OAR 581-022-2220 (Health Services) Implementation Tool

This tool is designed to support districts to implement requirements found in OAR 581-022-2220. For more information on how to use this tool, please see the Instructions document. The first section of OAR 581-022-2220 requires school districts, education service districts, and public charter schools to develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must describe a health services program for all students at each facility that is owned or leased, where students are present for regular programming. The health services plan will be created and maintained by the administration of each district and charter school serving students. This tool facilitates self-evaluation of the required components of the rule.

District/School/Program Name:

Date Last Updated:

Table I: Staff Member Roles

Naming roles and identifying individuals, and alternates where appropriate, helps to ensure direction, coordination, and collaboration in providing health services. Health services encompass many aspects of a student's school day and rely upon a variety of staff roles.

School and District Planning Team Members	Primary Contact (Name/Title)	Alternative Contact (Name/Title)
District leadership	Gary E. Carpenter, Jr. Superintendent	Michelle Marshall, Director of K-12 Programs
Building lead/administrator	Building Principals and Special Services Director Billie Perrier, Dawn Dean, Olivia Johnson, Cydney Vandercar and Rilke Klingsporn	Michelle Marshall, Director of K-12 Programs
Health representative	All Building Secretaries	All Building Principals
Registered nurse	We do not have a registered nurse, however we have a student based health clinic, ORCHID health that we work cooperatively with for many health related services. In addition, or Student Services Director, Mrs. Klingsporn, is charged with being the go-to person for building principals	

	when they reach out about needing an assessment done, or a student health protocol created.	
Licensed health services staff	Partners at our student based health center, ORCHID Health	
Other staff as identified by the team		

Table II: Communicable Disease Prevention & Response

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1) School districts, education service districts, and public charter schools shall develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must describe a health services program for all students at each facility that is owned or leased where students are present for regular programming. The health services plan will be created and maintained by the administration of each district and charter school serving students. Health services plans must include:				

| (1)(b) Communicable disease prevention and management plan that includes school-level protocols for: | Where is the protocol located and how is it trained with school staff?

Is the plan updated regularly and by whom? | ● School-level Communicable Disease Management Plan | The links to the plans for all 4 buildings for 23-24 are below. 24-25 plans will be updated in September:
Elmira Elementary School:
https://www.fernridge.k12.or.us/wp-content/uploads/2023/08/2023-24-School-Level-CD-Management-Plan-EES.docx_.pdf
Veneta Elementary School:
https://www.fernridge.k12.or.us/wp-content/uploads/2023/08/2023-24-School-Level-CD-Management-Plan-VES.docx_.pdf
Fern Ridge M.S.:
https://www.fernridge.k12.or.us/wp-content/uploads/2023/08/2023-24-School-Level-CD-Management-Plan-FRMS.docx_.pdf
Elmira H.S.:
https://www.fernridge.k12.or.us/wp-content/uploads/2023/08/2023-24-School-Level-CD-Management-Plan-EHS.docx_.pdf | |

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(b)(A) Notifying the local public health authority (LPHA) if absence due to illness threshold, as established by the Oregon Health Authority (OHA) or LPHA, of students and staff is attained.	What is the school-level process for monitoring symptoms and absences and contacting LPHA? Who is responsible for monitoring illness thresholds and what is the communication plan in responding? What metrics or data are monitored to determine when the LPHA needs to be contacted? How is the process reviewed and updated regularly in the district's communicable disease plan?	• School-level Communicable Disease Management Plan (Section 1, Table 2) • Protocol for LPHA communication • Protocol for monitoring absences and illness **Resources:** • [Communicable Disease Guidance for Schools](#)	Just as above, this is addressed in our school-level communicable disease plans (links above)	
(1)(b)(B) Exclusion of individuals consistent with OAR 333-019-0010, with a description of an isolation space that is appropriately supervised and adequately equipped and that can be used exclusively for the supervision and care of a sick child when a sick child is present in the school.	Where is the isolation space? Can it be used exclusively as an isolation space? What is the plan to shift use when needed and how will staff be made aware that the space is in use for isolation? What protocols are in place to ensure supervision, supplies, and cleaning after use?	• School-level Communicable Disease Management Plan (Table 1; Section 3, Table 4) • Consistent with board policies JHCC/JHCC-AR and GBEB/GBEB-AR • Isolation space protocol **Resources:** • [Communicable Disease Guidance for Schools](#)	Just as above, this is addressed in our school-level communicable disease plans (links above)	

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(b)(C) Implementing mitigation measures if cases warrant or if recommended by the Oregon Health Authority or LPHA.	How are school staff trained on the school's communicable disease mitigation measures? Are supplies available and located in or near where they may need to be utilized? What is the process implementing mitigation measures?	• School-level Communicable Disease Management Plan (Section 3, Table 4) **Resources:** • Communicable Disease Guidance for Schools	Just as above, this is addressed in our school-level communicable disease plans (links above)	

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(b)(D) Identifying, understanding, and responding to the needs of students who are more likely to have severe disease outcomes or loss of access to education due to a communicable disease, and responding to those needs.	How did you identify those in your school that are disproportionately impacted by communicable disease? How do you monitor and determine when to respond to student's needs? Who is included in these conversations? What supports are available to students and how are they communicated to staff?	● School-level Communicable Disease Management Plan (Section 2, Table 3) ● ODE Student Acuity Tool ● Protocol or process that would be activated (established team to discuss needs in response to CD events) ● Individuals with Disabilities Education Act (IDEA) or section 504 process **Resources:** ● ODE school nurse resources webpage	Just as above, this is addressed in our school-level communicable disease plans (links above) **In addition, as needed we would:** 1. Use the ODE Student Acuity tool in coordination with our Student based health center (ORCHID Health) 2. Each building as SST as well as 504 teams that meet to discuss student health needs. 3. Finally, our District Special Services Director is the go-to contact for all building principals when a student has a need and a health protocol is being considered. 4. The district has an equity tool all departments use.	

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(b)(E) Responding to the mental health impacts of a communicable disease outbreak in the school.	How are the wellbeing and mental health needs of students and staff determined? What district or school resources will be utilized in supporting student and staff wellbeing and mental health during prevention, response, and recovery from incidents of a communicable disease outbreak? How are staff, students and families linked to culturally relevant health and mental health services and supports?	• Integrated Guidance/Student Investment Account Plan • School-level Communicable Disease Management Plan (Table 1) • Multi-tiered system of supports for mental health • Mental health community resource map **Resources:** • ODE mental health webpage	Just as above, this is addressed in our school-level communicable disease plans (links above) **In addition, as needed, we would:** 1. Use our multi-tiered systems of support in our buildings. 2. Engage with our community partners and resources and refer as needed. (i.e. Lane County Mental Health Resources document, FRSD Counseling and suicide prevention plans).	

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(b)(F) Ensuring continuity of education for students who may miss school due to illness.	How are health and other related services for students who have an Individual Education Program (IEP) or 504 plan considered? What is the communication process to support family involvement during a student's absence?	• School-level Communicable Disease Management Plan (Section 2, Table 3) • "Child find" IDEA or section 504 process	Just as above, this is addressed in our school-level communicable disease plans (links above) In addition, as needed: School teams (5-04, IEP) can meet with the parent9s) to discuss student-specific disability related needs/impacts of illness and create plans. Any member of the student's plan team can call a meeting.	
(1)(c) A district-to-school communication plan that includes a:	Where is the protocol located and how is it shared with school staff? Does the protocol ensure accuracy and efficiency?	• Point of contact and duties found in the school-level Communicable Disease Management Plan (Section 1, Table 2)	Just as above, this is addressed in our school-level communicable disease plans (links above)	
(1)(c)(A) Point of contact to facilitate communication, maintain healthy operations, and respond to communicable disease questions from schools, state or local public health authorities, state or local regulatory agencies, students, families, and staff;	Does the point of contact have appropriate authority and knowledge to communicate to all parties accurately and efficiently? How is the point of contact assignment updated as needed with staffing changes? What is the process to make the point of contact aware of pertinent information?	• Point of contact and duties found in the school-level Communicable Disease Management Plan (Section 1, Table 2)	Just as above, this is addressed in our school-level communicable disease plans (links above)	

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(c)(B) Protocol to provide all staff and families with contact information for the point of contact; and	How is this information shared each school year? Where is this information accessible to staff and families?	• Link on district webpage to point of contact information • Point of contact and duties found in the school-level Communicable Disease Management Plan (Section 1, Table 2)	Just as above, this is addressed in our school-level communicable disease plans (links above) As a note, all of our district plans are available on a link that we have made prominent on the left hand side of our main website. It is the TOP link, under a TAB titled "RESOURCES". The link is titled: "IMPORTANT: District and State Reports". The link to our main district webpage is here: https://www.fernridge.k12.or.us/	
(1)(c)(C) Process to notify as soon as possible all families and other individuals if there has been a case of a restrictable disease as defined by OAR 333-019-0010 on the premises if advised by an LPHA or the OHA.	How does the school district ensure accurate and efficient communication is provided to families about cases as needed? Who is responsible?	• Point of contact and duties found in the school-level Communicable Disease Management Plan (Section 1, Table 2) • District/building-level communication tree and protocol	Just as above, this is addressed in our school-level communicable disease plans (links above)	

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1) School districts, education service districts, and public charter schools shall develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must describe a health services program for all students at each facility that is owned or leased where students are present for regular programming. The health services plan will be created and maintained by the administration of each district and charter school serving students. Health services plans must include:				

| (1)(a) Health care space that is appropriately supervised and adequately equipped for providing health care and administering medication or first aid. | What are the district requirements (location/supplies) for a health care space?

Where is the health care space at building level?

What protocols are in place to ensure supervision and supplies? | • Job description or assignment of duties that includes supervision of health care space
• Evidence of training required for staff supervising health care space. (e.g., Medication Administration training)
• District or building level health care and medication administration protocols

Resources:

• ODE medication administration webpage | Each school building in Fern Ridge School District is equipped with a designated health room where medications are locked and first aid supplies are monitored and maintained.

Front office staff are responsible for facilitating the health room

Secretary II facilitates the building health room as indicated here:

Secretary II Job Description

Secretary I employees assists with health room duties as indicated here:

Secretary I Job Description

Medication administration training, and emergency medication trainings are provided to relevant staff by an RN to ensure staff | |

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			are appropriately trained to administer necessary medications.	

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(e) Services for all students, including those who are medically complex, medically fragile or nursing dependent, and those who have approved 504 plans, individual education program plans, and individualized health care plans or special health care needs as required by ORS 336.201, 339.869, OAR 581-021-0037, 581-015-2040, 581-015-2045, and 851-045-0040 to 0060; and 851-047-0010 to 0030.	How is student acuity assessed to determine nurse staffing as required by ORS 336.201? How are student needs identified and information shared with appropriate staff so that services may be provided? How are student services documented and information shared to support care coordination? Does the school district have sufficient staffing and resources for Nursing, Occupational Therapy, Physical Therapy, and Speech Language Pathology and Audiology?	• "Child find" IDEA or section 504 process • Process that outlines how students are identified, assessed, and receive services • Annual MC, MF, ND, and school nurse Full time Employees (FTE) data collection • Staffing plan that outlines health services providers and their assignments, including RN, LPN, and delegations, in relation to student population and need **Resources:** • ODE school nurse resources webpage	FRSD does not currently have any students that fall into the Medically Complex, Medically Fragile, or Nursing Dependent categories. If a student were to enroll that may fall into one of these categories, the building secretary and/or administrator would alert the Director of Special Programs. A school team, including the parent, would review relevant medical documentation and consult with RN to develop a school health plan, 504, and/or IEP as appropriate. Based on current student needs, FRSD currently staffs SLPs, contracts with the ESD for OT services, and works with RNs through contract and/or Orchid Health clinic.	

(1)(h) Process to assess and determine a student's health services needs, including availability of a nurse to assess student nursing needs upon, during, and following enrollment with one or more new medical diagnose(s) impacting a student's access to education, and implement the student's individual health plan prior to attending as per 336.201.	How are student health concerns identified during enrollment? How is information shared with nursing staff upon registration, including transition from and early intervention/early childhood special education (EI/ECSE)? What tool or process does the district have to assess student nursing and other licensed school health services needs? How is information shared and communication supported between licensed health staff, teachers, and other school staff?	● Registration process that captures medical diagnoses and health concerns ● "Child find" IDEA or section 504 process ● Documentation of nursing assessment and delegation process ● Delegation records ● Student health records ● School nurse assessment tool and process for development and implementation of student health care plans **Resources:** ● ODE school nurse resources webpage ● Oregon nurse practice act (Division 45 & Division 47)	The school is initially guided during the registration process by the medical information provided by a parent/guardian. A school team, including the parent, would review relevant medical documentation to develop a school health plan, 504, or IEP as appropriate. RN consultation would be included as appropriate to the student's medical needs. Additional documentation or information may be requested by the child's health care provider. Once a plan is developed, it is shared with all impacted staff (classroom teachers, playground supervisors, office staff, administration, bus company). If necessary, alert flags are created in the SIS, and/or necessary signage may be placed. If needed, medication-

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			specific protocol/plan training is provided for appropriate staff.	

| (1)(j) Policy and procedures for medications, as per ORS 339.866 to 339.874 and OAR 581-021-0037. | How are school building staff familiarized with medication administration policies and procedures?

Are staffing resources and time allocated to medication administration training to ensure student needs are met throughout the school day?

Are supplies, space, and storage available at each school building? | • Consistent with school board policies JHCD/JHCDA and JHCD/JHCDA-AR
• Staff training documentation
• District or building level medication administration protocol

Resources:

• ODE medication administration webpage | FRSD staff comply with the rules in FRSD board policies JHCD/JHCDA and JHCD/JHCDA-AR. Annual medication, epi-pen and glucagon training is conducted each August by a licensed professional from our student-based health center, Orchid Health.
Training certificates are kept on record in the district office and a list of properly trained staff is maintained.
Medication is kept in a secure location. A medication log is kept for each student who receives medication per a physician order.

Non-prescription medication is administered from an original container with written permission from a parent or guardian and is also documented on a medication log. | |

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			Student eligible to self-administer medication must comply with policies JHCD/JHCDA and JHCD/JHCDA-AR

Appropriate documentation is completed to designate the approval to self-carry. | |

| (1)(k) Guidelines for the management of students who are medically complex, medically fragile, or nursing dependent as defined by ORS 336.201, including students with life-threatening food allergies and adrenal insufficiency while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities. The guidelines must include: | What tool or process does the district have to assess student nursing needs? How are student health services coordinated while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities? How is the provision of health services documented? | • Consistent with board policies JHCD/JHCDA, and JHCD/JHCDA-AR
• IEP and 504 team processes and protocols
• Protocol, tool, or process for documenting provision of health services to students. This could include documentation software, student health records, health room documentation, and training and delegation records.
• School nurse assessment tool and process for development and implementation of student health care plans

Resources:

• ODE school nurse resources webpage
• ODE school health services webpage | A school team, including the parent, would review relevant medical documentation to develop a school health plan, 504, or IEP as appropriate. RN consultation would be included as appropriate to the student's medical needs. Additional documentation or information may be requested by the child's health care provider. Once a plan is developed, it is shared with all impacted staff (classroom teachers, playground supervisors, office staff, administration, bus company) and addresses each component of student need. If necessary, alert flags are created in the SIS, and/or necessary signage may be placed. If needed, medication-specific protocol/plan training is provided for appropriate staff. | |

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(k)(A) Standards for the education and training of school personnel to manage students with life threatening allergies or adrenal insufficiency;	Does school district have standards for training in place for managing students with life threatening allergies and adrenal insufficiency? Are staffing resources and time allocated to training to ensure student needs are met throughout the school day? Are staff trained in consideration of coverage of student health needs across the school day (e.g., when riding the bus, field trips, extracurricular activities)?	• Consistent with board policies JHCD/JHCDA and JHCD/JHCDA-AR • Emergency medication training protocols • Training schedule • Records of staff trained **Resources:** • ODE medication administration [webpage]	FRSD staff comply with the rules in FRSD board policies JHCD/JHCDA and JHCD/JHCDA-AR. Annual training for epi-pen medication and glucagon training are held each August by a licensed professional from our student-based health center, Orchid Health. Training certificates are kept on record in the district office and a list of properly trained staff is maintained.	

| (1)(k)(B) Procedures for responding to life-threatening medical conditions including allergic reactions or adrenal crisis; | Are staff trained and aware of their roles in responding to situations that may arise for students with life-threatening medical conditions?

How are the necessary supplies and medications made available and staff made aware of their location?

How do the procedures account for the student across their school day (e.g., when riding the bus, field trips, extracurricular activities)? | • Consistent with board policies JHCD/JHCDA and JHCD/JHCDA-AR
• Student individual health plans (IHP)
• Building Emergency Operations Plan

Resources:

• ODE medication administration webpage
• ODE school safety and emergency management webpage | A school team, including the parent, would review relevant medical documentation to develop a school health plan. Additional documentation or information may be requested by the child's health care provider. Once a plan is developed, it is shared with all impacted staff (classroom teachers, playground supervisors, office staff, administration, bus company). If necessary, alert flags are created in the SIS, and/or necessary signage may be placed. If needed, medication-specific protocol/plan training is provided for appropriate staff. Generally, life threatening emergencies are made aware to all staff, not just those that work directly with the student.

As identified above, response to a medical | |

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			emergency is part of the Emergency Plan Handbook, which is updated annually.	
(1)(k)(C) A process for the development of an individualized health care plan for every medically complex, medically fragile, nursing dependent student, including students with a known life-threatening allergy and an individualized health care plan for every student for whom the school district has been given proper notice of a diagnosis of adrenal insufficiency per OAR 581-021-0037;	How does the district ensure that all complex, medically fragile, and nursing dependent students have an individualized health plan developed by a school nurse? How are nurses notified when a child needs to be assessed for nursing services (e.g., registration, new medical diagnosis)? How does nurse staffing level support student assessment during registration process?	• Protocol, tool, or process for documenting individual health plans (IHP). This could include documentation software, student health records, and training and delegation records. • School nurse assessment tool and process for development of student health care plans • IEP and 504 team processes and protocols	Described/identified in question above.	

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(k)(D) Protocols for preventing exposures to allergens; and	How are protocols included in student individual health plans and communicated to school staff? What protocols does the district have in place to prevent exposure to allergens? How are protocols implemented and monitored?	• Consistent with board policies JHCD/JHCDA and JHCD/JHCDA-AR • Student individual health plans (IHP) • Building operations plan	Some strategies we use in FRSD include 1. Use of Health protocols. 2. Use of 504's 3. Communication with food service providers. 4. With parent approval, other students' parents in the classroom are notified. 5. IHP may identify strategies to further limit exposer (i.e. student specific plans for meals or planned alternatives for snacks).	

Table III: School Health Services: OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(k)(E) A process for determining if or when a student may self-carry prescription medication when the student has not been approved to self-administer medication as allowed by 581-021-0037.	Where is the process documented and how is it communicated to staff and families? Who determines when a student may self-carry? How does the district ensure staff are aware of a student who self-carries medication and where it is located?	• Consistent with board policies JHCD/JHCDA and JHCD/JHCDA-AR • District medication administration protocol and forms **Resources:** • ODE medication administration webpage	We have policy that any student may carry prescription medication if it is only a daily dose. This is a conversation with the building administration, or with the 504 team, or during the creation of a health protocol. 504's and IEPs are monitored throughout the year, and updated annually. Board policies JHCD/JHCDA and JHCD/JHCDA-AR address self-carry of medication.	

Table IV: District Processes, Systems & Policies

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1) School districts, education service districts, and public charter schools shall develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must describe a health services program for all students at each facility that is owned or leased where students are present for regular programming. The health services plan will be created and maintained by the administration of each district and charter school serving students. Health services plans must include:				
(1)(d) Health screening information, including required immunizations and TB certificates, when required by ORS 433.260 and 431.110 and OAR 333-019-0010.	How are immunizations tracked, students identified, students excluded? (OAR 333-050-0050) How does the school district communicate immunization information to parents/guardians and OHA/LPHA?	• School-level Communicable Disease Management Plan (Section 3, Table 4) • Link to district immunization process that aligns with OHA requirements **Resources:** • Communicable Disease Guidance for Schools • OHA School Immunization page	Each student registered with Fern Ridge School District is required to comply with board policy JEC. Student immunizations are recorded and tracked within our student information software (e-School). Immunization information is also kept in each student's medication file. Each building works with Lane County Public Health to report students who are not in compliance with immunization law and notifying parents/guardians of the appropriate steps that need to be taken.	

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(f) Integration of school health services with school health education programs and coordination with health and social service agencies, public and private.	How are health education programs integrated with school health staff and services? When and how does the school district partner with public and private health organizations?	● Integrated Guidance/Student Investment Account Plan ● Community resource and partnership mapping ● Documentation of guest speaker contracts or MOUs	**Various plans, such as our Integrate plan, our Prevention Education D & A plan, Human Sexuality plan and Health and Safe Schools (HASS) plan. All these plans can be located on this page: https://www.fernridge.k12.or.us/district-and-state-reports/**	
(1)(g) Hearing screening; and vision and dental screening as required by ORS 336.211 and 336.213.	How are hearing, vision and dental screenings provided to students? What is the process to ensure all required students have vision and dental screening certificates on file?	● May reference dental screening collection ● May reference vision screening grant participation including numbers of students screened ● Dental, vision, and hearing screening records **Resources:** ● OAR 581-021-0017 (Dental Screening) ● OAR 581-021-0031 (Vision Screening) ● ODE school health screenings webpage	Fern Ridge School District partners with The Oregon Lions Sight and Hearing Foundation to conduct annual screening for our elementary and middle school students each fall. The district has a licensed Speech-Language Pathologist who assists with the hearing screenings as appropriate. Each elementary student receives a dental screening through Lane County Public Health.	

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(h)(i) Compliance with OR-OSHA Bloodborne Pathogens Standards for all persons who are assigned to job tasks which may put them at risk for exposure to body fluids per OAR 437-002-0360.	What are the district's procedures and standards related to exposure to bloodborne pathogens? How is training provided to staff? How is staff training documented and monitored?	● Consistent with school board policies EBBA-AR, GBEB-AR, JHCC-AR ● Staff training and professional development opportunities and tracking ● Documentation of bloodborne pathogens training ● Evidence of available supplies, response protocols **Resources:** ● Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards	Each Fall staff take a series of on-line instructional courses and exams on a wide range of topics. One of them is around bloodbourne pathogens. We can track the completion of these tasks, and do so to ensure compliance. In addition, staff are given time during the workday to complete these annual tests. Appropriate supplies are kept in custodial and health room areas at each building, and are restocked by custodial staff as necessary.	

Table V: Additional OAR Requirements

Sections 2-5 are not required components of the Prevention-Oriented Health Services Plan. These components may require districts to think through their established programs, policies, and protocols to meet the rule requirements.

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(2) School districts, education service districts, and charter schools shall ensure that nurses who provide health services to students are licensed to practice nursing by the Oregon State Board of Nursing (OSBN)	What are the district's procedures to ensure nurses are licensed in Oregon and that licensure is current?	N/A. We have no nursing staff in our small district. When contracting with a nurse through Orchid Health, the Director of Special Programs (or appropriate administrator) ensures that the nurse meets the licensing requirements.	
(2)(a) School districts, education service districts, and charter schools may employ Licensed Practical Nurses (LPN) in alignment with LPN supervision requirements of OAR 851-045-0050 to 0060.	Does the district employ LPNs, and do they operate under the LPN scope of practice in alignment with the Oregon Nurse Practice Act? Are LPNs supervised by a registered nurse (RN) or a Licensed Individual Practitioner (LIP)? Who in the district is responsible for ensuring supervision requirements are followed?	N/A	

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(2)(b) Job descriptions and nursing delegation considerations shall reflect assignments complying with the Oregon State Board of Nursing 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.	Are job descriptions for district nurses in alignment with Division 47 of the Oregon Nurse Practice Act? Are nursing delegation considerations and assignments in alignment with Division 47 of the Oregon Nurse Practice Act? How are Nurse Practice Act requirements communicated to and supported by building administrators and supervisors?	We do not have a district nurse. Our District Special Services Coordinator, who is in charge of developing health protocols is the person who ensures any delegation of nursing duties is compliant with Division 47 of the Oregon Nurse Practice Act. If we need a licensed nurse, we contract with one or use our Student Based Health Center staff.	
(2)(c) School districts, education service districts, and charter schools that employ Registered Nurses who are not certified by the Teacher Standards and Practices Commission as school nurses, shall not designate such personnel as "school nurse" by job title.	Do job titles, policies, and processes reflect the requirement that personnel must be certified as a school nurse by the Teachers Standards and Practices Commission (TSPC) to be called a "school nurse"? What is the alternative title for nurses not licensed by TSPC (e.g., district nurse)?	We do not have a district nurse. When a nurse is needed with contract with LCPH, or our Student Based health center, ORCHID health. If the district were to hire a nurse, we would ensure that the job title matches the licensing held by that person.	

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(3) Each school shall have, at a minimum, at least one staff member with a current first aid/CPR/AED card for every 60 students enrolled, as set by ORS 339.345, and 342.664 and who are trained annually in the district and building emergency plans. Emergency planning will include the presence of at least one staff member with a current first aid/CPR/AED card for every 60 students for school-sponsored activities where students are present.	How does the district identify staff to be trained in first aid/CPR/AED and the district's emergency plan? How is training documented? Are staffing resources and time allocated to training to ensure needs are met throughout the school day? Does the emergency plan include first aid/CPR/AED training and appropriately trained staffing for school-sponsored activities?	The district is always compliant with ORS 339.345 and 342.664. We maintain a list of all trained staff in each building here at the District Office. The respective list for each building is published in each front office. The district partners with Lane Fire Authority for training. In addition we have one staff member who is a certified trainer and this district has purchased all materials to conduct this training. During staff in-service each year, all staff are trained on the use of an AED. In addition, in 23-24 we now have NARCAN available at each building and staff are trained for that. Athletic teams all have an emergency action plan that they review and get approved by the A.D. prior to each season.	
(4) Schools that contract or pay for health services must ensure services are comprehensive, medically accurate, and inclusive as defined by OAR 581-022-2050.	What is the process for vetting contracted and paid services to ensure they are comprehensive, medically accurate, and inclusive to all students? Who is responsible for ensuring contracted and paid services meet requirements? How are contracted or paid services made aware of the requirements?	N/A	

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(5) Each school building must have a written plan for response to medical emergencies; such plan should be articulated with general emergency plans for buildings and districts as required by OAR 581-022-2225.	Does the building and district emergency plan consider a range of possible medical emergencies? Does the building and district emergency plan consider the potential medical needs of individual students in the building/district (e.g., availability of medication, required licensed medical staff or delegated staff)? How are staff made aware of staff roles in the building medical emergency plan and what training or practice is provided?	Our district response to medical emergency plan is posted on our website, and reviewed with staff each year during teacher inservice. The direct link to the plan can be found here: https://www.fernridge.k12.or.us/wp-content/uploads/2019/02/Health.Services.pdf	