

# Data Standard Health

## Rev. 8/26/2025

### Ownership and History

**Standard prepared by:**

Tonia Hickman

**Data steward(s)**

[Tonia Hickman](#), (502) 564-5279 ext. 4062

[Angela McDonald](#), (502) 564-5279, ext. 4430

**Office(s)**

Office of Finance and Operations

**Revision history****August 26, 2025**

Updated AED information to include the new tool that will launch this year

**March 01, 2025**

Updated Standards to reflect the “New Look” of Infinite Campus

**August 23, 2024**

Updated dates for AED reporting

**July 1, 2024**

Updated for New Look/Tool Search

**August 4, 2023**

Added Section G – Tracking of Portable Automated External Defibrillators (AED)

**July 3, 2023**

Update for 2023-24 school year

**April 10, 2023**

Added Titer to the Immunization exception list

**July 14, 2022**

Updated Data Steward list

**April 7, 2022**

Update the data steward.

**Data Standards Health**

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## Overview

### Description

Health services delivered to students while they are in school are recorded in the health module.

### Regulation citation(s)

- KRS 156.502 describes health services to be the provision of direct health care including the administration of medication, the operation, maintenance, or health care through the use of medical equipment or the administration of clinical procedures. To facilitate reducing barriers to learning (KRS 158.6451 (1)(e), all chronic health conditions documented by a medical provider and noted on the student's health information card should be entered.
- KRS 158.037, 902 KAR 2:055, and 902 KAR 2:060 - Immunizations
- 702 KAR 1:160– Vision Examination and Screening and Hearing Screening

### Data use

- The Kentucky Department of Education collects annual data on current immunizations, health conditions, physical exams, dental screenings/exams, vision exams, hearing and vision, health screening, health office visits and discharges, district nurse/student ratio (nurse counts) and use of stock emergency medications (Narcan, Epinephrine and Rescue Inhaler)
- Data Sharing between systems – KYStandards
- School Report Card reporting – Number of district nurses

### Related ad-hoc filters and reports

Health Condition Alerts  
Student Health Immunization  
KY Student Health Screening  
KY Health Office Visit  
Stock Rescue Inhaler Report

Health Audit Grade 00 w/No Dental Record  
Health Audit Grade 00 with no Physical Exam  
Health Audit Grade 00 with no Vision Exam  
Health Audit Grade 06 w/No Physical Exam  
Health Codes with ICD-9 Code Set  
Health – HOV Missing Discharges  
Health Students without Hepatitis A vaccine  
Health 16-year-olds without Meningitis Booster

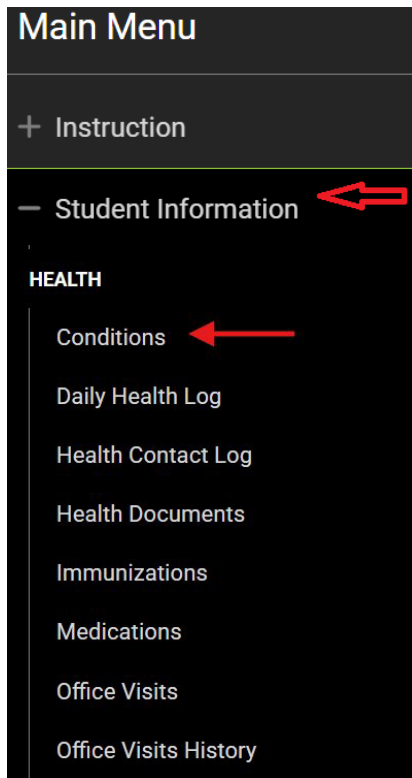
### Training

[Guidance - Health Data Entry](#)

[Entering Health Data into Infinite Campus PowerPoints](#)

## Section A – Health Office Visits Conditions and Alerts

Tool Search: Health Conditions - Main Menu > Student Information > Health > Conditions



### Health Conditions

Enter all students with a documented chronic disease under the appropriate health condition code. Use the Description Search to locate the Health Condition/ICD-10 Code. After searching, choose the Health Condition for the student from the drop-down menu. 'Other' should not be chosen. KDE does not require standardized health conditions. A list of KDE recommended ICD-10 codes to be used when choosing health conditions can be found [here](#)

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 Save Condition  Delete Condition  New Condition  New Treatment  Print

**Health Condition**

<b>Code Search</b> <input type="text"/>	<b>Description Search</b> <input type="text"/>
<b>*Code</b> <input type="text"/>	<b>*Description</b> <input type="text"/>
<b>*Start Date</b> <input type="text"/>	<b>End Date</b> <input type="text"/>
<b>*Status</b> <input type="text"/>	<b>*Initials</b> <input type="text"/>

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**Start Date:** Enter start date in which student was diagnosed with this condition.

**Status:** Select the status of the condition:

- Not Resolved
- Resolved
- Unknown

**Initials:** Enter initials of user entering condition

**Referring Provider's Information:** Name, Phone, Credential Suffix  
Additional Information (if known) NPI number, Enumeration, Taxonomy Number

The screenshot shows a form titled "Referring Provider" with a red circle around the title. The form contains the following fields and controls:

- Link to Person:** A dropdown menu with a downward arrow.
- Name:** A text input field with a red arrow pointing to it from the right.
- Phone:** A phone number input field with a red arrow pointing to it from the right.
- Credential Suffix:** A text input field with a red arrow pointing to it from the right.
- NPI Enum Date:** A date input field with a calendar icon and a red arrow pointing to it from the right.
- NPI Number:** A text input field with a red arrow pointing to it from the right.
- Primary Taxonomy:** A text input field with a red arrow pointing to it from the right.

### Flag:

Check this box for medical conditions that will require an emergency action if a condition occurs. These conditions would be seen as life threatening and need immediate attention, i.e., Glucagon for a student with diabetes receiving insulin experiencing very low blood sugar. Checking the box will create this flag on the student's screen.

### User Warning:

Enter brief emergency information relating to the student's health condition and treatment that will display when user hovers over alert symbol. (Example: Glucagon kept in nurse's office)

### Instructions:

Enter further details regarding emergency treatment procedures required and locations of medication. (Example: Administer medication and call parent). These instructions will be visible in a popup box when clicking on the alert symbol.

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Flag

\*User Warning

Instructions

Comments

## Section B – Immunizations

Tool Search: Immunizations – Main Menu > Student Information > Health > Immunizations

\*Required by KDE for grades K, 7 and 11.

Main Menu

+ Instruction

- Student Information

HEALTH

- Communicable Disease
- Conditions
- Daily Health Log
- Health Contact Log
- Health Documents
- Immunizations
- Medications

## Data Standards Health

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Save Print

**Immunization Summary** \*\*\* No vaccine doses on record.\*\*\*

Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)	Non-compliant
Polio [IPV, OPV] (code:Polio)	Non-compliant
Measles-Mumps Rubella [MMR] (code:MMR)	Non-compliant
Hepatitis B [Hep B] (code:HepB)	Non-compliant
Haemophilus influenza, type B [Hib] (code:Hib)	No Requirement
Pneumococcal (code:PPV)	No Requirement
Varicella (code:Varicella)	Non-compliant
Tetanus, Diphtheria and Acellular Pertussis [Tdap] (code:Tdap)	No Requirement
Meningococcal (code:MCV4)	No Requirement

**Immunization Certificate**

Date:  Expiration:  Type:

**Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)**

Shots:

Waiver:

Date:

Expires:

**Tetanus-diphtheria [Td] (code:Td)**

**Polio [IPV, OPV] (code:Polio)**

Shots:

Waiver:

Date:

Expires:

**Measles-Mumps Rubella [MMR] (code:MMR)**

Shots:

Waiver:

Date:

Expires:

**Measles-Mumps-Rubella-Varicella [MMRV] (code:MMRV)**

**Date:** Enter the date the certificate was signed by local health care provider. If there is a waiver, enter the date of the waiver.

**Expiration:** Enter the expiration date of the certificate submitted. If medical or religious exemption is checked, no expiration date is required.

**Type:** Select from the dropdown menu the type of certificate provided:

- Provisional
- Standard
- Medical
- Religious

**Note:** If Medical or Religious is chosen, user must also choose Medical or Religious waiver in the dropdown under each immunization for which the waiver is applicable and enter the waiver date. If a Titer Immune certificate is presented, the waiver must be added to the immunization and a waiver date must be entered as well.

**NOT required by KDE:**

**KDE does not require the entry of individual shot dates. You are not required to address invalid vaccination doses. KDE is only concerned that:**

- **A student has a certificate on file.**
- **The certificate type (Regular, Religious, or Medical Exemptions).**
- **The certificate is not expired.**

**Immunization Summary**  
\*\*\* [Redacted] is not enrolled in the selected calendar. \*\*\*  
\*\*\* The vaccine compliance was calculated based on the enrollment in Hayes Elem School 2025 B, Grade: 01 \*\*\*

Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)	Non-compliant
Polio [IPV, OPV] (code:Polio)	Non-compliant
Measles-Mumps Rubella [MMR] (code:MMR)	Compliant
Hepatitis B [Hep B] (code:HepB)	Non-compliant
Haemophilus influenza, type B [Hib] (code:Hib)	No Requirement
Pneumococcal (PPV) (code:PPV)	No Requirement
Varicella (code:Varicella)	Compliant
Hepatitis A [Hep A] (code:HepA)	Compliant
Tetanus, Diphtheria and Acellular Pertussis [Tdap] (code:Tdap)	No Requirement
Meningococcal (code:MCV4)	No Requirement

**Immunization Certificate**  
Date: [ ] Expiration: [ ] Type: [ ]

**Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)**  
Shots: 08/03/2018, 10/11/2018, 02/05/2019, 12/12/2019, 06/14/2022, [ ]  
Waiver: [ ]  
Date: [ ]

**Note: If you have an immunization that is considered Non-compliant, double check the entry dates to make sure that the immunization dates were entered correctly. If the immunization was given at the incorrect interval, it will show Non-compliant as well.**

**Exemptions:** In the event of a medical or religious exemption, enter type of exemption in the waiver box. List the certificate date in the box, click save

**Immunization Summary**  
Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP) Exempt - Religious  
Polio [IPV, OPV] (code:Polio) Exempt - Religious  
Measles-Mumps Rubella [MMR] (code:MMR) Exempt - Religious  
Hepatitis B [Hep B] (code:HepB) Exempt - Religious  
Haemophilus influenza, type B [Hib] (code:Hib) Exempt - Religious  
Pneumococcal (code:PPV) Exempt - Religious  
Varicella (code:Varicella) Exempt - Religious  
Tetanus, Diphtheria and Acellular Pertussis [Tdap] (code:Tdap) No Requirement  
Meningococcal (code:MCV4) No Requirement

**Immunization Certificate**  
Date: 08/25/2014 Expiration: 08/16/2025 Type: Religious

**Diphtheria-tetanus-pertussis, combined [DTaP, DTP] (code:DTaP-DTP)**  
Shots: [ ] [ ] [ ] [ ] [ ]  
Waiver: R. Relig Date: 08/25/2014 Expires: [ ]

**Tetanus-diphtheria [Td] (code:Td)**  
Shots: [ ] [ ] [ ] [ ] [ ]  
Waiver: R. Relig Date: 08/25/2014 Expires: [ ]

**Polio [IPV, OPV] (code:Polio)**  
Shots: [ ] [ ] [ ] [ ] [ ]  
Waiver: R. Relig Date: 08/25/2014 Expires: [ ]

**Measles-Mumps Rubella [MMR] (code:MMR)**  
Shots: [ ] [ ] [ ]  
Waiver: R. Relig Date: 08/25/2014 Expires: [ ]

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**Other considerations:** All Kentucky schools will be asked to complete an immunization survey through their local health department each year as required by the **Kentucky Department of Public Health** (KRS 158.037 and 902 KAR 2:055). To assist with completing this survey, schools may enter data for immunizations. Instructions for entering immunizations can be found on [Campus Community](#).

## Section C – Screenings

Tool Search: Health Screenings > Main Menu > Student Information Health > Screenings



### Select the Screening Type

The image shows a "Screening Detail" form. At the top, there are fields for "Date" (07/03/2023), "Type" (a dropdown menu), and "Comments". The "Type" dropdown is open, showing a list of screening types. The list includes: Early Childhood, Health Appraisal, Tuberculosis, Sports Physical, Child & Teen Checkup, Placement, Height/Weight, Re Screen, Vision, Hearing, Vision/Hearing, Dental, Scoliosis, Lead Level, Developmental, Social-Emotional, Concussion, Speech, and Other. The "Sports Physical" option is currently selected in the dropdown.

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**Date:** Enter date of screening.

**Type:** Select the required KY screening:

- Child and Teen Checkup (Physical Exam)
- Vision (Exam and Screening)
- Hearing
- Dental (Exam or Screening)

### Guidance for each Screening Type

#### **Child and Teen Checkup (Physical Exam) - Required for Initial Entry and 6th Grade**

NOTE: Multiple sections will open but data entry is only required in this section.

**Date of Exam:** Enter the date on the student's form. If a student is entering kindergarten with a preschool or Head Start physical, that initial screening date may be used, even if more than one year prior to kindergarten enrollment.

**Type:** Select from drop down menu:

- I: Initial Entry
- 6: 6th Grader
- 9: 9<sup>th</sup> Grader (optional in Kentucky)

**Status:** Select from drop down menu:

- Normal
- Referred
- Known condition

The screenshot displays a software interface for entering screening details. At the top, there is a header bar with the following fields: **\*Date** (07/03/2023), **\*Type** (Child & Teen Checkup), and **Comments** (empty text box). Below this is a list of expandable sections: Sports Physical, Height/Weight and Vital Signs, Vision, Hearing, Early Childhood Screening, and Child and Teen Checkup. The **Child and Teen Checkup** section is expanded, showing a form with the following fields: **Date of Exam** (07/03/2023), **Early Childhood Expiration Date** (empty), **Comments** (empty text box), **Type** (dropdown menu with options: I: Initial Entry, 6: 6th Grader, 9: 9th Grader), **Location** (dropdown menu), **Status** (dropdown menu), and **Healthcare** (dropdown menu). Below the form is a **Follow-ups** section with an **Add Follow-up** button. At the bottom, there is a list of other expandable sections: Developmental, Social-Emotional, Speech, Tuberculosis, Scoliosis, Dental, Lead Level, and Concussion.

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**Vision Exam** – Required for students three, four, five or six years of age for Initial Entry to school, must be completed before January 1 of the current school year.

**Date:** Enter the *Vision Exam* date

**Vision Check Type:** Select *Vision Exam* from the drop-down menu.

The screenshot shows a software interface for vision screening. The top section is titled "Screening Detail" and contains three main fields: "\*Date" with the value "07/03/2023", "\*Type" with a dropdown menu set to "Vision", and "Comments" with an empty text area. Below this is a "Sports Physical" section, which is expanded to show a "Vision" sub-section. This sub-section contains several input fields: "Screening Date" (07/03/2023), "Vision Check Type" (E: Vision Exam), "Test Name" (empty dropdown), "Status" (empty dropdown), "Far Acuity R" (20/20), "Near Acuity R" (20/20), "Cover Test" (empty dropdown), "Far Acuity L" (20/20), "Near Acuity L" (20/20), "Color Vision" (empty dropdown), "Cor Lens" (empty dropdown), "Plus Lens" (empty dropdown), "Convergence" (empty dropdown), "Referral Date" (empty date field), "External Inspection" (empty dropdown), "Stereo Vision" (empty dropdown), and "Corneal Reflex" (empty dropdown). There is also a "Comments" text area. Below the "Vision" sub-section is a "Follow-ups" section with an "Add Follow-up" button. At the bottom of the interface are three collapsed sections: "Hearing", "Early Childhood Screening", and "Child and Teen Checkup".

**Vision Screening** – For students after Initial Entry. Districts determine which grades will be screened per 702 KAR 1:160.

**Status:** Select results of *Vision Screening* from drop down menu:

- P: Passed
- F: Failed
- C: Cannot test
- R: Refused
- RE: Referred
- RC: Referral Complete

**Referral Date:** Enter the date a referral was sent home to the parent/guardian, if needed

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**Hearing Screening** – Required for students. Districts determine which grades will be screened per 702 KAR 1:160.

**Date:** Enter the Hearing Screening date.

**Type:** Select Original from drop down menu.

**Status:** Select results of hearing screening from drop down menu:

- P: Passed
- F: Failed
- C: Cannot test
- R: Refused
- RE: Referred
- RC: Referral Completed

Note: There is no Referral date in the Hearing Screening. If a referral is made, two screenings must be entered. One with the actual status of the screening and a second with the referral.

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**Dental Screening or Exam** – Required for students aged five or six who enroll in a public school. Proof of a dental screening or exam is required within the calendar year of the initial enrollment

**Date:** Enter the date of the dental screening or exam.

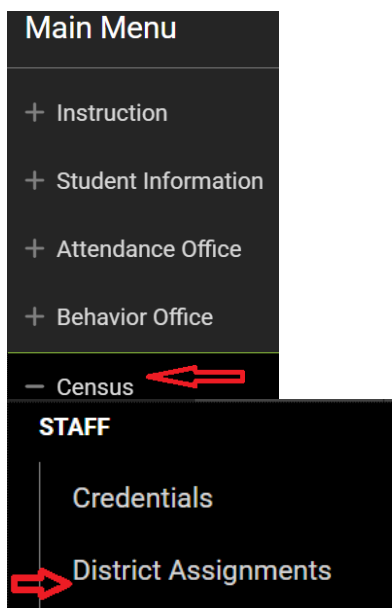
**Test Type:** Select Dental Exam or Dental Screening from drop down menu.

**Referral Date:** Enter the date a referral was sent home to the parent/guardian, if needed.

The screenshot shows a web-based form for dental screening. At the top, there is a 'Screening Detail' section with a 'Date' field containing '07/03/2023' and a 'Type' dropdown menu set to 'Dental'. Below this is a 'Comments' text area. The main form area is organized into a sidebar with expandable categories: Sports Physical, Height/Weight and Vital Signs, Vision, Hearing, Early Childhood Screening, Child and Teen Checkup, Developmental, Social-Emotional, Speech, Tuberculosis, and Scoliosis. The 'Dental' category is expanded, revealing several sub-sections: 'Date' (07/03/2023), 'Dental Sealants Present', 'Malocclusion', 'Dental Erosion', 'Referral Date', 'Test Type' (a dropdown menu with 'Dental Exam' and 'Dental Screening' options), 'Dental Waiver Date', 'Comments', 'Status' (a dropdown menu with 'Untreated Caries' and 'Restorative Care' options), 'Expiration Date', 'Soft Tissue Pathology', and 'Preventative Care'. At the bottom of the form, there is a 'Follow-ups' section with an 'Add Follow-up' button.

## Section D – Employment Assignment for District Hired Health Staff

**Tool Search:** District Assignments > Main Menu > Census > Staff > District Assignments



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All district-hired school health staff should be entered under the District Assignments tab. The information will sync to State Edition and be available for retrieval by KDE. The service providers tracked in this tab will have District Employment Records.

Demographics   Identities   Households   Relationships   Enrollments   District Employment   **District Assignments**

**Save**   **Delete**   **New**

### Employment Assignment Information

<b>*School</b> <input type="text"/>	<b>Department</b> <input type="text"/>
<b>*Start Date</b> <input type="text"/>	<b>End Date</b> <input type="text"/>
<b>*Type</b> <input type="text"/>	<b>Title</b> <input type="text"/>
<b>Alternate Type</b> <input type="text"/>	<b>Assignment Code</b> <input type="text"/>
<b>Reading First</b> <input type="text"/>	<b>Highly Qualified</b> <input type="text"/>
<b>Evaluation Override</b> <input type="text"/>	<b>FTE of Assignment</b> <input type="text"/>
	<b>PD Year</b> <input type="text"/>
	<b>PD Class Type</b> <input type="text"/>

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**School Name:** Choose school name from drop down box.

Demographics   Identities   Households   Relationships   Enrollments   District Employment   **District Assignments**

**Save**   **Delete**   **New**

### Employment Assignment Information

**\*School**

**\*Start Date**  **End Date**

**Type** 07:Other **FTE of Assignment**

**Alternate Type**

**Reading First**

**Evaluation Override**

**PD Class Offered By**

**PD Class Applied Hours**

**Department**

**Title**

**Assignment Code**

**Highly Qualified**

**PD Year**

**PD Class Type**

**PD Class Credit**

**Teacher**  **Special Ed**  **Program**  **Behavior Admin**  **Health**  **Behavior Response Approver**  **Response to Intervention**

**Date:** Add employee hire date.

Demographics   Identities   Households   Relationships   Enrollments   District Employment   **District Assignments**

**Save**   **Delete**   **New**

### Employment Assignment Information

**\*School**

**\*Start Date**  **End Date**

**Type** 07:Other **FTE of Assignment**

**Alternate Type**

**Reading First**

**Evaluation Override**

**PD Class Offered By**

**PD Class Applied Hours**

**Department**

**Title**

**Assignment Code**

**Highly Qualified**

**PD Year**

**PD Class Type**

**PD Class Credit**

**Teacher**  **Special Ed**  **Program**  **Behavior Admin**  **Health**  **Behavior Response Approver**  **Response to Intervention**

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Type: Select "07: Other".

Demographics Identities Households Relationships Enrollments District Employment District

Save Delete New

### Employment Assignment Information

\*School

- 01:Teacher
- 02:Administrator
- 03:Counselor
- 04:Support
- 05:Speech Therapist
- 06:Librarian
- 07:Other

End Date

FTE of Assignment

Alternate Type

Department

Title

Assignment Code

Highly Qualified

Reading First

PD Year

Alternate Type: Choose the correct type of license from the drop-down box.

- LPN: Licensed Practical Nurse
- RN: Registered Nurse/Advanced Practice RN

Save Delete New

\*Start Date

End Date

Title

Type

FTE of Assignment

Assignment

Alternate Type

Highly Qual

PD Year

PD Class Ty

PD Class Ci

AUD: Audiologist

CC: Career Counselor/Coach

INT: Interpreter

ISC: School Instructional Specialist/Coach

LPC: Licensed Professional Clinical Counselor

LPN: Licensed Practical Nurse

OCC: Occupational Therapist

ONP: Other Non-Professional

OPR: Other Professional

PHT: Physical Therapist

PSY: Psychologist

REC: Recreation Therapist

REH: Rehabilitation Counselor

RN: Registered Nurse/Advanced Practice RN

SOW: Social Worker

TAD: Teacher Aide

WSC: Work Study Coordinator

Health

Advisor Supervisor Counselor Foodservice

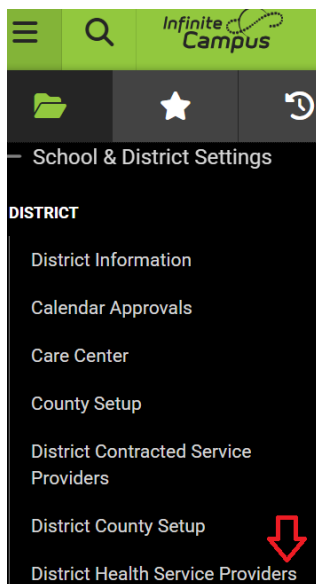
Exclude Behavior Referral

Check the Health box and then Save.

## Section E – District Health Service Providers

The District Health Service Providers tab tracks contract health service providers in each district by school year based on contract start and end dates. Contracted service providers can be more than one school year in duration. The information will sync to State Edition and be available for retrieval by KDE. The service providers tracked in this tab will not have District Employment records. This tab is for nurses that are board hired – District Health Service Providers.

**Tool Search: District Health Service Providers > Main Menu>School & District Settings > District Health Service Providers**



**School Year:** Enter the correct school year.

*Note:* This information must be entered yearly even if the contract is longer than a one-year period.

District Information	<b>District Health Service Providers</b>	District Contracted Service Providers	NTI Data Collection
New	Save		
Health Service Provider Editor			
School Year	Service Provider	Medical Professional	# Professionals Provided
Health Service Provider Detail			
*School Year	Service Provider	Medical Professional	# Professionals Provided
23-24			0



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**Service Provider:** Choose type of service provider from the drop-down menu.

- 01. Health Department
- 02. Hospital
- 03. Staffing Agency
- 04. Federally Qualified Health Care Center

District Information    **District Health Service Providers**    District Contracted Service Providers    NTI Data Collection

 New     Save

**Health Service Provider Editor**

School Year	Service Provider	Medical Professional	# Professionals Provided

**Health Service Provider Detail**



\*School Year: 23-24    Service Provider:     Medical Professional:     # Professionals Provided: 0

- 01: Health Department
- 02: Hospital
- 03: Staffing Agency
- 04: Federally Qualified Health Care Center

**Medical Professional:** Choose type of medical professional from drop down menu.

- PA: Physician's Assistant
- APRN: Advanced Practice RN
- RN: Registered Nurse
- LPN: Licensed Practical Nurse

District Information    **District Health Service Providers**    District Contracted Service Providers    NTI Data Collection

 New     Save

**Health Service Provider Editor**

School Year	Service Provider	Medical Professional	# Professionals Provided

**Health Service Provider Detail**

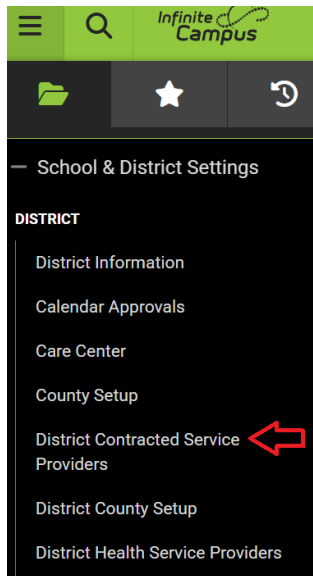
\*School Year: 23-24    Service Provider:     Medical Professional:     # Professionals Provided: 0

- PA: Physician's Assistant
- APRN: Advanced Practice RN
- RN: Registered Nurse
- LPN: Licensed Practical Nurse

**Number Professionals Provided:** Enter number of health provider staff.

**Click Save.**

Individuals who are hired to provide health services by contract are entered through this tab.



## Section G - Tracking of Portable Automated External Defibrillators (AED)

**\*\*\* New to the 25-26 School year:** KDE will be transitioning to a new reporting application during the 25-26 school year. This data should be entered into the AED Tracking Web Application this year, All AED-related data should be entered into the new AED Tracking Web Application and NOT into Infinite Campus. Contact your district health coordinator for more information on tool accessibility.

[KRS 158.1621](#) requires school districts to report to the Kentucky Department of Education the number of portable automated external defibrillators (as of July1) at each school within the district annually by August 1. Using this information, KDE will publish a report on the number of portable AEDs in Kentucky public schools by school and school district to the department's website. Additionally, KRS 158.162 requires annual reporting of AED-trained individuals, including all coaches, individuals, their training date and the progress being made on adding more units to cover all school-sanctioned athletic practices and competitions. This must be completed annually no later than November 1 in the AED Tracking Web Application. The tracking period should span October 2 through the following October 1. Below you will find guidance on how to enter this data into Infinite Campus.

If the district has additional AEDs that are not stored at individual schools, for example AEDs that are used at sporting events, district events or located at board offices/transportation offices/etc., please enter those AEDs at the "District Office". Each AED owned by the district should only be counted at one location.