

Local School Health Program Framework

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

Evaluation/Needs Assessment of School Health Program

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

- [Alliance for a Healthier Generation](#)
The Healthy Schools Program Framework of Best Practices identifies specific criteria that define a healthy school environment. Through an assessment tool and a customized action plan, the Framework helps schools work toward the Alliance’s National Healthy Schools Award.
- American Academy of Pediatrics (AAP) *Enhancing School Health Services through TEAMS*. Utilizing the [TEAMS resources](#) provides an excellent opportunity to strengthen local partnerships and improve the quality and comprehensiveness of school health services district-wide.
- [ASCD School Improvement Tool](#)
Based on the Whole Child Approach.
- [CDC School Health Index](#) Self-Assessment and Planning Guide 2019
An online self-assessment and planning tool (also available in a downloadable, printable version) that schools can use to improve their health and safety policies and programs.
- CDC Division for Adolescent and School Health [Program Evaluation](#) page.
Planning is critical to having a successful evaluation. Evaluation planning should be conducted as part of overall program planning so that evaluation is built into the program from the beginning.
- Chapter 39 in *School Nursing: A Comprehensive Text* references the evaluation of school health services which stresses the importance of program evaluation to ensure the delivery of high-quality services (Combe & Clark, 2019).

School Health Program Goals

Goals for a program are directly related to the findings generated through the baseline needs assessment or program evaluation. They should also align with the educational goals of the school

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district. A school health program's goals should state achievable expectations derived from problems that have solutions. Goals are statements of what a program is designed to do, and they guide the development of the district health policies.

Policies and Procedures

Policies should be in place to support district school health services. In chapter 19 in the 2nd edition of *Legal Resources for School Health Services*, Khalil (2024) writes that policies describe the position and values of an organization on a given subject and describe such items as why the policy was created, what is being required, and to whom it applies. Policy is based on a combination of federal, state, and local laws and regulations as well as existing mandates. Policies and procedures “provide a roadmap for decision-making, streamline internal processes, promote efficiency, and reduce personal, professional, and institutional risk (Khalil, 2024). A policy is a broad statement of an intended course of action to be followed in a specific situation. Policies may also be in place for implementation of mandatory NC State Board of Education Policies and most district policies are approved by the local board of education.

A procedure refers to planned actions that are carried out for the purpose of implementing the policy. Although defined differently, districts often use the words procedure and protocol interchangeably. As used here, the procedure describes a series of sequential action steps. Procedures discuss the “how, when or who” of a policy and are often very detailed in describing a process. Both policies and procedures should be based on current standards of care. “The most current standards for school nursing are the NASN School Nursing: Scope and Standards 4th Edition (2022)” and help to ensure best practice standards are met and continuity of care is provided across all nurses in the district. Procedures related to school nursing practice must be developed by nurses, such as the school nurse team, and may need to be revised at times, especially with expanded resources, changing situations, and new technologies. In school health, there are often more procedures than policies. Procedures are not generally approved by the board of education.

Policy and Procedure Development

There are several recommended resources for the development of policy and procedures. The information presented below is adapted from the American Academy of Pediatrics (AAP) Training, Education, Assistance, Mentorship, and Support to Enhance School Health Services (TEAMS) resource *Guidance for Schools on Developing Health Services Policies (May, 2022)*. As the health content expert, school nurse leaders are well positioned to provide input in the development and evaluation of school health policies. If school nurse administrators or leaders do not already have a role in the policy development process, they should self-advocate for involvement.

The AAP guidance document (2022) lists the following steps in the process for the development of school health policies:

- Identify the issue: Do you have data that supports the importance of this issue or need to change existing policy? Are there new laws or state mandates that need to be addressed? Has there been an update to national standards or new recommendations for best practice?
- Decide whether a policy is necessary and appropriate: Is this an issue that affects the whole district? Does it need to be addressed at the policy level or would a procedure be more appropriate? Are the necessary resources available to implement the policy? Is there

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evidence, best-practice guidelines or law to support this policy and be used to guide its development?

- Determine the role of the school nurse in the policy process: What are the specific steps and requirements for passing a policy in the school district? Who is the person or group that directs the local policy process?
- Gather needed resources to inform the policy: What are the relevant laws and regulations? What guidance is offered by national, state, and local organizations to support this change? Is there relevant research? Is there pertinent information in employee job descriptions, contracts, or other employee guidelines? Are there related policies or procedures that support the need for this policy and/or will be impacted by a policy change? Are there examples from other school districts?
- Collect input: Who will be most impacted by the policy? Who has expertise to share regarding this policy? Consider gathering input from community members and partners, school nurses, physician advisors to the school health program, district leaders, school staff, parents/families, and public health staff, and anyone else who may be impacted by the policy change.
- Draft the policy or provide expert recommendations: What is the district policy development process? Has the general style or format used by the district been followed? Submit draft for feedback and/or approval.
- Provide explanation: Be ready to explain what the policy does and why it is needed. The school board should receive an explanation that includes the scope and consequences of the issue, the evidence supporting the policy and the connection to educational outcomes. The nurse leader may be asked to provide this in-person, in writing, or through a “policy champion” such as the district’s medical advisor, legal counsel or superintendent.
- Evaluate and review the policy: All policies and procedures should be dated with a review process established. It is important to review all policies on a regular basis to ascertain consistent implementation, ongoing relevance, and the need for a change.

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

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

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

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

2. Provision of Emergency Care, Including Injury Reporting

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

3. Medication Administration

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

4. Screening, Referral and Follow-Up

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

5. Prevention and Control of Communicable Diseases

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

6. Maintenance of School Health Records/Electronic Records

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

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

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

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

8. Diabetes Care as Required by [G.S. 115C-375.3](#)

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

9. Special Health Care Services ([16 NCAC 6D.0402](#))

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

10. Return to Learn After Concussion

Local policy should be developed in support of NC State Board of Education policy SHLT-001 and [Return to Learn after Concussion-Guidelines for Implementation](#)

School Health Advisory Council

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

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

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SHAC Resources:

<http://www.nchealthyschools.org/advisorycouncil/>

[Health Active Children Policy](#)

References

American Academy of Pediatrics. (2022). *TEAMS (Training, Education, Assistance, Mentorship and Support to Enhance School Health Services: Guidance for schools on developing health services policies*. <https://www.aap.org/en/patient-care/school-health/teams-enhancing-school-health-services/guidance-for-schools-on-developing-health-services-policies/>

Combe, L. & Clark, Y. (2019). Management of School Health Staff. In Selekman, J., Shannon, R. A. & Yonkaitis, C. F. (Eds.), *School nursing: A comprehensive text* (3rd ed., pp. 936-957). Philadelphia, Pa: F. A. Davis.

Khalil, L. (2024) Considerations when developing school health services policies. In C. Resha and V. Taliaferro (Eds.), *Legal Resource for School Health Services*, 2nd ed. (pp.255-266). Midlothian, Virginia: SchoolNurse.com.