students with medical complexity, such as seizure response, diabetes management, tube feedings, and catheterization.

- Prevention-oriented services for the general population, such as disease mitigation, staff training, health screenings, and emergency planning.

SHINE School Nursing Model

The SHINE School Nursing Model (SHINE Model) describes key partners and activities that contribute to school health improvement and nursing enhancement.

- The SHINE Model, and the SHINE Scan & Plan toolkit, are not prescriptive. As each school setting is unique, details of local school nursing models will differ.

- The SHINE Model was developed using evidence-based resources and input from multiple partners. See SHINE Model Development.

Core Elements

The SHINE Model has three core elements: (1) students, (2) school nurses, and (3) the school setting. [See Figure 1] The model can be summarized as follows.

Students are centered.

School nursing services exist to support student success. Student and family* priorities inform school health program goals.

School nurses provide vital services.

School nursing services are essential for student safety, health, and learning. The SHINE Model highlights five principles of practice aligned with the

National Association of School Nurses Framework for School Nursing Practice.[2] Nurses provide these services as members of school staff.

School settings strive for optimal student outcomes.

A school setting's systems and processes make a critical difference in school nursing services and opportunities for students to learn, grow, and thrive. The school setting functions within the context of the larger community.

While students are centered and school nursing services are essential, the SHINE Model's primary focus is the school setting: schools, school districts, and education service districts. SHINE collaborators work together to improve school health and enhance school nursing practice (to SHINE). SHINE efforts support the shared goal that each student can achieve optimal health and academic success.

SHINE Program Goals and Features

The SHINE program has five (5) goals specific to work in the school settings. In the SHINE Model image, these five goals are illustrated in the outer ring [Figure 1].

- **Goal 1: Staffing and Budget** (red)
- **Goal 2: Priority Work** (orange)
- **Goal 3: Collaborative Team Structures** (yellow)
- **Goal 4: Authentic Engagement** (green)
- **Goal 5: Shared Understanding** (blue)

Each of the 5 SHINE program goals has "features" or components that contribute to a functioning school nursing model. For example:

- **Goal: Staffing and Budget**, includes features such as nurse-to-student ratios, clerical support, and budget decisions.
- **Goal 3: Collaborative Team Structures** includes features such as relationship building, referral processes, and health team supervision.

SHINE goals and features are described in more detail the Scanning Tools section.

Figure 1

SHINE School Nursing Model
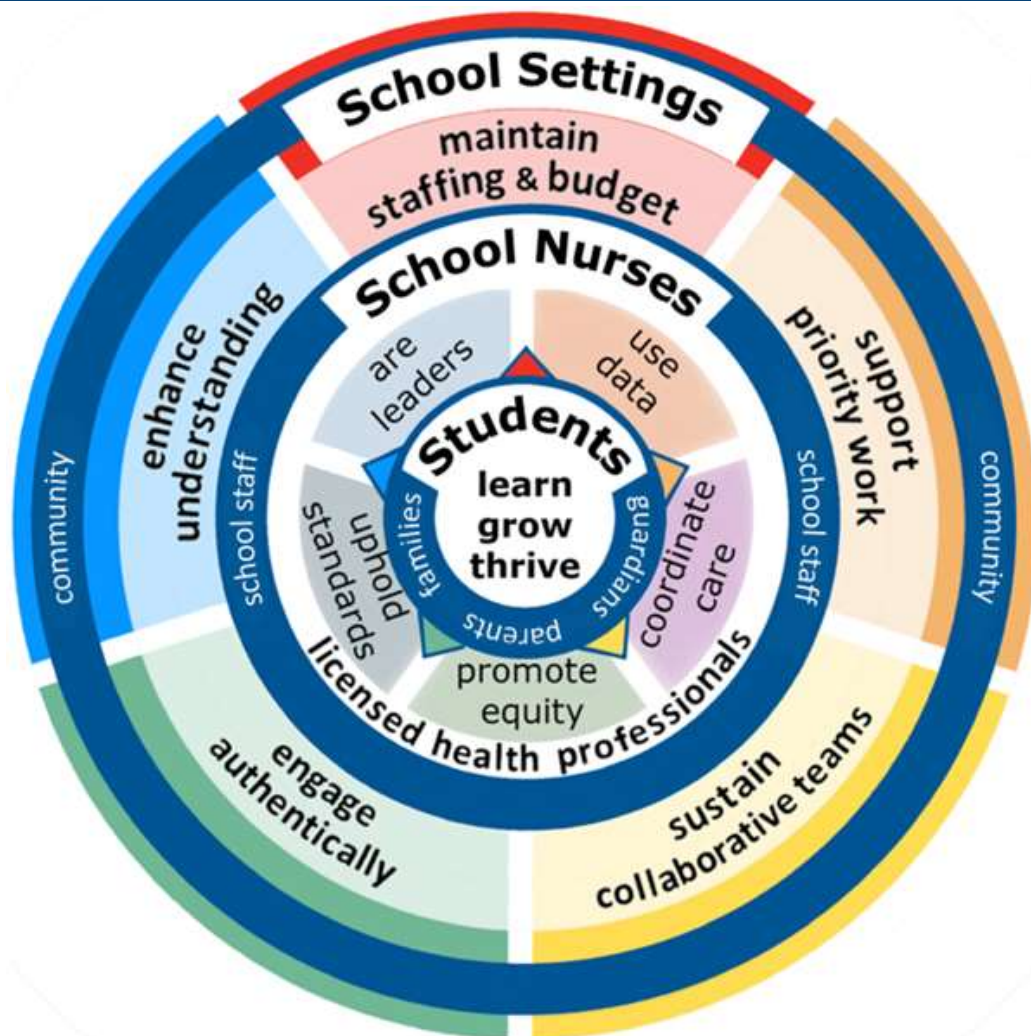
School Settings

- Maintain staffing and budget
- Support priority work
- Sustain collaborative teams
- Engage authentically
- Enhance understanding between nurses, school staff, students and families

School settings strive for optimal student outcomes as they engage in **school health improvement and nursing enhancement** (SHINE).

School Nurses

- Are leaders in school health
- Use data for quality services
- Coordinate care for individual students
- Promote equity and community health
- Uphold legal and ethical standards of practice

School nurses are licensed health professionals who provide vital services as members of school staff.

Students

- Learn, grow, and thrive

Students are centered in all school efforts.

Students are respected as individuals and as members of groups including parents, guardians, and support people (families).

Students succeed with support from their families and schools.

When schools SHINE, students achieve optimal health and academic success.

SHINE Model Development

In 2019, the OHA ASH supported school health services planning grants which led to a School Nursing Pilot Program (SNPP) in 2020. The work moved out of pilot program phase to become the SHINE program in 2025.

Early versions of the SHINE Model program goals and image were drafted in 2019, using input from school nurse leaders and evidence-based resources. Examples include the Oregon School Nurses Association (OSNA), the School Health Index,[3] *School Nursing: A Comprehensive Text,*[4] and the NASN Framework for School Nursing Practice.[2] Over time, the SHINE program goals were expanded to reflect areas of work prioritized by school setting grantees of SNPP/SHINE.

Primary contributors to the current SHINE model include SNPP/SHINE grantees, SHINE program advisory group members, and OHA ASH staff. Contributors as of 2025 also include school community members: school nurses, health staff, administrators, students, and families. State agency partners also provided input, specifically Oregon Department of Education (ODE) and Oregon Center for Children and Youth with Special Healthcare Needs (OCCYSHN).

More information about SNPP/SHINE, community engagement, and the early years of grantee activities is available in OHA ASH's 2022 SNPP Legislative Report[5].

Using the SHINE Scan & Plan Toolkit

SHINE Teams

A school nursing model may be evaluated by a "SHINE team": a group of individuals engaged in collaborative efforts to improve school health and enhance school nursing.

Team members

To guide improvements that are equitable and effective for the school community, SHINE teams should include people with diverse roles and lived experiences. Key

partners include (1) service recipients; (2) service providers; and (3) decision-making authorities.

- **Service recipients** include students and [families](#). Recipients may also include school staff impacted by local or regional support services.

- **Service providers** may include district nurses and health staff, Education Service District (ESD) health staff, and health program directors.

- **Decision-making authorities** may include administrators, financial officers, and others with control privileges in the local school setting.

Partner engagement

Multiple methods may be needed to gather information from diverse participants such as meetings, surveys, and interviews, as well as review of existing data. Teams should also consider meeting times, language support, and other ways to improve access and engagement. The more diverse and inclusive the SHINE team is, the more likely Scan & Plan activities will result in interventions that benefit the school community.

Toolkit Components

The SHINE Scan & Plan Toolkit includes

- [Scanning tools](#) to evaluate features of the local school nursing model.

- [Planning tools](#) to record findings, determine priorities, and track progress.

- [Appendix](#) A and B with information about state and national regulations.

Scanning tools

SHINE teams use [Scanning Tools](#) to gather both qualitative and quantitative information, via sample questions and tracking tools. Sample questions and tracking tools are organized by the SHINE Model's five goal areas for school settings. Scan information can help SHINE teams identify areas of strength and areas needing improvement in the local school setting

See the [Scanning Tools](#) section for more detail.

Planning tools

SHINE teams use Planning Tools to compile data and compare findings from different goal areas. Planning tools include the following.

- SHINE Tracking Form to summarize findings quantitatively with a 0 to 3 scale.
- SHINE Outcomes and Action Steps to prioritize outcomes and plan actions.
- SHINE Report Template to summarize findings descriptively including details of the local model, selected priorities, and changes over time.

See the Planning Tools section for more detail.

Appendix

The SHINE Toolkit Appendix provides information about some of the state and federal regulations which may be relevant to SHINE team efforts.

- Appendix A gives examples of regulations which could apply to each feature.
- Appendix B provides brief excerpts from regulations.

Please note that Appendix information is not legal advice. SHINE teams should consult legal counsel as needed to address legal questions.

*Use of the term "family"

The SHINE program respects that students experience many different living situations. For brevity, the term "families" is used in SHINE Toolkit to refer to parents, guardians, and other support people who care for students and contribute to health decisions.

Scanning Tools

SHINE teams "scan" their school nursing model by evaluating selected features applicable to their school setting. Each of the five SHINE goals for school settings has a Scanning Tools section. [See Figure 1 and SHINE goals and features.] Using the scanning tools, a SHINE team will evaluate features in one or more goal area. Collaborative partners can use this evaluation to identify priorities and plan actions for their school setting.

SHINE Scan results are for internal use. Comparison between school settings has little meaning, due to many variables across school districts and ESDs. Scan findings are for local evaluation and planning, to highlight needs and show progress over time.

Click below to jump to goal-specific scanning tools.

- Goal 1 Staffing and Budget
- Goal 2 Priority Work
- Goal 3 Collaborative Team Structures
- Goal 4 Authentic Engagement
- Goal 5 Shared Understanding

Scanning Tools for Each Goal Area

Each Scanning Tools section includes 3 components: (1) introduction; (2) questions; and (3) a tracking tool.

Introduction to Goal

Each goal area has an **introduction** that begins with an **Oregon school district case study,** followed by detailed goal statements: **objectives** are the state program goals developed by OHA ASH, and **example outcomes** describe local goals a SHINE team might consider. Each goal introduction also includes **key concepts** and **resource links** related to the goal area.

Sample Questions

Each goal area includes **Sample Questions** that can be useful not only for gathering information, but also for identifying who has what types of information. Responses are likely to differ from one individual to the next, and among different groups in the school community. These differences can inform partnership decisions and highlight opportunities to enhance understanding.

Questions can be modified by SHINE teams as desired. Questions may be posed in whatever format the SHINE team prefers, such as meetings, interviews, surveys, etc. Responses may be recorded in narrative format on the SHINE Report Template, and/or may inform quantitative evaluation on the SHINE Tracking Form.

Tracking Tool

Each goal area includes a **Tracking Tool** to help SHINE teams summarize data quantitatively. SHINE teams have the option to track the status of selected features using a 0 to 3 scale, with 0 points for a feature that is absent ("not in place") and 3 points for a feature that is in its ideal state ("fully in place").

Most features described in the Tracking Tool apply to local school districts (SD). For regional Education Service Districts (ESDs), if a feature as described is not part of the ESD program, status points are based on the level of support the ESD provides to component SDs related to that feature.

The list of features is not prescriptive. SHINE teams may modify descriptions of what it means for a feature to be "fully in place," and may remove or add features to align with desired outcomes for their setting. That said, state and national laws may apply. See Appendix. SHINE teams are encouraged to seek advice from legal counsel as needed.

Goal 1 Scanning Tools

Introduction to Goal 1: Staffing and Budget

Goal 1. Oregon school district case study

For many years a school district tried hiring one RN for 9,000+ students, but RNs kept quitting: for over a decade, no RN stayed with the district for a full school year. When schools shut down during COVID-19, the new RN started attending leadership meetings and providing professional guidance. District leaders recognized that one RN could not provide essential health expertise and simultaneously serve students across 20 schools.

The district expanded the health services program by dedicating general funds, Student Success Act dollars, and grant funds, and expanding Medicaid billing. Now they have a much more functional team of 5 RNs plus an RN supervisor, along with LPNs and health assistants. The nursing team collaborates with multidisciplinary staff to meet individual student needs and support community health. In addition to increased services, the district improved RN retention. Since these changes were made, all new RNs have remained with the district since they were hired, 3 years ago or more.

Goal 1. Objective (SHINE program goal)

Provide systemic support for the expansion and sustainability of a robust and diverse school nurse workforce in school districts and education service districts.

Goal 1. Example Outcomes (school setting goals)

☐ Increase available school health funds from school Medicaid billing by adding dedicated staff position(s) and modifying school documentation system to align with billing requirements.

☐ Increase the number of school nurses and school health support staff to meet student needs, with minimum ratios of 1:750 general population and/or 1 full-time RN per building.

☐ Create and implement a plan for hiring and retaining diverse school nursing and school health staff.

Goal 1. Key concepts

The work of an effective and equitable education system includes recruiting and retaining RNs and health staff and ensuring they have adequate resources to do their jobs.

Considerations in this goal area include:

- Student acuity; individual and community nursing care needs
- Sustainable funding
- Employee morale and retention strategies
- Student diversity, staff diversity

Goal 1. Resource links

Staffing for safe and legal care

- [ODE Nurse Staffing](#)
- [NASN Position Statement](#)
- [ODE School Nurse Annual Report](#)

Funding

- [ODE School Medicaid Billing](#)
- [ODE Student Success Act / Student Investment Account (SSA/SIA)](#)
- [OSNA School Nurses & Student Success](#) (student success and mental health link to SSA/SIA funding)

Nurse retention and morale

- [OCN RN Wellbeing Project](#)
- [Oregon School Nurses Association](#)

Pipeline: new and diverse nurses

- Alliance of Black Nurses Association of Oregon and ABNAO Mini Nurse Academy
- ODE Career and Technical Education

Sample Questions for Goal 1: Staffing and Budget

These questions can guide qualitative evaluation of the **staffing and budget** of a school nursing model. See instructions in Scanning Tools: Sample Questions. To compile results, see SHINE Planning Tools and Report Template.

1. Describe the staffing in place for school nursing and health work.
    a. How many students are there per RN? How many schools per RN?
    b. What type(s) of assistive personnel support health efforts? (e.g., certified nursing assistant, health aides, front office, educational assistants, etc.)
    c. What type of clerical support is available to support health efforts?
    d. Do health staff reflect diverse identities among the school population?
    e. How does retention look in your setting? Do RNs and other health personnel remain in the same setting from year to year?
2. Describe the budget for school nursing and health work.
    a. Is there a dedicated budget for health services and related work?
    b. What are the funding sources?
    c. How is the budget allotment determined? Who is involved?
    d. Are budget and staffing adequate to meet identified needs, for individuals with chronic conditions and for overall population? How is this determined?
3. Is there anything else you would like to share about staffing and budget?

Tracking Tool for Goal 1: Staffing and Budget

This tracking tool can guide quantitative evaluation of the **staffing and budget** of a school nursing model. See instructions in Scanning Tools: Tracking Tool. To compile results, see SHINE Tracking Form.

District school nurse model – **Feature is:** Regional services program – **Support is:**	fully in place	**3**
	partially in place	**2**
	planned or minimally in place	**1**
	not in place	**0**

Goal Area 1S Staffing   Regulations related to 1S

Feature 1S-1. RN-to-student ratios meet state guidance and support safe care.

	Description of feature 1S-1	Status
3	• General ratios: 1 full-time RN per 750 students and/or per school building. Additional RNs & health staff per assessed needs. [see 4E-3] • Acuity ratios: at least 1 full-time RN if any students are medically complex or fragile. RN-to-student ratios reflect acuity: 1:1 for nursing dependent, 1:125 for medically. fragile; 1:225 for medically. Complex. • Consistent access: RN is present daily; readily available to assess student conditions and support needs, and to implement individualized health plans for safe, timely attendance.	☐
2	• 1 full-time RN serves 2-3 schools, < 1500 students. • RN in each school 2+ days most weeks. • RN assessment of students typically within 1-2 weeks.	☐
1	• 1 full-time RN serves 3-5 schools, 1500-2500 students. • RN in each school 1+ day most weeks. • RN assessment often delayed 3+ weeks.	☐
0	• No full-time RN(s), or 1 RN has 6+ schools or >2500 students. • Limited or no access to RN most weeks. • RN assessment does not occur or has long delays.	☐

Feature 1S-2. Dedicated health personnel contribute student health support with RN direction and supervision

	Description of feature 1S-2	Status
3	• Health assistants/UAP: unlicensed/unregulated assistive personnel (UAP) have dedicated health staff duties. May include Certified Nursing Assistants, Medical Assistants, uncertified health aides. RN is readily available to supervise and train UAP. • LPNs: when teams include licensed practical nurses (LPN), the LPN provide licensed care per RN-authored care plans. RNs are readily available to provide clinical direction for LPNs. • Staff preparation: Assistive staff have specialized training by RNs and/or accredited sources to meet population needs (first aid; medical events; etc.); and delegated nursing care.	☐
2	• Dedicated UAP health staff work with RNs but staffing of one or both is insufficient. • LPNs with RN direction and supervision but staffing of one or both is insufficient; may risk practice outside of scope. • Some gaps in staff training to meet student needs.	☐
1	• Staff may assist but hold other roles. Limited RN contact. • LPN with limited RN direction or supervision; likely to be practicing outside of scope. • Training is limited or inconsistent	☐
0	• No assistive health staff. • LPN with no RN • No staff training.	☐

Feature 1S-3. Dedicated clerical staff support health work

	Description of feature 1S-3	Status
3	• Clerical staff: Dedicated staff support health documentation, reports, billing. May include health clerk; billing specialist.	☐
2	• Clerical staff with other roles provide some support.	☐
1	• Occasional clerical support.	☐
0	• No clerical support.	☐

Feature 1S-4. Health staff reflect diverse identities in school population. Examples: language, race, religion, gender, sexual orientation, disability, health condition.

	Description of feature 1S-4	Status
3	• <u>Health staff diversity:</u> Health staff are diverse in multiple ways. • <u>Representation:</u> Students have access to staff who share characteristics. Most populations are represented. • <u>Intentionality:</u> Official recruitment and retention practices support diversity robustly and consistently.	☐
2	• Some diversity, but multiple populations unrepresented or underrepresented. • Some official or consistent recruitment and retention practices support diversity in limited ways.	☐
1	• Limited diversity. • Recruitment and retention practices sometimes support diversity; inconsistent or unofficial.	☐
0	• Little or no diversity. • No recruitment or retention practices support diversity.	☐

Feature 1S-5. Staff retention and consistent school assignments support relationship building for safe care

	Description of feature 1S-5	Status
3	• <u>Consistent assignments:</u> RNs are typically assigned the same school caseload from year to year. School/caseload assignment supports long-term relationship with students, <u>families</u>, and care team including school staff and student's providers. • <u>Historic retention:</u> In past 10 years, most RNs stayed in setting 3+ years. • <u>Current retention:</u> RNs, health staff intend to remain in setting 3+ years.	☐
2	• Some consistent RN assignments; not most. • Some RN retention 3+ years (historic or current); not most. • Some health staff retention 3+ years (historic or current); not most.	☐
1	• RN assignments typically change year to year. • RNs rarely stay 3 years in same school(s). • School health staff rarely stay 3 years with the same health team.	☐
0	• No RNs. • No RNs remain 3+ years. • School health staff typically leave the role within 3 years.	☐

Feature 1B-1. Budget for health program and school nursing work has stable funding source. Examples: general funds, Student Success Act / Student Investment Account, Medicaid billing.

	Description of feature 1B-1	Status
3	• <u>Dedicated budget:</u> School nursing and health services program has dedicated budget. • <u>Stable funding:</u> Budget is mostly sustainable sources such as general funds, Student Success Act/Student Investment Account, Medicaid. • <u>Medicaid billing:</u> For districts, budget includes Medicaid Administrative Claiming (MAC) and Medicaid direct services billing. For ESD, setting provides robust technical assistance.	☐
2	• Budget for school nursing and health services fluctuates (more than other departments). • Budget is mostly short-term funding (grants, fundraising). • District budget does not include Medicaid billing. [or] ESD offers no technical assistance for Medicaid billing.	☐
1	• Health services budget contingent on other department needs. • Budget depends on most or all short-term funding.	☐
0	• No dedicated budget	☐

Feature 1B-2. Budget for health program is sufficient considering both student acuity and prevention-oriented health work.

	Description of feature 1B-2	Status

3	• <u>Reviewed by leaders</u>: Health budget planning consistently includes RN(s) familiar with school health. Reassessed annually and as needed.
	• <u>Budget is sufficient</u> for priority work [see Appendix A and B]. Budget meets
	   o **individual needs**: RN is readily available to assess student condition, address needs, and implement health plans (train staff, provide care)
	   o **population needs:** Budget & staffing sustain the school district/ESD's comprehensive prevention-oriented health services program.
		☐

2	• Planning involves some data and leader input; inconsistent. • Budget gaps impact some areas of priority work.	☐
1	• Limited planning, rare use of data or key leaders. • Budget gaps impact multiple areas of priority work.	☐
0	• No process using data and key leaders to plan budget. • No dedicated budget or budget is chronically insufficient.	☐

Goal 2 Scanning Tools

Introduction to Goal 2: Priority Work

Goal 2. Oregon school district case study

During the pandemic, tracking illness and absences and contacting families was taking so much time, district RNs couldn't provide safe care for students with medical complexity. The lead RN worked with district IT to modify the student information system (SIS), adding fields and streamlining communication to meet public health requirements. This allowed automated reports and notifications, rather than each RN tracking data and sending messages manually. Increased efficiency meant hours more per day for nurses to support students.

The following year the nursing team and IT collaborated to make more changes to the SIS. Among other changes, the nursing team can now track medication administration electronically. In addition to saving a significant amount of time, the improved charting system easily identifies health trends and safety issues like medication errors. Now, whether it's a routine day or a time of crisis, nurses have more time to focus on priority work and schools can provide safer care.

Goal 2. Objective (SHINE program goal)

Support school nurses to meet the individual needs of youth, reduce student health-related barriers to education, reduce health inequities, and support overall school and community health.

Goal 2. Example Outcomes (school setting goals)

☐ Develop and/or utilize a documentation system tailored to school health functions, especially those required by law

☐ Create or modify health protocols for local use (e.g. protocols for emergency medical events, communicable disease response)

Goal 2. Key Concepts

To ensure equitable access to education, schools must address student health needs. Federal and state laws apply.

Considerations in this goal area include:

- Resources, data, and documentation for priority work
- Regulations such as disability rights laws; Nurse Practice Act; public health laws; school health services laws. [See Appendix]
- School staff preparation – nurses, health staff, teachers, other personnel

Goal 2. Resource links

Right to education & related services

- Oregon School Nurse Manual – Part 2, Laws
- Regulations: See Appendix

Nursing Practice

- Oregon Nurse Practice Act (See also Appendix B)
- RN Delegation Process – Oregon State Board of Nursing guidance and laws
- OSNA Delegation Toolkit

Assessing student acuity

- ODE Student Acuity guidance
- OSNA Student Acuity Toolkit
- OSNA Social Determinants and Acuity Strategies

Information sharing and privacy

- ODE Student Health Privacy – FERPA / HIPAA
- OSNA Modifying Student Information Systems

Sample Questions for Goal 2: Priority Work

These questions can guide qualitative evaluation of the **priority work,** and the related resources, data, and documentation systems, of a school nursing model. See instructions in Scanning Tools: Sample Questions. To compile results, see SHINE Planning Tools and Report Template.

1. Describe the priority work of the local School Nursing Model [See Appendix A].

   a. Are school nurses able to conduct priority work to the desired level?

   b. Is there any priority work that is not being done?

   c. How does the School Nursing Model support students with chronic conditions?

   d. What efforts are in place for community health promotion, disease prevention, and safety?

2. Describe how health-related information is documented, tracked, and reported.

   a. Is there an electronic documentation system? What health fields or menus exist?

   b. How well does the system protect privacy? How well does the system work for sharing information among need-to-know personnel?

   c. For the Oregon Department of Education (ODE) Annual Report of School Nursing in Oregon Public Schools. What methods do RNs use to assess and track student acuities (nursing care needs)? Are the methods consistent RN to RN, year to year?

   d. How is data about health needs and services tracked? Are any reports generated? Is health data used in specific ways?

3. Describe the workspace and resources for school nursing and health work.

   a. How well do workspaces support RN-specific work? Is there confidential workspace for student support, communication with providers, calls to families/caregivers, etc.?

   b. What types of equipment and supplies are available?

Examples:

Assessment Tools	Durable Equipment	Treatment Supplies	Medication Resources	Office and Tech Supplies
• Stethoscopes • Thermometers • Blood pressure cuffs • AEDs	• Cots • Wheelchairs • Safe storage containers	• Gauze • Med cups • Gloves • Masks	• Epinephrine • Narcan • Mobile supply bags	• Cell phone • Laptop • Scanner • Charting software

    c. How are resources maintained, tracked, ordered, organized?

    d. What types of professional support are available, such as access to accredited trainings or evidence-based templates for RN-specific work?

4. Is there anything else you would like to share about priority work?

Tracking Tool for Goal 2: Priority Work

This tracking tool can guide quantitative evaluation of **priority work** and related resources, data and documentation systems of a school nursing model. See instructions in Scanning Tools: Tracking Tool. To compile results, see SHINE Tracking Form.

District school nurse model – **Feature is:** Regional services program – **Support is:**	fully in place	**3**
	partially in place	**2**
	planned or minimally in place	**1**
	not in place	**0**

Goal Area 2P Priority Work   Regulations related to 2P

Feature 2P-1. RNs develop and implement care plans for each student with chronic condition.

	Description of feature	Status
3	• <u>Known conditions:</u> School system maintains reliable list of students with existing health conditions; reliable Child Find** process (See 2D-4; 4E-1.). • <u>Plans created:</u> RN develops individualized care plans and emergency action plans, in collaboration with families,* for each student with identified care needs and contributes to applicable IEP and 504 plans.	☐

		Status
	• <u>Plans reviewed</u>: RN conducts review of all nursing care plans annually and as needed; updates based on current nursing assessment. RN reviews plans with applicable school staff and provides individualized trainings as needed to ensure understanding of student needs, enhance safety.	
2	• Data about multiple student conditions is missing or incomplete. • RN has care plans in place for students but there are gaps in process for timely creation, family collaboration, timely reviews, related staff training.	☐
1	• Lack of reliable data and/or Child Find process. • RN creates plans only for some students such as only highest acuity. • Gaps in care plan reviews and staff training for individual care impact student safety.	☐
0	• No RN. • No Child Find process. • No capacity to create plans for many/most students	☐
**Child Find: school districts have certain responsibilities related to identifying students who qualify for specialized education and related services. See Appendix.		

Feature 2P-2. School staff are trained on individual care, health policies, practices

	Description of feature	**Status**
3	• <u>Time for trainings</u>: School system ensures RN has time to train need-to-know staff about key topics for student safety & support and general population health. o Process may include dedicated time at start-of-year, monthly, etc. Topics may include school policies, referral processes, communicable disease / exclusion, blood-borne pathogens; emergency plans, med administration, first aide/CPR; care delegation. • <u>Tracking required trainings</u>: Process tracks which staff are trained and due for trainings, for all topics applicable to setting. • <u>Verifying knowledge</u>: Process verifies trainee skill and knowledge	☐
2	• Most staff are trained on most priority topics. • Some gaps in one or two areas – time, tracking, verifying knowledge.	☐
1	• Some staff are trained but gaps exist for many staff in priority topics. • Gaps in all areas – time, tracking, verifying knowledge.	☐
0	• No staff trainings from RN in school setting. • No process to track staff trainings. • No process to verify knowledge and skills	☐

Feature 2P-3. RNs lead prevention-oriented health program including community health promotion, disease prevention, safety.

	Description of feature	Status
3	RN(s) provide leadership and actively engaged in prevention-oriented health program for in at least 6 of these areas: • Provide health-specific continuing education for school staff • Develop/update school policies related to communicable disease • Develop/update school policies related to food (allergens, special dietary needs, healthy celebration practices, etc.) • Develop/update school policies related to medical incidents/emergency response (seizure, anaphylaxis, concussion, etc., response & referrals) • Support school health screenings (vision, dental, hearing) • Support immunization compliance (may include messaging to families, tracking, collaboration with community partners) • Consult with teachers/health educators on health units/lessons • Develop and implement school/class health-related activities • Provide health-specific information for families and community	☐
2	• School RNs collaborate in 3 to 5 areas.	☐
1	• School RNs collaborate in 1 or 2 areas.	☐
0	• No school/district RNs. • No collaboration between RNs and prevention-oriented health program.	☐

Feature 2P-4. Student acuity is reliably assessed by RN and reported to Oregon Department of Education.

	Description of feature	Status
3	• <u>Licensed nursing assessment:</u> Assessment of student's condition and nursing care needs is conducted by the RN. Nursing care needs define acuity levels. • <u>Consistent, evidence-based practice (EBP):</u> RNs use EBP methods to conduct acuity assessment, considering medical condition and social context. Methods generate reliable data for comparison which can be validated from RN to RN and year to year. • <u>Reporting:</u> School district reports aggregate data – current total students in each acuity level – to ODE annually.	☐
2	• RN acuity assessment methods vary from one student to another or from one nurse to another. • Reports use current data, but that data may be unreliable.	☐

		Status
1	• Limited RN assessment of student conditions and needs • Reports may rely on past numbers or use diagnosis alone to assign acuity levels.	☐
0	• No RN. • RN does not assess nursing care needs; other staff may assign acuities. • Data is not reported to ODE.	☐

Goal Area 2R Resources   Regulations related to 2R

Feature 2R-1. RN, health team has functional confidential workspace in each school for care, consults, and charting.

	Description of feature	Status
3	• <u>Dedicated space:</u> RN has dedicated space to work in each school building or campus where the RN serves students. • <u>Physical space</u>: RN workspace includes desk and counter space appropriate to tasks such as documentation, communication, medication inventory, preparing treatments. • <u>Confidentiality</u>: RN workspace supports confidentiality, with sight and sound security such as for consultation with students, updating staff about student conditions, calls with medical providers.	☐
2	• Dedicated space for RN work exists in some schools, not all. • RN has confidential space in same building as staff and students.	☐
1	• Confidential space for RN(s) only exists off-site, isolated from staff and students	☐
0	• No RN. • No dedicated space for RN confidential work.	☐

Feature 2R-2. Health staff have equipment to assess student conditions, provide care, and document health data and services

	Description of feature	Status

3	• <u>Resource list exists.</u> Resource list is maintained, reviewed regularly to determine equipment and technology necessary for school nursing and health program.
	• <u>Resources are available</u>. May include:
	   o Office and tech - computers, phones, paper, software, apps
	   o Durable equipment - cots, stethoscopes, BP cuffs
	   o Stock medications – epi, Narcan
	   o Care and treatment supplies - first aid, masks, gloves
	• <u>Resources are maintained </u>and replaced or updated as needed.
		☐

	Description of feature	Status
2	• Resources are available for priority work, with some gaps. • Process to maintain or update resources has gaps.	☐
1	• Resource gaps impact multiple work areas. • Little or no process to maintain or update.	☐
0	• No list of resources. • No process to track or maintain resources. • Lack of resources impacts safe care.	☐

Feature 2R-3. RNs have professional training and tools to support safe, legal, evidence-based practice

	Description of feature	Status

3	• <u>Professional expectation:</u> Health roles are clearly defined; RNs are required to maintain skills, knowledge, specific to health practice. May include annual requirement for accredited Continuing Education (CEUs).
	• <u>Professional support:</u> RNs are supported to maintain applicable skills and knowledge. May include:
	    o Funds for professional organization membership
	    o Funds for CEUs (paid time, travel, training costs)
	    o Substitute RNs available, including for professional development
	    o Trainings, workshops from accredited sources
	    o Resource bank - evidence-based care planning, staff training
	• <u>Professional compensation:</u> RNs receive pay differential for skilled role and/or for specialty certifications (i.e. TSPC, NCSN, CNE, CPR trainer).
		☐

2	• Professional expectation for health staff is minimal or poorly defined. • RNs have some support; may include limited funding, using PTO days without substitute RN; some local guidance. • Professional compensation is minimal or absent.	☐
1	• Professional expectations are not stated or not specific to health role. • Professional support is inconsistent or absent – may be case-by-case • RNs maintain competency with limited support, mostly external guidance.	☐
0	• No RN. • RNs have no support to maintain skills and knowledge. • RNs do not maintain competency.	☐

Goal Area 2D Documentation and Data   Regulations related to 2D

Feature 2D-1. Documentation system has necessary fields and functions for health charting, including safe care coordination and required reports.

Description of feature	Status

3	• Electronic records: Electronic documentation system is in place. Ideally, electronic health record (EHR) in addition to Student Information System (SIS).
	• Health-specific fields: System includes dedicated areas for health-specific tracking. May include
	    o nursing care notes (assessments, communications, services provided)
	    o health plans, emergency action plans
	    o medication administration
	    o medication written instructions
	    o student absence/illness
	    o data for required reports e.g. immunization, health screenings, acuity levels
	• Functionality: Consistent, accurate data entry is supported by functions such as drop-down menus, required fields, maximum numerical values. Enables tracking/reporting for multiple health fields, individual and aggregate.
		☐

2	• Documentation system supports some health charting. • Tracking data is possible for at least one health field such as student medical alerts, immunizations, acuity data. • Gaps in key fields and functions contribute to inconsistent data entry.	☐
1	• Documentation system has limited health functionality. • Data entry varies across users. • Hard to document, find, or track health data.	☐
0	• No documentation system in place. • No standard practices related to school health charting.	☐

Feature 2D-2. Documentation system protects privacy while allowing access by staff with legitimate educational interest.

Description of feature		Status
3	• Confidentiality: Health information is protected from the public and staff who are not need-to-know. • Access: Need-to-know staff have reliable access to information. • Consistent use: School staff receive consistent training regarding how/when to access student health information.	☐
2	• System has some challenges with privacy protection and access. • Some training but inconsistent or incomplete.	☐
1	• System has limited function for privacy protection and/or access. • Little or no training for most staff.	☐
0	• Gaps in privacy or access impact safe care. • No staff training.	☐

Feature 2D-3. School RNs and school health program track health-related needs and services. School setting has data for quality improvement.

	Description of feature	Status

3	• <u>Routine information collection:</u> Documentation consistently collects priority health information. Examples:
	   o Chronic health conditions: health on annual enrollment forms; student and family questionnaires; robust Child Find process
	   o Acute care needs: # of new medical events, illness, injuries
	   o Services and outcomes: # of meetings; # of trainings; # of health plans; # student goals set/met; # of RN consultations; attendance; satisfaction.
	• <u>Routine tracking & reporting:</u> RN or health staff review data; report in FERPA-compliant ways; share success, support improvements.
		☐

2	• Health information collection is inconsistent or absent in a priority area. • At least one health-related data point is routinely tracked and reported.	☐
1	• Health information collection has gaps in multiple areas. • Minimal or irregular data tracking or reporting. • Difficult to find health information about successes or needs for improvement.	☐
0	• No routine health data collection, tracking, or reporting.	☐

Goal 3 Scanning Tools

Introduction to Goal 3: Collaborative Team Structures

Goal 3. Oregon school district case study

In the past, school nursing work was siloed. Nurses would report to building principals or the superintendent, but nursing services weren't really part of any team or department. The district recently reorganized school nursing as part of student services. Now, nurses are in the same department as the counselors and report to the Student Services director.

Having a clearer team structure has helped build relationships between nurses, other school staff, and students. The reorganization made nursing services more visible: staff and students know how to contact nurses, and nurses are aware of more student needs. RNs have regular meetings with their director and the counseling team, and the lead nurse joins quarterly meetings with other department heads. This has improved care coordination for individual students, and keeps nurses looped in to support community health issues.

Goal 3. Objective (SHINE program goal)

Implement responsive structures and/or teams that support school nursing practice and nurse-directed planning and coordination to improve student health and educational outcomes.

Goal 3. Example outcomes (school setting goals)

☐ Create clear protocols and pathways for students and families to get connected to care regardless of who they go to in school. Train staff on those protocols. Plan will consider student and family communication styles, technology access, language.

☐ Create and sustain communication channels and meetings that improve frequency and quality of communication between school nurses and other district staff and health support.

☐ Establish position(s) to provide leadership for the health program and school providers. Example titles: School Nurse Lead, School Nurse Administrator, School Nurse Supervisor. Role will include coordination of health services within school and across systems, and nursing credentials to evaluate & enhance clinical practice.

Goal 3. Key concepts

School health is a shared responsibility. Multi-disciplinary collaboration can improve equitable access to education and improve student outcomes in both health status and academic achievement.

Considerations in this area include

- Team structure and relationship building
- Supervision of nurses and health staff
- Referral processes both internally and with community partners

Goal 3. Resource links

Coordinated school health

- [Oregon Healthy Schools](#)
- [Whole School, Whole Community, Whole Child (WSCC) resources](#)

School Nurse Leadership

- [Oregon School Nurse Manual](#) Part 3 Working in Schools
- [NASN School Nurse Leadership](#)
- [Oregon School Nurses Association](#)

Sample Questions for Goal 3: Collaborative Team Structures

These questions can guide qualitative evaluation of the **collaborative team structures** of a school nursing model. See instructions in [Scanning Tools: Sample Questions.](#) To compile results, see [SHINE Planning Tools](#) and [Report Template](#).

1. Describe the team structure that supports school nursing and health work.

    a. Are there regular meetings between ESD/district, school team members?

    b. How is care coordinated for individual students?

    c. What aspects of the team structure support professional connections? How do health staff, other staff, students, families know who to contact, when/why to connect?

    d. What types of communication are in place between ESD, district, schools? Routine communication such as health protocols? Rapid communication such as during an outbreak or medical emergency?

2. Describe the supervision structure for registered nurses.

    a. In what ways does the supervisor, and supervision structure, support provision health services?

    b. Clinical practice: Is the supervisor of nurses a Registered Nurse? How is RN clinical practice evaluated, improved?

    c. Regulations: How well-versed is the supervisor of nurses with applicable laws and regulations? …with health policies of the local setting?

    d. How often do nurses meet with the supervisor? …with other health staff?

    e. Does the supervision structure support RN/health team connections with other departments?

3. Describe the supervision structure for licensed practical nurses (LPNs), and for unlicensed/unregulated assistive personnel (UAPs).

    a. How many LPNs does the RN oversee? Does each LPN practice within scope, performing tasks within existing care plans and protocols, as directed by the RN?

    b. Is communication between LPNs and RNs effective and sufficient per both parties?

    c. How many delegations to UAPs does the RN oversee? Can the RN safely supervise and review (as per Nurse Practice Act requirements)?

    d. Is communication between UAPs and RNs effective and sufficient per both parties?

4. Describe the referral process in the local setting.

    a. Do school staff know who to contact about student issues? How and when to reach the school nurse, school counselor, other health staff?

    b. Are any community providers involved or available for referral?

5. Is there anything else you would like to add about Collaborative Team Structures?

Tracking Tool for Goal 3: Collaborative Team Structures

This tracking tool can guide quantitative evaluation of the **collaborative team structures** of a school nursing model. See instructions in Scanning Tools: Tracking Tool. To compile results, see SHINE Tracking Form.

District school nurse model – **Feature is:**	fully in place	**3**
	partially in place	**2**
Regional services program – **Support is:**	planned or minimally in place	**1**
	not in place	**0**

Goal Area 3T Teams   Regulations related to 3T

Feature 3T-1. Team structure and relationship-building support RNs, health staff satisfaction and retention. [Student and family engagement: see goal area 4E.]

Description of feature	Status
3 • Relationship-building connections: RN(s) and health staff have routine meetings, other forms of contact with variety of staff. Includes as applicable the health team; department heads; general staff meetings; ESD and regional health partners. • Satisfaction: RN(s) and health staff report feeling connected, supported, respected; job satisfaction related to professional team.	☐

	Description of feature	Status
2	• Some gaps in support, inclusion of RNs and health staff in education meetings and processes. • RN, health staff satisfaction varies.	☐
1	• Minimal connection between RNs, health staff, and other school departments. • RN(s), health staff typically report low job satisfaction	☐
0	• No RN. • No evaluation of RN, health staff satisfaction.	☐

Feature 3T-2. Team structure and relationship-building among school staff support health program function and utilization.

	Description of feature	Status
3	• Collaborative connections: RN(s), health staff are known. Process is clear for staff to contact RN(s). RNs are invited and available to support applicable health efforts. May include trainings, presentations, mental health teams, IEP and 504 teams, health policy development. • Communication practices: ESD communicates with component districts. District communicates with schools, shares info about health team, health protocols with each school. Schools communicate with staff, students, families. • Community providers and referral process: see **3T-3.**	☐
2	• Routine meetings among health-focused staff, but limited connections among non-health staff. • RN(s) may be unknown or unavailable for some applicable health efforts.	☐
1	• Relationships depend on individual outreach. • RNs are rarely involved in collaborative health efforts unless self-initiated.	☐
0	• No RN. • No routine connections between RN(s), health staff, other staff	☐

Feature 3T-3. Referral processes are in place inclusive of RN(s), school health staff, and mental health providers. Referral processes address new and chronic student conditions, disabilities, mental/behavioral health. Referral processes support Child Find and access to Free Appropriate Public Education (FAPE).

	Description of feature	Status
3	Referral process includes 6 or more elements. 1. Roles and referral options are established, written, maintained. 2. Referral process is communicated: all staff members are trained on general emergency response, role in Child Find, and how/when to refer students to RN, other staff; community referral options.	☐

	3. Youth-friendly referral providers, list is maintained, with basic info about each (e.g., cost, location, language, program features, previous client feedback). 4. Referral information about school and community services is distributed widely (e.g., flyers, website, classes) 5. Referral forms or process are easy for staff to access, complete, keep confidential. 6. A designated staff person (e.g., RN, counselor) regularly reviews referral forms and conducts initial screening. 7. RN or designated staff contacts identified students/families potentially needing additional health services; offers applicable referral resources. 8. RN or designated staff contacts students/families without a primary care provider, offers information about insurance and providers. 9. Related records: as necessary and in compliance with FERPA and HIPAA, written consent is routinely requested to gather relevant health records and related information (e.g., questionnaires, brief testing 10. Other element(s) specific to local setting.	
2	• 3 to 5 referral elements are in place	☐
1	• 1 or 2 referral elements are in place.	☐
0	• No RN. • No referral process.	☐

Goal Area 3S Supervision   Regulations related to 3S

Feature 3S-1. Supervisor of RNs is well-prepared, qualified to enhance school heath program and professionals; knowledgeable about relevant regulations, school setting care, clinical practice

Description of feature	Status
3 • <u>Applicable nursing expertise</u>: Supervisor of nurses is familiar with Oregon's Nurse Practice Act application in schools. • <u>Applicable school health expertise:</u> Supervisor of RNs is familiar with school health care, not limited to relationship-building; IEP & 504 processes; coordinated teams; school health services laws; student disability rights, and applicable public health laws. • <u>Improves school nursing practice</u>. Supervisor is RN with scope to conduct orientations, trainings, and clinical evaluation; *[or]* Supervisor collaborates with school RN leaders such ESD or professional organization to support RN training, evaluation, and improvement.	☐
2 • Supervisor is RN with knowledge gaps about school setting. • Supervisor is non-RN with knowledge gaps about clinical service. • RN evaluation supports practice; may be self-directed	☐

		Status
1	• Supervisor is non-RN with limited experience, gaps in both clinical competency and education laws. • RN evaluation does not support practice; or does not follow licensed process.	☐
0	• Supervisor unfamiliar with relevant laws. • Evaluation of nursing clinical practice does not occur.	☐

Feature 3S-2. RN supervision of licensed practical nurses (LPNs) aligns with law, supports safe care

	Description of feature	Status
3	• <u>Legal LPN practice:</u> Each LPN practices under RN direction and supervision, practices within scope (performs nursing tasks within existing care plans, protocols as assigned by RN). • <u>Effective communication:</u> Communication between RN and LPN, is clearly defined and sufficient per	☐
2	• LPN practices within scope (established care plans) under RN. • Some gaps in timely reviews and communication.	☐
1	• RN present but LPN practices outside of scope (independent decisions). • Frequent gaps in reviews and communication	☐
0	• No RN supervises LPN practice.	☐

Feature 3S-3. RN clinical supervision of health care and delegated procedures provided by unlicensed / unregulated assistive personnel (UAPs) aligns with law, supports safe care

	Description of feature	Status
3	• <u>Legal delegation:</u> For specialized nursing care procedures, each RN holds delegation decision authority; delegates only to the number of UAP they can safely supervise; follows Steps of Delegation**; conducts timely Delegation Reviews. • <u>Effective communication</u> between RN and LPN, RN and UAP is clearly defined and sufficient per involved personnel.	☐
2	• UAP delegation follows some Steps of Delegation but not all. • Some gaps in timely reviews and communication	☐
1	• Delegation is dictated by persons other than the RN. • Delegation process misses multiple Steps of Delegation. • Frequent gaps in delegation reviews and communication.	☐
0	• UAPs perform specialized nursing care procedures without RN delegation • No RN	☐
**Steps of Delegation: see Appendix B.		

Goal 4 Scanning Tools

Introduction to Goal 4: Authentic Engagement

Goal 4. Oregon school district case study

The district serves students and families from diverse backgrounds. The district offers written information in multiple languages, and hosts townhall sessions and special events with bilingual staff and family liaisons. The district contracts the services of qualified interpreters for care planning and other formal conversations. The district also partners with local organizations to help families access resources.

All these efforts are important for two-way communication with families. These efforts improve district understanding of student health issues, so nurses can coordinate efforts to keep students safe during the school day.

Goal 4. Objective (SHINE program goal)

Engage youth, families, school, and community to build collaborative partnerships and improve school nursing and other school health services.

Goal 4 Example outcomes (school setting goals)

☐ Create plan to engage students and families to solicit feedback on school nursing and school health services.

☐ Create and implement plan to ensure all students and families can receive health information in their preferred language

☐ Create new or maintain partnerships between school health team and external community-serving and healthcare organizations.

Goal 4 Key concepts

To be effective and equitable, school health programs must engage individuals and communities and respect diverse needs and perspectives.

Considerations in this goal area include:

- Social drivers of health and education
- Mental and behavioral health
- Sexual health and gender identity
- Cultural identity and preferred language

Goal 4 Resource links

Community Engagement

- ODE Student Investment Account Community Engagement Toolkit

Oregon Data

- Oregon Child Health Complexity data
- OHA Student Health Survey

Social influencers of health and education

- Oregon School Nurse Manual, Part 7
- Oregon Health Plan
- McKinney-Vento – resources for students experiencing homelessness

Gender and Sexual Health

- Erin's Law – sexual abuse prevention
- ODE Sexuality education standards

Mental & Behavioral Health

- ODE Adi's Act -youth suicide prevention
- ODE Mental health
- OHA Youth health

Sample Questions for Goal 4: Authentic Engagement

These questions can guide qualitative evaluation of the **authentic engagement** of a school nursing model. See instructions in Scanning Tools: Sample Questions. To compile results, see SHINE Planning Tools and Report Template.

1. Describe any engagement efforts to support equitable access to education.

    a. How could and how do families share information about student health conditions or needs?

    b. What Child Find processes are in place?

    ("Child Find" refers to school district responsibilities related to identifying student needs for specialized education and related services. See Appendix.)

2. Describe any engagement efforts that elevate student and family voice.

    a. How does care planning engage students and families? Do care plans typically include student-centered goals?

    b. In what ways can students and families provide input or feedback about current education and health services?

3. Describe any engagement efforts to reach diverse populations.

    a. What type of communication occurs between school and families?

    b. What formats and languages are available?

4. Describe any engagement efforts to address inequities and social needs.

    a. How are social needs, social influencers of health and education assessed?

    b. Is data available to identify service gaps or inequities? For example, is the percentage of students on a 504 or health services plan roughly equivalent between white-identifying and Black-identifying students; English speakers and English learners; and other specific population groups?

    c. How are inequities factored into staffing and health efforts?

5. Is there anything else you would like to share about authentic engagement?

Tracking Tool for Goal 4: Authentic Engagement

This tracking tool can guide quantitative evaluation of the **authentic engagement efforts** of a school nursing model. See instructions in Scanning Tools: Tracking Tool. To compile results, see SHINE Tracking Form.

District school nurse model –	**Feature is:**	fully in place	3
		partially in place	2
Regional services program –	**Support is:**	planned or minimally in place	1
		not in place	0

Goal Area 4E. Student and Family Engagement   Regulations related to 4E

Feature 4E-1. Robust inclusive outreach encourages communication between health team, students, and families*. Students and families have access to services. RNs and health staff have reliable information for safe student care.

	Description of feature	Status
3	• Communication from families: Health program includes outreach inviting families to share information about health conditions, needs, and service experiences. Communication options are easily accessible for wide range of students/families. Examples include phone calls, emails, digital platforms, meet-and-greets, town hall meetings, variety of times and languages. • Communication from nurses and health staff: Health team shares information about staff and services available. RN(s) are visible and accessible to students and families. Examples: emails, web posts, flyers sent home, open house events. • Verified connections: Feedback such as surveys, other data indicates students, families know their nurse and report the process is clear to contact RN(s) or access health services. RNs, health staff feel well-informed about individual and community needs.	☐
2	• Outreach and communication options exist related to student health information but may be difficult to navigate for some (e.g., only digital). • Surveys or other data indicate students and families are unsure of nurse's name, other details about health services and supports. RNs, health staff are not confident then know individual and community needs.	☐
1	• Minimal outreach. • Surveys or other data indicate students and families typically unsure how to access services, or don't know if there is a nurse. RNs, health staff report communication gaps that impact safe care.	☐
0	• No RN. • No communication efforts between families and RN(s) and health staff. • No survey or other data from student and family perspective.	☐

Feature 4E-2. Language access: qualified interpreters and qualified medical interpreters are readily available to support care planning in student and family preferred languages.

	Description of feature	Status
3	• <u>Language access:</u> qualified interpreters, qualified medical interpreters (QMI) are readily available for health service planning, support multiple languages. • <u>Interpreter utilization</u>: meetings between staff, families, are routinely conducted with appropriate use qualified interpreters.	☐
2	• Access to qualified interpreters is limited, may have long wait times, limited number of languages. • Meetings include qualified interpreters, but not consistently.	☐
1	• Access to interpreters is minimal, may include bilingual staff without interpreter qualifications or digital language apps. • Meetings rarely include interpreters.	☐
0	• Children are used as interpreters. • Interpreters are not available or are not used.	☐

Feature 4E-3. Care planning includes student-centered goals. RNs consult directly with students and families to establish plans and evaluate outcomes. Outcome data is used for quality improvement.

	Description of feature	Status
3	• <u>Standard process:</u> RN(s) has standard process for care planning which includes both staff training and individualized student goals. • <u>Individual consultation time</u>: RN establishes goals by consulting with applicable students/families, including routine follow-up to check progress. RNs see most students with care plans at least twice per year. • <u>Outcome evaluation</u>: Student goals and outcomes are routinely tracked and reported within care teams for care coordination, skill building, transition planning. Student outcomes also tracked for program quality improvement in FERPA-compliant ways (e.g. aggregate data, percents).	☐
2	• RN care planning includes goals for some students but not most. • RNs meet with some families but do not see most students with care plans at least twice per year. • Data about student outcomes is available but not routinely tracked or reported.	☐
1	• RN care planning varies, occasionally includes goals. • Most students have no direct RN consults, no individualized goals. • Data about student outcomes is inconsistent or only anecdotal.	☐
0	• No RN. • No student-centered goals related to health care plan. • No consults between RN and students / families. • No data about student outcomes.	☐

Feature 4E-4. Social drivers of health and education are assessed. Identified needs inform health program staffing and strategies

	Description of feature	Status

3	Six (6) or more strategies are used to identify and address social drivers of health and education. May include:
	1. Routinely track community strengths and challenges.
	   a. # qualified for free & reduced lunch, languages spoken, etc.
	2. Routinely track needs and service utilization by demographic.
	   a. % of English language learners with care plans, 504 plans, IEPs; % visits to health room by gender, race, economic status; etc.
	3. Routinely gather input from staff and students/families related to social drivers and related needs.
	   a. satisfaction surveys; acuity levels with social drivers assessed; Student Health Survey; etc.
	4. Routinely provide professional development related to diverse needs.
	5. Maintain school staff positions such as social worker, family liaison, community health worker, community outreach.
	6. Assist families to enroll in Oregon Health Plan, access insurance.
	7. Ensure/improve access to nutritious foods: universal breakfast or lunch programs; farm to school activities; community food boxes, etc.
	8. Offer inclusive options for communication and support: in-person/remote, multiple times/days, diverse languages, etc.
	9. Include bilingual/bicultural staff in health program. See 1S-4 Staff diversity.
	10. Assist families to access primary care, mental health care, other community care. See 3T-3: referrals.
	11. Additional strategies specific to the school setting.
		☐

2	• 3 to 5 strategies are used. • Data is available but is not used consistently.	☐
1	• 1 or 2 strategies are used. • Data is minimal or only anecdotal.	☐
0	• No strategies in place related to social drivers of health and education. • No information gathered related to social drivers of health and education.	☐

Feature 4C-1. RN, health staff maintain awareness of community resources, organizations, programs. School health staff seek and share information for improved student and family support.

	Description of feature	Status
3	• <u>Community resources known:</u> Health program has robust list of local organizations, resources. Includes relevant details such as languages spoken, insurance accepted, etc. • <u>Communication with partners:</u> RN, health staff routinely communicate with applicable community partners to maintain awareness of shared goals, challenges, opportunities. Information is shared in FERPA-compliant ways, such as student needs in aggregate / percent; ways community partners could address needs. • <u>Increasing awareness:</u> RN, health staff routinely provide information to staff, students, families about local resources, organizations, programs. Information is shared in inclusive ways (digital, print, language options, etc.)	☐
2	• List of community resources exists; gaps in specific information. • Limited information sharing between school staff and community partners; health staff unsure how community partners address specific needs. • Communication about resources is limited, such as only website links.	☐
1	• Community resources only known by certain individuals, no formal list. • Information not easily accessible, shared only case-by-case.	☐
0	• Health staff have little or no knowledge of community resources, no list, no relationships, no information shared to students and families.	☐

Feature 4C-2. School health program actively engages with community partners. School-community partnerships address student and family needs.

	Description of feature	Status
3	• <u>Partnership in place:</u> one or more community organization actively partners with the school setting to provide services for students and families. • <u>Partnership addresses needs:</u> school setting routinely collects data and input from students/families to inform community partnership work.	☐
2	• Partnership exists but is limited or poorly defined. May be driven by individuals, not widely known or accessible. • Limited data about how/whether partnership addresses needs of students/families. May be only anecdotal.	☐
1	• Health program has limited relationship with community partners, such as referrals only without routine communication between programs.	☐
0	• No community partnerships. • No data from students/families about needs or desired services.	☐

Goal 5 Scanning Tools

Introduction to Goal 5: Shared Understanding

Goal 5. Oregon school district case study

The district had old job descriptions that didn't align with the work RNs do to support student health. Nurses and their supervisor worked to get those updated, along with the job descriptions for health assistants and LPNs. They also cleaned up the school web page so it's easier to see what the nursing team can do for families, and how to contact them. This past year, they updated start-of-year onboarding, for nurses as well as for education staff. They're working to build relationships among school staff and with students and families to be better partners supporting students.

Goal 5. Objective (SHINE program goal)

Expand understanding of school nursing within education and public health systems and throughout the community to support student health needs and improve collaboration with partners.

Goal 5. Example Outcomes (school setting goals)

☐ Create peer support network or utilize existing student groups that can inform student body about school nursing and school health services.

☐ Create plan to ensure school nurses receive orientation, onboarding, and continuing training to understand education system.

Goal 5 Key concepts

When school nurses are well-integrated into the school setting, they are better able to provide critical health services and support so students can access their education.

Considerations in this goal area include:

- School nurses need to understand education processes

- Education partners need to understand the role of school nursing

- Students and families need to understand available services and how to access them

Goal 5 Resource links

Describing the school nurse role

- [OHA infographic "What Do School Nurses Do?"](#)

- [OSNA mental health, school nurse role](#)

- [NASN - National Association of School Nurses](#)

- [OSNA - Oregon School Nurses' Association](#)

School Nursing Data

- [OHA 2022 "School Nursing Pilot Program" Legislative Report](#)

- [OHA School Nurse Surveys](#)

- [ODE School Nursing Annual Reports](#)

Sample Questions for Goal 5: Shared Understanding

These questions can guide qualitative evaluation of the **collaborative team structures** of a school nursing model. See instructions in Scanning Tools: Sample Questions. To compile results, see SHINE Planning Tools and Report Template.

1. Describe how families are supported to understand the local School Nursing Model and available support. (See related Goal 4 questions.)

2. Describe how school nurses are supported to understand the education setting.

    a. Is there a standard orientation or onboarding process?

    b. Is there mentorship or team building for this purpose?

    c. Are nurses included in school emails or other communications, invited to staff meetings?

3. Describe how school administrators and school staff are supported to understand school nursing and health efforts.

    a. Do staff receive trainings on school nursing, health services and processes?

    b. Is there RN representation in district leadership settings?

    c. Are there regular opportunities for school nurses to communicate with school colleagues about services provided, and about challenges or needs of the school nursing staff?

    d. Consider results from

4. Describe how positive outcomes, events, and successes are shared and celebrated.

    a. What is a sign of success in the local School Nursing Model? What efforts or events are most important to highlight? What outcomes are most meaningful?

    b. How is success reported or communicated?

5. Is there anything else you would like to share about shared understanding?

This tracking tool can guide quantitative evaluation of the **shared understanding** of a school nursing model. See instructions in Scanning Tools: Tracking Tool. To compile results, see SHINE Tracking Form.

District school nurse model – **Feature is:**	fully in place	**3**
	partially in place	**2**
Regional services program – **Support is:**	planned or minimally in place	**1**
	not in place	**0**

Goal Area 5U. Understanding   Regulations related to 5U

Feature 5U-1. Students and families have consistent access to current information about health staff, services, policies, and events. Information is available in multiple formants and translated into preferred languages.

	Description of feature	Status
3	• Information is current, updated routinely. • Information is translated consistently into multiple languages. • Five (5) or more methods are utilized to share information: 　1. School/district web page 　2. Email or other digital school notification system 　3. Social media posts 　4. Phone messages or texts 　5. Flyers, written messages sent home 　6. Verbal announcements during school 　7. Signage, posted notices in school buildings 　8. Open house events, townhall discussions 　9. Student handbook 　10. Other method applicable to school setting.	☐
2	• Updates are not timely. • Consistent transitional into one language. • 3 or 4 methods are used.	☐
1	• Rare updates. • Inconsistent language access; rare translations. • 1 or 2 methods are used.	☐
0	• Information is not routinely updated. • No translations. • Information not routinely shared.	☐

Feature 5U-2. School nurses are supported to understand education setting, including educational processes and their role within the educational team

	Description of feature	Status
3	Robust orientation and onboarding process tailored to RNs increases integration into the setting, helps tear down the walls that hold staff aside. Includes 5 or more components: 1. Role clarifications including duties, typical daily activities. 2. Introduction to health team colleagues including supervisor, health team members, building administrators. 3. Technical instructions such as for internal communications, documentation system, use of school equipment 4. Training on school processes such as for IEP and 504 teams, Child Find. 5. Regulations related to school health such as district policies, national laws (FERPA, IDEA, ADA) Oregon school health laws, public health laws, disabilities rights in education, etc. 6. Clear timeline, learning goals 7. Opportunities for in-person learning, Q&A 8. Written guidance such as local manual, internal school health website 9. Peer support such as mentors, community of practice 10. Connections with diverse staff to better understand school setting needs, challenges, efforts (not just health services)	☐

2	Onboarding process with 3 or 4 components.
	• There's one, but it's not the same for all nurses.
	  o Some gaps in role-specific guidance, documentation support, other areas.
	  o Lack of consistency
	  o Lack of varied connections, relationships.
		☐

1	Onboarding process with 1 or 2 components • Nursing staff still haven't found what they're looking for. • With or without using outside resources, significant gaps related to role, regulations, processes.	☐
0	Onboarding process has no tailored local support for RN and health staff, or • No RN.	☐

Feature 5U-3. School administrators and other staff beyond the health program are supported to understand school nursing services.

	Description of feature	Status
3	<u>Staff training</u>:	☐

	Description of feature	Status
	• All school staff receive training & guidance related to school health programs, general protocols, health roles, how and when to contact RN. School leadership connections: • RN has active representation in district leadership settings; meetings with department leaders; opportunity to enhance staff understanding of challenges, successes, shared priorities. Health service laws are clearly articulated • School policies align with relevant laws • Trainings for school staff describe licensed RN processes, responsibility and authority for care decisions (Nurse Practice Act. Hannah's law). • Trainings describe school requirements related to student health (public health laws, disabilities rights in education, etc.).	
2	• Staff training is inconsistent • Non-RN supervisor represents RNs in leadership settings • Legal considerations are not clearly articulated; not linked to school policies	☐
1	• Lack of timeline or consistency. • Staff training alludes to school nursing or health program but lacks relevant details.	☐
0	• No RN. • No training to help education staff understand school health and RN role. • No RN representation in leadership settings.	☐

Feature 5U-4. Information related to school nursing services and student outcomes is tracked and shared. Successes are celebrated.

	Description of feature	Status
3	• Available information: Documentation system and process routinely collects multiple types of priority health information (See 2D-4). • Information reported: Multiple data points are routinely tracked and reported in ways that highlight school health efforts and successes • Equitable access: Information is shared in a variety of formats, languages, and settings, easily accessible to diverse staff, students, and families	☐
2	• Gaps in data collection or reporting, but least one data point routinely tracked, reported, accessible to school community.	☐
1	• Some data available; reporting may occur but is not accessible to the school community.	☐
0	• No data available to measure and report success. • No reporting to school community.	☐

Planning Tools

SHINE Planning Tools are for summarizing data and making collaborative decisions.

- The SHINE Tracking Form is a template for quantifying scan results for each feature evaluated by the SHINE team. This format can make it easier to identify priority areas. Note that the Tracking Form is only for recording findings. It does not describe features. The Scanning Tools for each goal should be used when evaluating features.

- The SHINE Outcomes and Action Steps Planning Process and Planning Sheet provide guidance for shared-decision-making about local priorities and actions.

- The SHINE Report Template provides a template to summarize all findings, both qualitative information and quantitative data, and describe selected goals and action steps.

SHINE teams may modify forms as needed for local purposes. For grant reports, SHINE grantees should refer to guidance from the OHA ASH program office.

Tracking Form

The SHINE Tracking Form is offered as a single printable page, or as a multi-page fillable document. The two formats include the same content.

Feature status   3=fully in place   2=partially in place   1=planned or minimally in place   0=not in place

Sum: combine all "feature status" points   **Max:** add 3 points for each evaluated feature

Goal 1. Staffing and Budget	Feature status 0-3	
1S-1. RN-to-student ratios meet state guidance; support safe care		
1S-2. Dedicated health personnel contribute health work (supervised)		
1S-3. Dedicated clerical staff support health work		
1S-4. Health staff reflect diverse identities in school population		Sum
1S-5. Staff retention, consistent school assignments support safe care		
1B-1. Budget has stable funding source (general funds, SSA/SIA, Medicaid)		Max
1B-2. Budget is sufficient; considers acuities, prevention-oriented work		

Goal 2. Priority Work	Feature status 0-3	
2P-1. RNs can & do plan care for each student with chronic condition		
2P-2. School staff are trained on individual care, health policies, practices		
2P-3. RNs lead community health promotion, disease prevention, safety		
2R-1. RN has functional confidential workspace in school for consults, calls		
2R-2. Health staff have equipment to assess, provide care, document		
2R-3. RNs have professional development, tools for evidence-based practice		
2D-1. Documentation system includes fields, functions for health charting		Sum
2D-2. Documentation system protects privacy, allows needed access		
2D-3. Student acuity, nursing care needs are reliably assessed by RN		Max
2D-4. RNs/program tracks health-related needs, services; has data for QI		

Goal 3. Collaborative Team Structures	Feature status 0-3	
3T-1. Team structures support RN, health staff satisfaction and retention.		
3T-2. Team structures support health program function and utilization.		
3T-3. Referral process addresses health conditions, mental health, Child Find.		Sum
3S-1. Supervisor of RNs knows regulations, schools, clinical practice		
3S-2. RN supervision of LPNs aligns with law, supports safe care		Max
3S-3. RN supervision of UAPs, delegations, aligns with law, supports safe care		

Goal 4. Authentic Engagement	Feature status 0-3	
4E-1. Inclusive outreach, communication between health team, families		
4E-2. Language access, qualified interpreters readily available		
4E-3. Care planning includes consults, student goals; outcomes are evaluated		Sum
4E-4. Social drivers are assessed, needs inform health staffing and strategies.		
4C-1. Community resources are known, communicated clearly.		Max
4C-2. Community partners contribute to student/family health support.		

Goal 5. Shared Understanding	Feature status 0-3	
5U-1. Families are supported to understand local Model, support available		Sum
5U-2. School nurses are supported to understand education setting		
5U-3. School admin, staff are supported to understand school nursing		Max
5U-4. Positive outcomes, events, successes are shared, celebrated		

SHINE Tracking Form multi-page fillable

Goal 1. Staffing and Budget

Feature	Status
1S-1. RN-to-student ratios meet state guidance; support safe care	
1S-2. Dedicated health personnel contribute health work (supervised)	
1S-3. Dedicated clerical staff support health work	
1S-4. Health staff reflect diverse identities in school population	
1S-5. Staff retention, consistent school assignments support safe care	
1B-1. Budget has stable funding source (general funds, SSA/SIA, Medicaid)	
1B-2. Budget is sufficient; considers acuities, prevention-oriented work	

- Sum (combine all "feature status" points):
- Max (3 points per evaluated feature):

Goal 2. Priority Work

Feature	Status
2P-1. RNs can & do plan care for each student with chronic condition	
2P-2. School staff are trained on individual care, health policies, practices	
2P-3. RNs lead community health promotion, disease prevention, safety	
2R-1. RN has functional confidential workspace in school for consults, calls	
2R-2. Health staff have equipment to assess, provide care, document	
2R-3. RNs have professional development, tools for evidence-based practice	
2D-1. Documentation system includes fields, functions for health charting	
2D-2. Documentation system protects privacy, allows needed access	
2D-3. Student acuity, nursing care needs are reliably assessed by RN	
2D-4. RNs/program tracks health-related needs, services; has data for QI	

- Sum (combine all "feature status" points):
- Max (3 points per evaluated feature):

Goal 3. Collaborative Team Structures

Feature	Status
3T-1. Team structures support RN, health staff satisfaction and retention.	
3T-2. Team structures support health program function and utilization.	
3T-3. Referral process addresses health conditions, mental health, Child Find.	
3S-1. Supervisor of RNs knows regulations, schools, clinical practice	
3S-2. RN supervision of LPNs aligns with law, supports safe care	
3S-3. RN supervision of UAPs, delegations, aligns with law, supports safe care	

- Sum (combine all "feature status" points):
- Max (3 points per evaluated feature):

Goal 4. Authentic Engagement

Feature	Status
4E-1. Inclusive outreach, communication between health team, families	
4E-2. Language access, qualified interpreters readily available	
4E-3. Care planning includes consults, student goals; outcomes are evaluated	
4E-4. Social drivers are assessed, needs inform health staffing and strategies.	
4C-1. Community resources are known, communicated clearly.	
4C-2. Community partners contribute to student/family health support.	

- Sum (combine all "feature status" points):
- Max (3 points per evaluated feature):

Goal 5. Authentic Engagement

Feature	Status
5U-1. Families are supported to understand local Model, support available	
5U-2. School nurses are supported to understand education setting	
5U-3. School admin, staff are supported to understand school nursing*	
5U-4. Positive outcomes, events, successes are shared, celebrated	

- Sum (combine all "feature status" points):
- Max (3 points per evaluated feature):

SHINE Outcomes and Action Steps

Suggested Planning Process

1. **Invite diverse participants to review Scan results**. Include people with different roles and experiences. Consider strategies to ensure diverse input: language, technology, meeting times, etc. List team members on the Planning Sheet.

2. **Identify possible priorities based on Scan results.** See checklist of priorities under consideration (abbreviated SHINE features) on Planning Sheet or create a local list.

   - Recommended: consider at least one potential priority from each of the five SHINE goal areas.

3. **Rank priorities by importance.** Consider the value or potential impact of the item. Invite participants to score priorities, or to physically place each item along a horizontal line, based on how important each priority is. For this step, don't worry about what is needed to implement the items.

   - Recommended: Facilitate discussion, especially if opinions differ.

   - Embed equity: Respect diverse perspectives rather than majority rule.

4. **Rank priorities by difficulty.** Consider how feasible or challenging each item would be, based on required time, money, effort, number of people, etc. Keeping items in their horizontal position, score priorities and/or move each item along a vertical line to indicate level of difficulty. See Feasibility Matrix in Planning Sheet.

5. **Define outcomes.** Choose two or more intended outcomes to work on.

   - Recommended: select at least one "easy win" and at least one "worth the work."

   - Embed equity: consider potential impacts for individuals and populations.

6. **Describe action steps.** Once outcomes are identified, determine one or more action step(s) for each, including responsible person(s) and timelines for re-evaluation or completion. See Action Plan grid in Planning Sheet.

Planning Sheet: School Health Improvement and Nursing Enhancement

Participants

Service Utilizers	School Nurse(s) and Health Staff

Decision-Making Authorities	Additional Partners

Priorities Under Consideration

Goal 1. Staffing and Budget

- ☐ 1S-1. RN staffing
- ☐ 1S-2. Health Personnel
- ☐ 1S-3. Clerical staff
- ☐ 1S-4. Diversity
- ☐ 1S-5. Retention
- ☐ 1B-1. Budget source
- ☐ 1B-2. Budget amount

Goal 2. Priority Work

- ☐ 2P-1. Care planning
- ☐ 2P-2. Staff training
- ☐ 2P-3. Community health
- ☐ 2R-1. Workspace
- ☐ 2R-2. Equipment, supplies
- ☐ 2R-3. Continuing education
- ☐ 2D-1. Documentation system
- ☐ 2D-2. Info sharing/privacy
- ☐ 2D-3. Acuity assessment
- ☐ 2D-4. Data for quality improvement

Goal 3. Team Structures

- ☐ 3T-1. Team connections
- ☐ 3T-2 Program functions
- ☐ 3T-3. Referral process
- ☐ 3T-4. RN supervision
- ☐ 3T-5. LPN supervision
- ☐ 3T-6. UAP supervision

Goal 4. Authentic Engagement
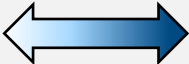
- ☐ 4-E1. Outreach
- ☐ 4-E2. Language access
- ☐ 4-E3. Student goals
- ☐ 4-E4. Family input
- ☐ 4-E5. Social needs

Goal 5. Shared Understanding

- ☐ 5-U1. Among family
- ☐ 5-U2. Among nurses
- ☐ 5-U3. Among staff
- ☐ 5-U4. Sharing successes

Discussion notes

Feasibility Matrix

Less difficult ↑ ↓ **More difficult**	"Better Than Nothing"	"Easy Wins"
	"Resource Drains"	"Worth the Work"

Less important	⟷	More important

Action Plan

Outcome	Action steps	Responsible Person(s)	Timeline
1.			
2.			
3.			
4.			

SHINE Report Template

Scan & Plan Report

Executive summary

- List SHINE team members and participants in Scan & Plan activities

- Briefly describe Scan activities conducted

- Briefly describe significant findings or changes

- Briefly describe Plan: priorities selected, and actions planned or completed

Goal Details

For each goal area evaluated, include:

Description of current state

- Findings from Scan.

- Progress or changes since last report (if applicable).

- Data collection methods related to this goal (if applicable).

Plans related to Goal

- Outcome goals and anticipated timeline.

- How plans relate to enhancing equity (if applicable).

Goal 1. Staffing and Budget

Scanning Tools for Goal 1

Focus: personnel; diversity; retention; budget.

Description of current state

Plans related to Goal 1

Goal 2. Priority Work

[Scanning Tools for Goal 2](#)

Focus: mandated services; identifying needs; meeting needs; functional workspace; documentation; use of data for quality improvement.

    Description of current state

    Plans related to Goal 2

Goal 3. Collaborative Team Structures

[Scanning Tools for Goal 3](#)

Focus: relationships, care coordination, referrals, supervision.

    Description of current state

    Plans related to Goal 3

Goal 4. Authentic Engagement

[Scanning Tools for Goal 4](#)

Focus: family and community involvement; diversity, equity, inclusion; social drivers influencing health and education; community partnerships.

    Description of current state

    Plans related to Goal 4

Goal 5. Shared Understanding

[Scanning Tools for Goal 5](#)

Focus: appreciating roles, responsibilities, and opportunities; shared knowledge among staff, students, family, community.

    Description of current state

    Plans related to Goal 5

Appendix

While the SHINE Scan & Plan Toolkit focuses on community input, the Appendix focuses on regulations. To guide decision-making about local priorities, ideally SHINE teams will consider both community input and regulatory requirements.

Grantee actions are likely to intersect with state and federal laws. For SDs, multiple laws name services which must be provided. For ESDs, their mission per state law includes assisting SDs to meet legal requirements. Appendix A and B provide examples of laws that may be relevant to school nursing and school health improvement efforts.

Appendix A. Regulations by Feature

This Appendix offers examples of regulations which may apply to specific components ("features") of a school nursing model, as outlined in the SHINE Scan & Plan Toolkit.

Disclaimer

This information is not legal advice. This information may not be exhaustive and should not be relied on to determine legal obligations. Consult legal counsel as needed for interpretation and application. References were compiled in August 2025 but should be independently verified for currentness and accuracy.

Regulations for 1S Features

1S-1. RN-to-student ratios meet state guidance; support safe care

Laws reference district responsibility to ensure • Availability of RN for student assessment and care planning [OAR 581-022-2220]. • RN-to-student ratios based on levels of acuity [ORS 336.201]. • Student right to related services including school health, nursing, as identified for qualifying students [OAR 581-015; IDEA & ADA]. Laws establish • Nursing practice standards [OAR 851-045, 047]. • School setting shall align nurse policies with nursing practice laws [OAR 581-022-2220]. Additional considerations • RN staffing sufficient to ensure licensed standards are met. [Nurse Practice Act]	ORS 336.201 Nursing services in schools and ODE Student Acuity resources OAR 581-022-2220 Health services OAR 581-015 Special Education OAR 851-047 Nurse Practice Act delegation IDEA Individuals with Disabilities in Education Act ADA Section 504 Americans with Disabilities Act

1S-2. Dedicated health personnel contribute health work with RN supervision

Laws establish • Standards for RN delegation and supervision of care provided by unlicensed assistive staff [OAR 851-047]. • RN and LPN standards and scope of practice [OAR 851-045]. • CNA duties [OAR 851-063] Additional considerations • Availability of auxiliary personnel may impact RN capacity; possible connection related to staffing sufficient to meet legal practice standards.	OAR 851-045 Nurse Practice Act scope OAR 851-047 Nurse Practice Act delegation OAR 851-063 Nurse Practice Act conduct derogatory OSBN LPN Scope FAQs

1S-3. Dedicated clerical staff support health work

Laws reference district responsibility related to • Privacy/sharing of educational records [FERPA] • School Medicaid billing [see ODE resources] Additional considerations • Availability of clerical staff may impact RN capacity; possible connection related to staffing sufficient to meet legal practice standards.	ODE Health Privacy FERPA/HIPAA regulations ODE Student Health Records ODE School Medicaid

1S-4. Health staff reflect diverse identities in school population

Laws reference district responsibility related to • Providing services without discrimination • Ensuring access to qualified interpreters (distinct from bilingual staff)	Title VI Civil Rights Act, country of origin OAR 950-050 Interpreter qualifications OAR 581-015 Special Education ADA Section 504 Americans with Disabilities Act

1S-5. Staff retention, consistent school assignments support safe care

Additional considerations • Retention can impact RN staffing & capacity to provide required services per legal standards.	Multiple laws could apply

Regulations for 1B features   See description of 1B features

1B-1. Budget has stable funding source (general funds, SSA/SIA, Medicaid)

Laws establish • District access to Student Success Act funds. • Regulations for school Medicaid billing.	ODE Student Success Act ODE School Medicaid

1B-2. Budget is sufficient; considers acuities, prevention-oriented work

Laws reference district responsibility related to • Staffing by acuity [ORS 336.201] • Prevention-oriented health services plan with required program elements [OAR 581-022-2220]. Additional considerations: • Budget may impact ability to provide mandated nursing services and other health program requirements; to meet legal standards for licensed nursing services.	ORS 336.201 Nursing services in schools and ODE Student Acuity resources OAR 581-022-2220 Health services OAR 581-015 Special Education OAR 851-045 Nurse Practice Act scope OAR 851-047 Nurse Practice Act delegation IDEA Individuals with Disabilities in Education Act

Goal 2. Priority Work

Regulations for 2P features	See description of 2P features

2P-1. RNs can & do plan care for each student with chronic condition	
Laws reference district responsibility to ensure • Availability of RN for student assessment and care planning; services for students with medical acuity [OAR 581-022-2220]. • RN-to-student ratios based on levels of acuity [ORS 336.201]. • Student right to related services including school health, nursing, as identified for qualifying students [OAR 581-015]. • Process & related services required for students with qualifying disabilities [IDEA & ADA]. Laws establish	ORS 336.201 Nursing services in schools and ODE Student Acuity resources OAR 581-022-2220 Health services ORS 343 and OAR 581-015 Special Education OAR 851-045 Nurse Practice Act scope

• Standards for RN including developing and updating care plans, ongoing evaluation [OAR 851-045-0040] • That school setting shall align nurse policies with nursing practice laws [OAR 581-022-2220].	IDEA Individuals with Disabilities in Education Act ADA section 504 Americans with Disabilities Act

2P-2. School staff are trained on individual care, health policies, practices

Laws reference district responsibility to ensure
• School staff are designed and trained for specific roles. Examples:
    o Medication administration and lifesaving treatment protocols [OAR 581-021-0037; ORS 333-050]
    o Individual training per RN delegation [OAR 851-047]
    o Emergency response protocols; school health policies [OAR 581-022-2220]
    o Applicable OSHA regulations e.g. blood-borne pathogens [OR-OSHA rules]
	OAR 581-022-2220 Health services
	
	OR-OSHA rules Employee safety
	
	OAR 581-021-0037 Medication administration
	
	OAR 581-021-3007 Concussion, brain injury
	
	OAR 851-047-0000 to 0040 Nurse Practice Act delegation
	
	OAR 333-050 Lifesaving treatment protocols

2P-3. RNs lead community health promotion, disease prevention, safety

Laws reference district responsibility related to • Immunization of school children [ORS 433.267; OAR 333.055] • Exclusion of students or staff for communicable disease [ORS 433.260; OAR 333-019] • School health service requirements including health education, communicable disease, medical emergency; minimum ratios of CPR-certified staff; tracking and/or providing certain health screenings, licensed nursing care. [OAR	OAR 581-022-2220 Health services OAR 581-021-0037 Medication administration OAR 581-021-3007 Concussion, brain injury OAR 333-019-0010 Disease related restrictions

581-022-2220; OAR 581-021-0037; OAR 851-045-0040]	OAR 333-050 Lifesaving treatment protocols ORS 433.267 School immunization OAR 851-045 Nurse Practice Act standards

2R-1. RN has functional confidential workspace in school for consults, calls	
Laws reference district responsibility related to • "Adequately equipped" health services space [OAR 581-022-2220] Additional considerations • Requirements for privacy and confidentiality of nursing services and student records. [Health Services laws, FERPA, Nurse Practice Act]	OAR 581-022-2220 Health services OAR 851-045-0040 Nurse Practice Act standards OSBN Decision Tree State Board guidance

Regulations for 2R Features   See description of 2R features

2R-2. Health staff have equipment to assess, provide care, document	
Laws reference district responsibility related to • "Adequately equipped" health services space [OAR 581-022-2220] • Requirements per agreed terms of a student's IEP or 504 [IDEA & ADA; OAR 581-015] Addition considerations: • Licensed practice standards and evidence-based practice addressed in Nurse Practice Act laws.	OAR 581-022-2220 Health services ORS Chapter 343 and OAR 581-15 Special Education IDEA Individuals with Disabilities in Education Act ADA section 504 Americans with Disabilities Act

2R-3. RNs have professional development, tools for evidence-based practice	
Laws establish	OAR 851-045-0040 and -0070 Nurse Practice Act standards

| • Requirement for the licensed nurse to maintain competency, and documentation of how competency was obtained [OAR 851-045] | |

Regulations for 2D features

2D-1. Documentation system includes fields, functions for health charting

| Laws reference district responsibility related to
• Mandated reporting; related data collections (e.g. student acuity, immunization, screenings).
• Division 22 assurances (e.g. tracking services provided including those in IEP and 504s; verifying safety and efficacy of services.

Additional considerations
• Capacity for meeting legal standards of care, other licensed provider requirements, related to charting system efficiency and error rates. | ORS 336.201
Nursing services in schools and ODE Student Acuity resources

OAR 581-022-2220
Health services

OAR 851-45
Nurse Practice Act standards |

2D-2. Documentation system protects privacy, allows needed access

| Laws reference district responsibility related to
• Privacy/sharing of educational records
• Confidentiality in school Medicaid billing
Laws establish
• Licensed nurse practice standards for timely communication with care team and protection of client privacy. [OAR 851-045] | ODE Health Privacy FERPA / HIPAA regulations

ODE Student Health Records

ODE School Medicaid

OAR 851-45 Nurse Practice Act standards |

2D-3. Student acuity, nursing care needs are reliably assessed by RN

| Laws reference district responsibility related to
• Reporting student acuity data to ODE each year; assessment conducted by RN. [OAR 336.201; OAR 581-022-2220] | ORS 336.201 Nursing services in schools and ODE Student Acuity resources

OAR 581-022-2220 Health services |

2D-4. RNs/program tracks health-related needs, services; has data for quality improvement	
Additional considerations • Data for Division 22 assurances; tracking services provided including those in IEP and 504s; verifying safety and efficacy of services.	ODE [OAR 581] Division 22 Standards

Goal 3. Collaborative Team Structures

Regulations for 3T features	See description of 3T features
3T-1. Team structures support RN, health staff satisfaction and retention. **3T-2.** Team structures support health program function and utilization.	
Laws reference district responsibility related to • Privacy/sharing of educational records [FERPA]. Laws establish • Licensed nurse practice standards for timely communication with care team and protection of client privacy. [OAR 851-045] Additional considerations • Staff retention, maintaining nursing ratios and services to meet legal standards and Division 15 & 22 mandates.	OAR 581-15 Special education OAR 581-022-2220 Health services OAR 851-047 Nurse Practice Act delegation OAR 851-045 Nurse Practice Act standards
3T-3. Referral process addresses health conditions, mental health, Child Find.	
Laws reference district responsibility related to • Emergency response plan [OAR 581-022-2220] • Child Find requirements [IDEA and ADA; ORS 343; OAR 581-015] • RN available for timely assessment; RN care coordination responsibilities [ORS 336.201; OAR 581-022-2220] • Privacy/sharing of educational records [FERPA].	OAR 581-022-2220 Health services OAR 581-022-2225 Emergency plans ODE Health Privacy FERPA / HIPAA regulations

Laws establish	OAR 851-45 Nurse Practice Act standards
• ESD mission and key roles including facilitating interorganizational coordination and cooperation among school, social service, health care, and employment training agencies [ORS 334.005]	ORS 336.201 Nursing services in schools ORS 343 and OAR 581-15 Special Education (Child Find) ORS 334.005 ESD Mission

Regulations for 3S features

3S-1. Supervisor of RNs knows regulations, schools, clinical practice

Laws establish	HB 2948 RN supervision in schools
• Permissible practices related to RN clinical versus professional supervision in schools [HB 2948] • Scope and standards of practice [Nurse Practice Act] • RN authority for care delegation decisions [OAR 581-047] • Penalties for hiring unlicensed persons to practice nursing; for practicing nursing without a license. [OAR 851-063]	OAR 851-045 Nurse Practice Act standards and scope OAR 851-047 Nurse Practice Act delegation OAR 851-063 Nurse Practice Act conduct derogatory

3S-2. RN supervision of LPNs aligns with law, supports safe care

Laws establish	OAR 851-045 Nurse Practice Act standards and scope
• Scope and standards of practice for RN and LPN; supervision of LPN practice [OAR 851-045]	

3S-3. RN supervision of UAPs, delegations, aligns with law, supports safe care

Laws establish	OAR 851-047 Nurse Practice Act delegation

• Standards for nursing practice; RN care delegation to UAP [OAR 851-047]. • School setting shall align nurse policies with nursing practice laws [OAR 581-022-2220].	OAR 581-022-2220 Health services

Goal 4. Authentic Engagement

Regulations for 4E features	See description of 4E features
4E-1. Inclusive outreach, communication between health team, families	
Laws reference district responsibility related to • Emergency response plan [OAR 581-022-2220] • Child Find requirements [IDEA and ADA; ORS 343; OAR 581-015] • Immunization of school children [ORS 433.267; OAR 333.055] • Exclusion of students or staff for communicable disease [ORS 433.260; OAR 333-019] • Ensuring health education, communicable disease plans; tracking and/or providing certain health screenings. [OAR 581-022-2220]	OAR 581-022-2220 Health services ORS 343 and OAR 581-15 Special Education (Child Find) ORS 433.260 and OAR 333-019-0010 Disease related restrictions ORS 433.267 and OAR 333-055 School immunization
4E-2. Language access, qualified interpreters readily available	
Laws reference district responsibility related to • Providing required services, with access to qualified interpreters in certain situations. • Refraining from discrimination based on national origin Laws establish • Education Service District mission to assist school districts to provide equitable education [ORS 334.005]	Title VI Civil Rights Act, country of origin OAR 950-050 Interpreter qualifications ORS Chapter 343 and OAR 581-15 Special Education (Child Find) ORS 334.005 ESD Mission

4E-3. Care planning includes consults, student goals; outcomes are evaluated	
Laws reference district responsibility related to • Availability of RN for student assessment and care planning [OAR 581-022-2220]. Laws establish • School RN responsibility for coordinating individualized care in collaboration with families* [OAR 336.201] • Licensed scope and standards related to RN care plans, including updates and client education. [OAR 851-045]	ORS 336.201 Nursing services in schools OAR 581-022-2220 Health services OAR 851-045 Nurse Practice Act standards

4E-4. Social drivers are assessed, needs inform health staffing and strategies.	
Laws reference district responsibility related to • Child Find, including reference to students with refugee status, students who experience houselessness • Reporting student acuity Laws establish • Licensed nursing assessment process including gathering pertinent information Additional considerations • Guidance from ODE for Acuity Assessment addressing assessment of social needs	ORS 336.201 Nursing services in schools and ODE Student Acuity resources OAR 851-045 Nurse Practice Act standards

Regulations for 4C features

4C-1. Community resources are known, communicated clearly.	
Laws reference district responsibility related to • Coordination with health and social service agencies [OAR 581-022-2220] Laws establish	OAR 581-022-2220 Health services ORS 334.005 ESD Mission

• Education Service District key roles including to facilitate interorganizational coordination among educational, social service, health care, and employment training agencies [ORS 334.005] • Licensed nursing practice standards including advocacy for clients (students)	OAR 851-045 Nurse Practice Act standards

4C-2. Community partners contribute to student/family health support.	
Laws reference district responsibility related to • Ensuring contracted health services are medically accurate and inclusive [OAR 581-022-2220] Laws establish • School-community partnership grants [OAR 581-020-0655] • Licensed nursing practice standards including coordination with care team	OAR 581-022-2220 Health services OAR 581-020-0655 Integrated Community Partnership Grant OAR 851-045 Nurse Practice Act standards

Goal 5. Shared Understanding

Regulations related to goal area 5U	See description of 5U features
5U-1. Families are supported to understand local Model, support available **5U-2**. School nurses are supported to understand education setting **5U-3**. School admin, staff are supported to understand school nursing **5U-4**. Positive outcomes, events, successes are shared, celebrated	
Multiple laws could apply, such as related to • Upholding student civil rights; student access to services. • Ensuring school nursing practice aligns with education regulations • Ensuring education and health team processes respect licensed practice laws • Data collection and use; verifying provision of mandated services; legal data sharing.	OAR 581-022-2220 Health services ORS 334.005 ESD Mission OAR 851-045 Nurse Practice Act standards FERPA / HIPAA Guidance; ODE Student Health Privacy

Appendix B. Regulation List and Excerpts

This Appendix offers excerpts from laws which may be relevant to teams enhancing school health and school nursing services.

Disclaimer

This information is not legal advice. This information may not be exhaustive and should not be relied on to determine legal obligations. Consult legal counsel as needed for interpretation and application. References were compiled in August 2025 but should be independently verified for currentness and accuracy.

Regulation List

Federal Laws	Americans with Disabilities Act (ADA), Section 504
	FERPA / HIPAA Guidance; ODE Student Health Privacy
	Individuals With Disabilities in Education Act (IDEA)
	Occupational Health and Safety Act; OR-OSHA rules
	Medicaid in Education; Oregon School Medicaid Resources

Special Education	ORS Chapter 343 Special Education
	OAR 581 Division 15 Special Education

School Health Services	ORS 334.175 Core [ESD] Services
	ORS 336.211 Vision Screening
	ORS 336.213 Dental Screening
	ORS 339.866 Self-Administration of Medication by Students
	OAR 581-021-0037 Medication Administration
	ODE Division 22 Standards
	OAR 581-022-2060 School Counseling
	OAR 581-022-2220 Health Services
	OAR 581-022-2225 Emergency Plans

School Nursing	ORS 336.201 Nursing Services Provided by District
	ORS 342.455 Definition of "School Nurse"
	HB 2948 Registered Nurse Supervision in Schools

Oregon Nurse Practice Act	OAR 851 Division 45 Scope and Standards
	OSBN LPN Scope FAQs
	OAR 851 Division 47 Registered Nurse Delegation Standards

Public Health	ORS 433.260 Communicable Disease Exclusion
	OAR 333-019-0010 Disease Related School… Restrictions
	OAR 433-269 Immunization of School Children
	OAR 333 Division 50 School Immunization Rules
	OAR 333 Division 55 Training on Lifesaving Treatment Protocols

Regulation Excerpts

Americans with Disabilities Act (ADA), Section 504

Excerpt:

- "No otherwise qualified individual with disabilities in the United States… shall solely by reason of his/her disability, be excluded from the participation in, be denied the benefits of, or subjected to discrimination under any program or activity receiving federal financial assistance."

The program or activity [school setting] must ensure access to appropriate auxiliary aids and services where necessary to afford persons with disabilities an equal opportunity to participate in, and enjoy the benefits of, the program, which includes the provision of interpreters, as necessary.

FERPA / HIPAA Guidance; ODE Student Health Privacy

Excerpts:

- "Does HIPAA or FERPA apply to a nurse employed or contracting with a school? Short answer: FERPA."
- "School nurses are considered an integral part of the public schools and ordinarily have access to student educational records."
- "In a school setting even medical health and immunization records are considered education records and subject to FERPA."
- "[O]ne of the exceptions to the prior written consent requirement in FERPA allows 'school officials, including teachers, within the agency or institution' to obtain access to educational records provided the educational agency or institution has determined that they have 'legitimate educational interests' in the information. 34 CFR §99.31(a)(1)."

Individuals With Disabilities in Education Act (IDEA)

Excerpts:

- "The Individuals with Disabilities Education Act, as amended in 2004 (IDEA 2004-PL 108-446), is a federal law governing special education services ..."
- "(5) Least restrictive environment (A) In general : To the maximum extent appropriate, children with disabilities… are educated with children who are not disabled, ..." – Section 1412(a)(5)
- "The term "related services" means [many services including] school nurse services designed to enable a child with a disability to receive a free appropriate public education as described in the individualized education program of the child, … to assist a child with a disability to benefit from special education, and includes the early identification and assessment of disabling conditions in children." Section 1401 (26)
- Medicaid.gov FAQ ID: 166396: Excerpt:
    - Question: "What is Child Find Under IDEA Part B?"

- o Answer: "IDEA child find requires States to ensure that all children with disabilities residing in the State who need special education and related services are identified, located, and evaluated, regardless of the severity of the disability, and includes identification of children who are suspected of having a disability. States are responsible for implementing child find activities for all children with disabilities residing in the State, including those children who are experiencing homelessness or are wards of the State, highly mobile and migrant children, English learners, and parentally placed private school children with disabilities, as well as those suspected of having developmental delays as defined in 34 C.F.R. § 300.8(b).

  Child find activities are defined in 34 C.F.R. § 300.111 and typically involve a screening process to determine whether the child should be referred for an evaluation to determine eligibility for special education and related services. States must identify, locate, and evaluate all children with disabilities residing in the State and who may need special education and related services."

Occupational Health and Safety Act; OR-OSHA rules
Excerpt:
- "Oregon employers whose employees are exposed to blood or other potentially infectious materials are covered by the Bloodborne Pathogens Standard, 1910.1030." - OR-OSHA Bloodborne Pathogens

Medicaid in Education; Oregon School Medicaid Resources
Excerpts:
- "There are two requirements that schools must meet to be eligible to participate in the SBHS [School-Based Health Services] Medicaid direct services program. Schools must meet the definition of Education Agency and they must meet OHA's federally approved financial reporting requirements for calculating cost-based rates. This document is designed to assist schools in determining whether they meet both requirements." [Oregon School Based Health Services, Education Agency Eligibility Criteria]

- Question: "How are SBS [School-Based Services] provided to Medicaid eligible children under IDEA?" Answer: "Part B of IDEA provides Federal funds to SEAs [State Educational Agencies], and SEAs subgrant a majority of IDEA funds to LEAs[Local Education Agencies] and school districts. IDEA funds assist SEAs and LEAs in providing a free appropriate public education (FAPE) to eligible children (generally ages 3 through 21) with disabilities through the provision of special education and related services. As explained below, Medicaid is a funding source for special education and related services for Medicaid enrolled children.   … For Medicaid-enrolled children who receive services under IDEA Part B… Medicaid is payer of first resort." [Medicaid.gov FAQ, School-Based Services FAQ ID: 166471]

- "Section 2 of this 2025 Act is added to and made a part of ORS chapter 414. SECTION 2. (1) The Oregon Health Authority may not require a primary care provider to order a covered care management service, as listed in the schedule developed under subsection (2) of this section, as a condition of reimbursing the costs of the service when: (a) The service is provided to a medical assistance recipient by a registered nurse licensed under ORS 678.010 to 678.410; (b) The service is within the nurse's authorized scope of practice; and (c) The patient does not have a primary care provider." [2025 HB 2789 School-Based Health Services]

Special Education

ORS Chapter 343 Special Education

Excerpts:
- "The State Board of Education shall establish by rule procedures to protect the rights of every child with a disability who is eligible for special education and every child who there is a reasonable cause to believe has a disability…" ORS 343.155
- "[Child Find:] Pursuant to rules of the State Board of Education, school districts shall identify, locate and evaluate all resident children who may have disabilities and be in need for special education…" ORS 343.157

OAR 581 Chapter 15 Special Education

Excerpts:
- Special education: "'related services' includes… school health services and school nurse services [and] early identification and assessment…"
- FAPE: "School districts must provide a free appropriate public education all school-age children with disabilities [*definition of disability* includes health impairment]." OAR 581-015-2040
- Child Find: "School districts must identify, locate and evaluate all children with disabilities for whom they are responsible, regardless of severity of the disability, who are in need of early intervention, early childhood special education, or special education services, including: (a) Highly mobile children with disabilities (such as migrant and homeless children)…(d) Children suspected of having a disability even though they are advancing from grade to grade…" [and other examples] OAR 581-015-2080 Child Find
- Qualified interpreters: "The school district must take whatever action is necessary to ensure that the parent understands the proceedings at [an Individual Education Program] meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English." OAR 581-015-2090 (1)(a)
- Non-discrimination: "Each public agency must ensure that: (a) Assessments and other evaluation materials used to assess a child under this part (A) Are selected and administer so as not to be discriminatory on a racial or cultural basis; (B) Are provided

and administered in the child's native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to do so;…" OAR 581-015-2110 (4)(a)(B)

School Health Services

OAR 581-022-2220 Health Services

This law summarizes many of the requirements for ESDs, districts, and schools. Please review ODE Health Services Resources.

Excerpts:

- "School districts, …shall develop, implement, and annually update a written prevention-oriented health services plan for all students…[and] plans must include [many types of services including…]"
- "Health care space that is appropriately supervised and adequately equipped for providing health care and administering medication or first aid."
- "…process to assess student health services needs, including availability of a nurse to assess... [and develop] individual health plan as per 336.201."
- "Job descriptions shall reflect assignments complying with the Oregon State Board of Nursing (OSBN) Scope of Practice Administrative Rules for all levels of licensed providers, including standards for the evaluation and assessment of students, provision of services, medication administration, supervision of unlicensed staff and documentation of services provided per Division 47."

ORS Chapter 334 Education Service Districts

Excerpt:

- "(1) An education service district shall provide regionalized core services to component school districts." … "(2) The services provided by an education service district shall be provided according to a local service plan…The local service plan must include services in at least the following areas: (a) Programs for children with special needs, including but not limited to special education services and services for at-risk students. - Core [ESD] Services ORS 334-175 (2)(a)

ORS 336.211 Vision Screening

Excerpts:

- "Vision screening" means an eye screening test to identify potential vision health problems that is conducted by a person who is: [law lists multiple types of licensed providers including] … a school nurse…"
- "[With some exceptions] each education provider shall require a student who is seven years of age or younger and who is beginning an educational program with the education provider for the first time to submit a certification that the student received: A

vision screening or an eye examination; and Any further examinations or necessary treatments of the eye …"

ORS 336.213 Dental Screening
Excerpts:
- "[With some exceptions] each education provider shall require a student who is seven years of age or younger and who is beginning an educational program with the education provider for the first time to submit certification that the student received a dental screening within the previous 12 months."
- "No later than October 1 each year, each school districts shall submit to the Department of Education a report that identifies the percentage of students who failed to submit the certification required under this section for the previous school year."

ORS Chapter 339 School Attendance; Admission; Discipline; Safety
Excerpts:
- Medication: "A school district board shall adopt policies and procedures that provide for self-administration of medication by kindergarten through grade 12 students with asthma or severe allergies…"
- Care plans: "The policies and procedures shall: (a) Require that an Oregon licensed health care professional… formulate a written treatment plan for managing the student's asthma or severe allergy and for the use of medication by the student during school hours. …" ORS 339-866 Self-Administration of Medication

OAR 581-021-0037 Medication Administration
Excerpts:
- "School districts shall adopt policies and procedures that provide for: …The administration of medication to students by designated personnel …"
- "Policies and procedures for the administration of medication to students by designated personnel shall: (a) Include a process to designate and supervise appropriate school personnel … [and] (b) Require designated personnel to successfully complete annual training on the administration of medication."
- "Training for designated personnel must be provided by a person who is familiar with the delivery of health services in a school setting and who is: (i) A Registered Nurse licensed by the Oregon State Board of Nursing [or one of the other providers listed in the law]."

OAR 581-022-2060 School Counseling
Excerpt:
- "Each school district shall provide a coordinated comprehensive school counseling program to support the academic, career, social-emotional, and community involvement development of every student. … ."

OAR 581-022-2225 Emergency Plans

Excerpts:

- "The school district shall maintain a comprehensive safety program for all employees and students which shall: …Include plans for responding to emergency situations."
- … "Require reports of accidents involving school district property, or involving employees, students or visiting public, as well as … monthly and annual analyses of accident data and trends."

School Nursing

ORS 336.201 Nursing Services Provided by District

- This law establishes requirement for student acuity reporting. Please see ODE Student Acuity resources.

Excerpts:

- "'School nurse' has the meaning given that term in ORS 342.455." [see below]
- "The registered nurse or school nurse is responsible for coordinating the school nursing services provided to an individual student."
- "[E]ach school district is encouraged to have one registered nurse or school nurse for every 750 students in the school district."
- "Each school district shall ensure that the district has access to a sufficient level of nursing services to provide…
  - One registered nurse or school nurse for every 225 medically complex students.
  - One registered nurse or school nurse for every 125 medically fragile students.
  - One registered nurse or school nurse, or one licensed practical nurse under the supervision of a registered nurse or school nurse, for each nursing-dependent student."

ORS 342.455 Definition of "School Nurse"

Excerpt:

- "'School nurse' as used in ORS 342.465 (Rules) and 342.475 (School nurses), means a registered nurse who is certified by the Teacher Standards and Practices Commission as qualified to conduct and coordinate the health services programs of a school."

HB 2948 RN supervision in schools ("Hannah's Law")

Excerpt:

- "(2) A school nurse, or a registered nurse whose responsibilities include the coordination of school nursing services provided to individual students pursuant to ORS 336.201, shall coordinate school nursing services to ensure care for individual students in a school to the extent that the care is within the practice of nursing.

(3)(a) An administrator or other staff member who is not a nurse may supervise, evaluate or direct a school nurse or registered nurse described in subsection (2) of this section for purposes related to the nurse's role as a school employee, including but not limited to assigning the nurse's work hours, locations and workload and other matters addressed through a collective bargaining agreement.

(b) An administrator or other staff member may not direct the school nurse or registered nurse in the practice of nursing."

Oregon Nurse Practice Act

[OAR 851-045-0040](#) Scope of Practice Standards All Licensed Nurses
Excerpts:
- "The licensee shall: …Practice within the laws and rules governing the practice of nursing at the level the nurse is licensed…[and] … Ensure competency in the cognitive and technical aspects of a nursing intervention or a nursing procedure prior to its performance…[and] …Self-regulate one's professional practice by:… Removing one's self from practice when unable to practice with professional skill and safety."
- "Prior to implementation of an order, the licensee: …Shall question any order that is not clear, determined to be unsafe, contraindicated for the client, or is inconsistent with the overall plan for the client's care… [and in such a case] … the licensee has the responsibility to decline implementation and contact the health care professional making the order or recommendation."

[OAR 851-045-0050](#) Scope of Practice Standards for Licensed Practical Nurses (LPN)
Excerpt:
- "The Board recognizes that the LPN has a supervised practice that occurs at the clinical direction and under the clinical supervision of the RN or LIP who have authority to make changes in the plan of care, and encompasses a variety of roles…"

[Oregon State Board of Nursing: LPN Scope FAQs](#)
Excerpt:
- "Q: May the LPN conduct phone triage or be 'on-call' for client calls?
  - A: … … "When the client has an established plan of care and the presenting problem is included on that plan of care, the LPN may engage in a *focused assessment* with the client to determine if the presenting issue is addressed in the established plan of care. … The LPN cannot independently formulate a new plan (even a focused plan of care) outside of the client's known problems."

[OAR 851-045-0060](#) Scope of Practice Standards for Registered Nurses (RN)
Excerpts:

- "The RN shall: …Collaborate in the development, implementation and evaluation of integrated plans of care … [and]…Communicate with health care team members regarding the plan of care; and (e) Make referrals in a timely manner ..."
- "The RN shall: (a) Apply a broad knowledge and awareness of cultural diversity; and (b) Recognize and respect the cultural values, beliefs, and customs of the client."
- "The RN shall develop, implement and evaluate evidence-based teaching plans that address the client's learning needs, readiness to learn and ability to learn."

OAR 851-045-0070 Conduct Derogatory to the Standards of Nursing

Excerpts:

- "Conduct derogatory" [includes but is not limited to:]
- … "Practicing nursing without a current Oregon license…"
- …" Performing acts beyond the authorized scope or beyond the level of nursing for which the individual is licensed…"
- … "Accepting an assignment when individual competency necessary to safely perform the assignment have not been established or maintained…"
- … "Failing to communicate information regarding the client's status to members of the health care team in an ongoing and timely manner as appropriate to the context of care; or (g) Failing to communicate information regarding the client's status to other individuals who are authorized to receive information and have a need to know…"
- … "Violating the rights of privacy, confidentiality of information, or knowledge concerning the client, unless required by law to disclose such information…"

OAR Chapter 851 Division 47 Registered Nurse Delegation Standards

Excerpts:

- "The decision to authorize a UAP to perform a client's nursing procedure remains with the RN." OAR 851-047-0030
- "The RN may proceed with delegation process only when the RN determines…that the client's situation meets all the following outcome criteria:…" [Multiple criteria including:]
  - "… stable and predictable; … not require assessment … does not require interpretation or independent decision-making;…"
  - "… The results .. are reasonably predictable;…the consequences .. are not life-threatening and … minimal risk to the client;…"
  - "…environment of care supports the safe performance …
  - "The nursing procedure will be performed by the UAP at a frequency that would allow for the UAP's continued safe performance;…"
  - "The UAP communicates that they are willing and able…"
  - "The RN has the appropriate resources necessary to fulfill nursing practice and delegation process responsibilities…
  - "The RN must… continue to engage in nursing practice with the client ...."
- "The RN is responsible for rescinding their authorization … in any of the following situations:" [Multiple situations including:]

- "The client's response to their condition … becomes unstable or unpredictable…"
- "The UAP demonstrates the inability to adhere to the written instructions…"
- "The RN is no longer able to provide ongoing evaluation …" OAR 851-047-0060

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Oregon School Health and School Nursing

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