Kentucky Department of
EDUCATION

Health Services Reference Guide

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SCHOOL HEALTH

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Contents

Section 1: Purpose, Scope and Authority

Purpose of the Health Services Reference Guide (HSRG)

The Health Services Reference Guide (HSRG) is the Kentucky Department of Education's (KDE) statewide resource for ensuring safe, effective, and legally compliant school health services. Developed under the authority of KRS 156.501, the HSRG provides a reference framework that supports school districts in meeting applicable requirements established in Kentucky statutes, administrative regulations, and applicable federal law, while also providing KDE guidance and evidence-informed professional best practices for the delivery of school health services.

The HSRG summarizes applicable legal and regulatory requirements and provides guidance and evidence-informed best practices related to emergency preparedness, medication administration, chronic condition management, documentation, training and the delivery of school health services. While districts retain the flexibility to develop local policies, procedures and workflows, district practices should remain consistent with applicable federal and state laws and administrative regulations.

Availability of the HSRG

Pursuant to KRS 156.501, a copy of the protocols and guidelines contained in the HSRG must be available to each school in the Commonwealth and maintained in each school's library. Because the HSRG is maintained electronically and may be updated as state or federal requirements change, KDE recommends that each school provide access to the current online HSRG through computers available in the school library.

Important Disclaimer

The HSRG is a guidance document, not legal advice. It summarizes existing statutory and regulatory requirements but does not interpret law, determine compliance in individual cases, or replace consultation with legal, clinical or professional experts. Districts are responsible for determining how to implement school health services in accordance with applicable laws and regulations and should seek consultation as needed.

Consultation may include, but is not limited to:

- Local board attorneys
- Licensed medical providers
- The Kentucky Board of Nursing (KBN)
- Professional nursing and medical organizations (e.g., National Association of School Nurses (NASN), American Academy of Pediatrics (AAP), or the American Heart Association (AHA))

This list is not exhaustive and does not represent endorsement of any specific organization, provider, or service. Districts should seek legal or clinical consultation when applying these requirements to specific circumstances.

Scope and Intended Users

This guide applies to health services provided in Kentucky public school settings. It addresses requirements related to the delivery, oversight, documentation and coordination of school health services.

The Health Services Reference Guide (HSRG) is intended for use by individuals responsible for planning, providing supervision or supporting school health services, including:

- District Health Coordinators
- School Nurses
- Designated Unlicensed School Personnel
- School and District Administrators
- KDE program staff involved in school health services

This guide does not govern healthcare services delivered in licensed healthcare facilities or clinical settings regulated by other state or federal agencies outside the public school system.

The HSRG outlines required standards, not district-level operating procedures. Districts are responsible for developing local policies, procedures and implementation tools that align with the requirements summarized in this resource.

Authority for School Health Requirements

Requirements included in this guide are derived from applicable state statutes, administrative regulations and federal laws governing school health services. Key authorities include but are not limited to the following:

Key Kentucky Statutes and Administrative Regulations:

- KRS 156.501 – Establishes the State School Nurse Consultant (SSNC) role and requires KDE to provide leadership and technical assistance for school health services, including the development and maintenance of guidance for school districts regarding school health services and programs.
- KRS 156.502 – Establishes requirements for the provision of health services in the school setting, including who may provide health services and requirements for designated school employees.

- KRS 158.191 – Establishes parental notification and consent requirements related to certain school health and mental health services and addresses parental access to student information and records.
- 201 KAR 20:400 – Establishes requirements for the delegation of nursing tasks, including the responsibilities of the delegating nurse, criteria for delegation and supervision of delegated tasks.
- 702 KAR 1:160 – Defines district responsibilities for school health services, including emergency care, medication administration and delegation.
- 902 KAR 2:060 – Establishes immunization requirements.
- KRS 158.834, 158.836, 158.837 and 158.838 – Addresses student self-administration and the availability and administration of medications for documented medical conditions, including emergency medications, and established requirements for training personnel to administer or assist with medications as permitted by law.
- KRS 217.186 – Addresses the availability and administration of naloxone for apparent opioid-related overdose.
- KRS 158.162, 158.1621, 160.445 – Define requirements related to automated external defibrillators (AEDs), cardiac emergency planning and athletic safety requirements.
- KRS 158.299 – Requires the Kentucky Department of Education to develop type 1 diabetes informational materials for parents and guardians and establishes requirements for school districts and public charter schools to make the materials available.

Applicable Federal Statutes and Regulations

- Americans with Disabilities Act (ADA) (42 U.S.C. § 12101 et seq.)
- Section 504 (29 U.S.C. § 794)
- Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1400 et seq.)
- The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99)
- McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11431 et seq.)
- Occupational Safety and Health Administration (OSHA) standards (29 U.S.C. § 651 Et seq.)

These laws establish the minimum requirements that districts must meet to ensure that students have access to safe, equitable school health services. Summaries of applicable statutes and regulations are provided in Section 2.

Relationship to Other KDE Resources

The HSRG is designed to function as KDE's statewide reference manual for school health services requirements. Supplemental guidance and support materials are provided separately through:

- The KDE District Health Coordinator Handbook
- KDE-approved training materials
- Supplemental guidance documents and technical assistance materials

The HSRG is intended to support safe, compliant and evidence-informed school health practices across all Kentucky schools. It summarizes statewide expectations, highlights relevant statutes and regulations, and connects districts to commonly recognized professional standards.

Section 2: Governing Laws and Required Standards

Overview

Kentucky schools must provide health services in accordance with applicable state statutes, administrative regulations, and applicable federal laws. These requirements establish minimum statewide standards to support student health, safety and access to education.

This section provides a high-level summary of governing laws and regulations related to school health services. It is intended as a reference and does not replace district legal counsel or formal legal interpretation.

The tables below identify applicable legal authorities and references where related requirements are addressed within the Health Services Reference Guide (HSRG).

Law or Regulation	Summary of Requirements	Related HSRG Sections
KRS 156.501- State School Nurse Consultant	Requires KDE, in cooperation with the Department for Public Health, to provide leadership, guidance, technical assistance and resources to support school health services statewide.	1
KRS 156.502 – Health Services by School Personnel	Establishes who may provide health services in the school setting and requirements for delegation of health services to school employees, including training, demonstrated competency, written approval and documentation, as applicable. Requires districts to make necessary arrangements for a student's health service when no school employee has been trained and delegated to provide the service so that the student's attendance or	3,5,6,9

Law or Regulation	Summary of Requirements	Related HSRG Sections
	program participation is not affected.	
702 KAR 1:160 – School Health Services	Establishes requirements for school health services, including preventative health examinations, health records, emergency care, district health coordination and training for medication administration.	1, 3, 6, 7, 8
902 KAR 2:060 – Immunization Requirements	Establishes immunization requirements for school attendance, including required certificates, exemptions, provisional status and certificate review requirements.	3, 8
KRS 158.834 – Self-Administration of Medications	Requires schools to permit students with documented medical conditions to self-administer prescribed medications when statutory requirements are met, including written parent/guardian authorization and a written healthcare practitioner documentation.	3, 5, 6
KRS 158.836 – Emergency Medications	Establishes requirements for access to prescribed medications for students with documented medical conditions and authorizes schools to maintain specific stock emergency medications, subject to statutory requirements.	3, 4, 5, 6
KRS 158.837 – Undesignated Glucagon	Authorizes schools to obtain and maintain undesignated Glucagon and establishes requirements for storage and administration by trained	4,5,6,9

Law or Regulation	Summary of Requirements	Related HSRG Sections
	individuals or students with diabetes.	
KRS 158.838 – Diabetes and Seizure Medications	Establishes requirements for trained school personnel to administer or assist with diabetes and seizure medications and protect student access to diabetes care and school participation.	3, 4, 5, 6, 9
201 KAR 20:400 – Delegation of Nursing Tasks	Establishes requirements for delegation of nursing tasks, including nursing assessment, competency, criteria for delegation, supervision and the delegating nurse's accountability for nursing care.	3, 5, 6, 9
702 KAR 7:065 – Designation of Agent to Manage Middle and High School Interscholastic Athletics	Establishes requirements governing middle and high school interscholastic athletics through the Kentucky High School Athletic Association (KHSAA) including applicable athletic health and safety requirements.	4
KRS 217.186 – Opioid Antagonists	Authorizes schools and eligible school personnel to obtain, possess and administer Opioid antagonist for an apparent opioid-related overdose and provides specified liability protections	4, 6
KRS 158.302 – Cardiopulmonary Resuscitation (CPR) Training	Requires public high schools to provide CPR training, including instruction on the purpose and use of automated external defibrillators (AEDs).	4,

Law or Regulation	Summary of Requirements	Related HSRG Sections
KRS 158.1621- Reporting of Number of Portable Automated External Defibrillators.	Requires school districts to report annually to KDE the number of portable AEDs at each school	4
KRS 158.299 – Type 1 Diabetes Informational Materials	Requires the Kentucky Department of Education to develop and provide type 1 diabetes informational materials for parents and guardians and requires school districts and charter schools to make the materials available as specified by law.	3
KRS 158.191 – Parental Notification and Consent	Establishes parental notification and consent requirements applicable to certain school health and mental health services and student information	6,7,8

Applicable Federal Standards

Federal Statute or Regulation	Summary of Requirements	Related HSRG Sections
Americans with Disabilities Act (ADA)	Prohibits disability discrimination and requires equal access to school programs, services and activities, including reasonable modifications when required.	1, 5, 8
Section 504 of the Rehabilitation Act	Requires schools to provide qualified students with disabilities equal access to education, including related aids and services necessary to provide a free and appropriate education (FAPE).	1, 5, 8

Federal Statute or Regulation	Summary of Requirements	Related HSRG Sections
Individuals with Disabilities Education Act (IDEA)	Requires school health and school nurse services when needed for an eligible student with a disability to receive FAPE as specified in the student's individualized education plan (IEP).	1, 5, 8
Family Educational Rights and Privacy Act (FERPA)	Protects the privacy of student education records, including school-maintained health records and governs access and disclosures.	1, 8
Occupational Safety and Health Administration (OSHA) (Bloodborne Pathogens, Exposure Control)	Requires employers to protect employees with occupational exposure to blood or other potentially infectious materials through an exposure control plan, protective measures, training, hepatitis B vaccination and post-exposure follow-up.	1, 9
McKinney Vento Homeless Assistance Act (42 U.S.C §11431-11435)	Requires immediate enrollment for students experiencing homelessness, even when normally required records, including immunization or other health records are unavailable.	3

How These Requirements Shape the HSRG

The laws and regulations summarized above, guide the expectations outlined throughout this document. They define statewide requirements for:

- Emergency preparedness
- AED and cardiac emergency planning
- Medication administration and emergency medication access
- Chronic and specialized health condition management

- Athletic safety
- Preventive and screening services
- Health documentation and data reporting
- Training and competency validation
- Role clarity for school staff
- Individualized health planning and emergency response

Together, these requirements establish a framework for consistent and safe school health services aligned with applicable state and federal requirements.

Section 3: District Health Services Structure and Roles

Overview

Kentucky school districts are responsible for establishing a school health services structure that complies with applicable laws, administrative regulations, and professional standards. Districts must ensure that health services are delivered safely, appropriately and within the scope of licensure and delegation authority.

This section defines required roles and responsibilities related to school health services. Districts retain responsibility for determining local staffing models, procedures and implementation strategies consistent with applicable federal and state laws, regulations and professional standards.

District Responsibilities

Districts must:

- Comply with all requirements in Kentucky statutes, administrative regulations, and applicable federal laws.
- Provide school health services during the school day and as required by applicable law, during school-sponsored activities.
- Ensure implementation and annual review of required emergency response procedures.
- Maintain student health records in accordance with FERPA and applicable district record retention requirements.
- Ensure personnel providing or assisting with school health services receive appropriate training and competency validation as required for their assigned responsibilities and that required documentation is maintained.
- Maintain emergency equipment (e.g., AEDs) and comply with applicable AED maintenance and reporting requirements under state law.
- Districts may elect to maintain emergency medications as authorized by applicable law, including, epinephrine, bronchodilator rescue medications, undesignated glucagon and opioid antagonists. Districts electing to maintain these medications should comply with applicable requirements for acquisition, storage, training, administration, emergency response and documentation.
- Ensure compliance with immunization requirements under 902 KAR 2:060.
- Provide oversight and monitoring to support consistent implementation of district health policies and compliance with applicable laws and regulations.
- Make necessary arrangements for required student health services when appropriately trained and delegated school personnel are not available, consistent with KRS 156.502.

Students experiencing homelessness must be allowed immediate school enrollment in accordance with the McKinney-Vento Homeless Assistance Act (42 U.S.C. §11431-11435) even if typically required records such as immunization or health documentation are not immediately available. Schools must work to obtain the required records as soon as possible following enrollment.

Districts retain autonomy to develop local procedures and workflows that align with these statewide requirements.

District Health Coordinator (DHC) Legal Qualification Requirement (702 KAR 1:160)

Each school district superintendent must designate a District Health Coordinator that meets one of the following criteria:

1. A valid license to practice as a registered nurse, issued under KRS 314.041 by the Kentucky Board of Nursing, and three (3) years of registered nursing practice, as defined in KRS 314.011(6);

2. A school psychologist certificate, issued by the Education Professional Standards Board (EPSB) pursuant to 16 KAR 2:090, and a minimum of three (3) years of related work experience in a school setting; or

3. A school social worker certificate, issued by the EPSB pursuant to 16 KAR 2:070, and a minimum of three (3) years of work experience practicing social work in a school setting.

4.
The DHC shall work in cooperation with all school personnel, the local board of education, the local health department, and family resource and youth services centers, in promoting and implementing a school health services program.

Role Overview

The DHC role is administrative and coordinative in nature. When the DHC is not a licensed nurse, responsibilities requiring nursing assessment, clinical judgement, nursing care planning, delegation or other functions within the scope of nursing practice must be performed by an appropriately licensed nurse.

Key Responsibilities

- Lead and support development, implementation and review of district-wide health services policies and procedures.
- Serve as the primary liaison between the school district and KDE, including the State School Nurse Consultant.
- Coordinate and monitor completion of required trainings, competency validation, and documentation, recognizing that clinical competency validation and delegation must be performed by an appropriately licensed health professional as required by law.
- Coordinate communication among school nurses, unlicensed school personnel, school administrators, and community partners.
- Oversee district-level health data processes within the Kentucky Student Information System (KSIS), including monitoring timeliness and accuracy.
- Provide updates and status reports to district leadership on health service operations, compliance issues, and resource needs.
- Support the monitoring and development of district practices so they can align with statewide requirements for emergency response, medication administration, documentation, immunization compliance, and staff training.

For additional job requirements, please reference the KDE District Health Coordinator Handbook and sample DHC job description, located on the KDE School Health Services website.

Role of the Registered Nurse (RN)

Registered Nurses (RNs) are responsible for nursing assessment and the development of nursing plans of care consistent with Kentucky nursing scope of practice requirements.

Licensed practical nurses (LPN) practice within their authorized scope and may participate in the provision of nursing care under applicable Kentucky law and the Kentucky Board of Nursing standards.

Registered Nurses may delegate selected health services to school employees in accordance with KRS 156.502. They may delegate nursing tasks to unlicensed personnel in accordance with 201 KAR 20:400 and applicable Kentucky Board of Nursing standards and guidance, including Advisory Opinion #30, Roles of Nurses in School Nursing Practice.

The RN is responsible for:

- Conducting nursing assessments
- Determining school-day health service needs
- Developing or contributing clinical components of individualized health care plans (IHPs)

- Developing clinical components of emergency action plans (EAPs)
- Delegating selected health services and nursing tasks in accordance with applicable law and KBN standards
- Training and supervising unlicensed assistive personnel (UAPs)
- Monitoring student responses to interventions
- Updating plans as needed
- Ensuring health services throughout the district follow provider orders and district policies
- Communicating with families, providers, and school staff consistent with FERPA requirements

For additional job requirements, please refer to the KDE sample job description for school nurses, located on the KDE School Health Services website.

Role of the Licensed Practical Nurse (LPN)

Licensed practical nurses (LPNs) provide nursing care within the scope of practical nursing established by Kentucky law and the Kentucky Board of Nursing standards. LPNs may administer medications and perform nursing procedures within their authorized scope and demonstrated competency.

LPNs practice under the direction of a registered nurse, advanced practice registered nurse, physician, physician assistant or dentist as applicable. Although 201 KAR 20:400 permits an LPN to delegate nursing tasks in accordance with that regulation, KRS 156.502 does not authorize an LPN to delegate health services to school employees. School nursing practice should be consistent with KBN Advisory Opinion #30, Roles of Nurses in School Nursing Practice and other applicable KBN guidance.

Training and Competency of Unlicensed Assistive Personnel (UAPs)

Unlicensed school personnel performing delegated health tasks must:

- Complete training required for the delegated health task, including annual training when required by statute, regulation, KDE program requirements or district policy.
- Complete KDE medication administration training required by 702 KAR 1:160 when accepting delegation to administer medication.
- Demonstrate competency in each delegated task as determined by the delegating licensed health professional.
- Follow applicable provider orders, IHPs or EAPs and the instructions of the delegating licensed health professional.
- Maintain ongoing communication with the delegating nurse.

The delegating nurse shall provide supervision consistent with 201 KAR 20:400 and other applicable KBN standards. Additional delegation rules and clinical responsibilities are detailed in Section 6.

Section 4: Emergency Preparedness and Response

Overview

Kentucky school districts must maintain systems that support timely, coordinated, and legally compliant responses to health-related emergencies. Emergency preparedness requirements are established in multiple state statutes, administrative regulations and applicable federal laws.

This section outlines the requirements and KDE guidance related to:

- Emergency action plans (EAPs)
- Cardiac emergency response plans (CERPs)
- Accessible and properly maintained automated external defibrillators (AEDs)
- Athletic emergency preparedness
- Documentation and post-event review
- Coordination with local EMS and emergency responders
- Annual reporting requirements

Districts retain flexibility in local procedures and implementation but must meet all applicable statutory and regulatory requirements summarized in this section.

EMS Activation and Response

District emergency procedures should support timely EMS activation and response and include:

- Timely activation of 911 when clinically indicated or required by law or local policy
- Clear communication of school location and access points
- Notification of appropriate school and district personnel in accordance with district procedures
- Documentation of activation time, EMS arrival time, and actions taken

These procedures should address health emergencies including cardiac events, anaphylaxis, respiratory distress, injuries, and other incidents requiring urgent medical intervention.

Coordination with Emergency Medical Services (EMS)

Districts must ensure procedures are in place to support timely activation of emergency medical services during health-related emergencies. Coordination with EMS is limited to operational readiness and emergency response and does not confer clinical authority or shared responsibility.

Districts should:

- Ensure 911 activation procedures are clearly defined in emergency action plans and cardiac emergency response plans
- Maintain accurate school location and access points for emergency responders
- Make AED placement information available upon request
- Review access procedures following facility changes that may affect emergency response

EMS providers do not approve, manage, or oversee district emergency plans. All planning, training and implementation decisions remain the responsibility of the school district.

Individual Healthcare Plans (IHP)

Districts should ensure that individualized plans are developed, as appropriate, for students with health conditions that may require emergency intervention during the school day or at school-sponsored activities. These plans should be developed in accordance with applicable law, provider orders, student health plans, district procedures and professional nursing standards.

Individualized healthcare plans should address, as applicable:

- Identification of the health condition(s), signs/symptoms and known trigger(s)
- Immediate response and emergency intervention procedures
- Identification of trained responders and backup personnel
- EMS activation criteria (see Section 4: EMS Activation Response)
- Medication administration orders and instructions (when applicable)
- Location of necessary medications, equipment and supplies
- Parent/Guardian and provider contact information
- Documentation and follow-up expectations

Plans should be reviewed periodically and updated whenever student's health status, provider orders, prescribed treatment, emergency procedures, or other relevant circumstances change.

Emergency Action Plans (EAPs)

District emergency action plans (EAPs) should establish procedures for responding to health-related emergencies that may occur during the school day or at school-sponsored activities. Procedures should address, as applicable, common medical emergencies including:

- Anaphylaxis
- Asthma or respiratory distress
- Diabetic emergencies including severe hypoglycemia
- Seizures, including prolonged seizures or status epilepticus

- Adrenal crisis
- Opioid overdose
- Serious injury, illness or other medical emergencies requiring immediate intervention.

Cardiac emergencies are addressed through the school's Cardiac Emergency Response Plan (CERP), as described below.

Cardiac Emergency Response Plans (CERPs)

Each school shall maintain a written cardiac emergency response plan as part of the school's emergency response plan in accordance with KRS 158.162.

The school's emergency management response plans shall include:

- A written cardiac emergency response plan;
- School mapping data developed pursuant to KRS 158.4433 or, if the school mapping data is unavailable, a diagram of the facility that clearly identifies the location of each automated external defibrillator (AED); and
- Procedures to be followed in the event of a medical emergency.

The emergency management response plan shall be provided to the appropriate first responders and all school staff. Following the end of each school year, the plan shall be reviewed by the school nurse, school council, principal and first responders and revised as needed.

The cardiac emergency response plan shall be rehearsed by simulation prior to the beginning of each athletic season by all licensed athletic trainers, school nurses, athletic directors, interscholastic coaches and volunteer coaches of each athletic team during that athletic season.

Automated External Defibrillator (AED) Statutory Requirements

Districts must comply with AED requirements established in KRS 158.162, 158.1621, KRS 160.445, and KRS 311.665 to 311.669, as applicable.

Districts must ensure:

- A portable AED is maintained in a public, readily accessible, well-marked location in every school building and, as funds become available, at school-sanctioned athletic practices and competitions.
- Procedures are established for the use of AEDs during an emergency.
- District policies address AED training, maintenance, notification and communication with the local emergency medical services system in accordance with KRS 311.665 to 311.669.
- A minimum of three (3) employees in each school and interscholastic athletic coaches are trained in the use of AEDs in accordance with KRS 311.667.

- All interscholastic coaches maintain cardiopulmonary resuscitation (CPR) certification recognized by a national accrediting body on heart health.
- AEDs are maintained and tested in accordance with the manufacturer's operational guidelines.
- The local emergency medical services and local emergency communications or vehicle dispatch center are notified of the existence, location, and type of AED required.
  Required AED records and documentation are maintained in accordance with applicable law and district policy.

Annual AED Reporting

Districts shall complete required AED reporting to the Kentucky Department of Education (KDE), including:

- By August 1 of each school year: Report the number of portable AEDs at each school in accordance with KRS 158.1621.
- By November 1 of each school year: Submit the annual report required by KRS 158.162 identifying:
  - The number and location of each AED in every school building;
  - The name, school and training date of each district employee and interscholastic coach trained in AED use; and
- The district's progress toward having an AED available at each school-sanctioned athletic practice and competition.
- By November 1 of each school year: The superintendent shall submit verification to KDE that all schools within the district are in compliance with KRS 158.162.

AED information is reported through the KDE AED Tracking Web Tool in accordance with KDE reporting instructions. AED training shall meet the requirements of KRS 311.667 and applicable district policy. CPR certification for interscholastic athletic coaches shall be maintained in accordance with KRS 158.162 and KRS 160.445.

Athletic Emergency Preparedness Requirements

In accordance with KRS 160.445 and 702 KAR 7:065, each school that participates in interscholastic athletics shall develop a venue-specific emergency action plan to address serious injuries and acute medical conditions in which the condition of the individual may deteriorate rapidly.

Each venue-specific emergency action plan shall:

- Delineate the role of staff and emergency personnel;
- Identify methods of communication;
- Identify available emergency equipment;
- Address access to and plans for emergency equipment;

- Identify the location of an AED, if one is available, and procedures for its use during an emergency;
- Be in writing;
- Be reviewed by the school principal;
- Be distributed to appropriate personnel;
- Be posted conspicuously at all venues; and
- Be reviewed annually and rehearsed by simulation prior to the beginning of each athletic season.

The simulation shall include:

- Licensed athletic trainers;
- First responders;
- School nurses;
- Athletic directors; and
- Interscholastic coaches and volunteer coaches of each athletic team active during that athletic season.

Each school shall submit annual written certification of the existence of venue-specific emergency action plan that has been reviewed and rehearsed by simulation as required by KRS 160.445. Schools should maintain complete and accurate records demonstrating compliance and make those records available for review by the Kentucky Board of Education or its designated agency upon request.

Emergency Medications

Districts must ensure access to prescribed emergency medications for students with documented medical conditions in accordance with applicable law, provider orders, individualized healthcare plans and district policy. Emergency medications may include epinephrine, bronchodilator rescue inhalers or nebulizers, glucagon, Solu-Cortef, seizure rescue medications, and other medications prescribed by a healthcare practitioner.

Kentucky law also permits schools to maintain certain medications for undesignated or emergency use, including epinephrine, bronchodilator rescue inhalers or nebulizers, undesignated glucagon and opioid antagonists, subject to the requirements of applicable law.

For students with documented medical conditions:

- Students authorized to self-carry and self-administer medication shall have access to their medication in accordance with KRS 158.834 and KRS 158.836.
- Prescribed emergency medications shall be available in the student's possession, or in the possession of the school nurse, school administrator, or designee in all school environments in which the student may be present, including classrooms, cafeterias, school buses, and field trips, as required by KRS 158.836.

- A written individual healthcare plan shall be in place for the prevention and proactive management of the student's documented medical condition in all school environments as required by KRS 158.836.
- Emergency medication access planning should account for circumstances that may delay access to a centralized medication location, including lockdowns, evacuations, field trips, transportation and other emergency situations.
- Emergency medications shall be administered in accordance with applicable law, provider orders, the student's IHP or emergency care plan, and district policy, as applicable.
- Administration of emergency medications shall be documented promptly in accordance with applicable law and district policy.

Schools electing to maintain medications for undesignated or emergency use shall comply with applicable statutory requirements regarding acquisition, storage, training, administration, documentation, parent/guardian notification and activation of emergency medical services.

EMS shall be activated when clinically indicated or as required by law.

Documentation and Post-Event Review

Following a significant emergency event, schools should consider conducting a post-event review to evaluate the response and identify opportunities for improvement.

The review may include:

- Effectiveness and timeliness of the response
- Training, equipment, or communication needs
- Whether EAPs, CERPs, or other emergency procedures should be revised
- Documentation of recommended changes and follow-up actions

Post-event review following a significant emergency is a recommended best practice and can support continuous improvement of school emergency preparedness. This is distinct from the annual review of the school's emergency management response plan required by KRS 158.162.

Section 5: Management of Chronic and Specialized Health Conditions

Overview

Kentucky public schools serve students with a wide range of chronic and specialized health conditions. Districts must ensure that these students receive safe and appropriate health services during both the school day and other school-sponsored activities. Management of these conditions must align with state statutes, administrative regulations, federal disability laws, and the KBN scope of practice and delegation standards.

This section outlines the statewide requirements for nursing assessment, health planning, delegation, staff training, and documentation.

Legal Framework for Chronic Condition Management

Management of chronic and specialized health conditions in Kentucky public schools must comply with applicable federal disability laws, state statutes, administrative regulations and Kentucky Board of Nursing scope of practice and delegation standards.

These requirements ensure that students receive appropriate, safe, and equitable access to school-based health services while protecting student privacy and supporting lawful delegation and documentation practices. These laws ensure equal access to educational opportunities and protect student safety and privacy.

Role of the Registered Nurse in Managing Chronic Conditions

Nursing Assessment Requirement

A nursing assessment shall be conducted by a registered nurse, consistent with professional standards of nursing practice, and as clinically indicated for any student with a chronic or specialized health condition requiring school health services. The assessment establishes the student's needs and forms the basis for all health-related school support.

The nursing assessment includes:

- Review of provider orders and medical documentation
- Collection and verification of relevant health history
- Identification of daily management needs
- Identification of potential emergency symptoms and required interventions
- Determination of the level of supervision or delegated care required
- Evaluation of the student's ability to participate in school activities
- Determination of training needs for school staff

Licensed Practical Nurses (LPNs) may assist with data collection but may not independently perform nursing assessments or develop nursing care plans, consistent with scope of practice.

The nursing assessment should be reviewed and updated:

- At least annually and whenever provider orders change
- When the student's health status changes
- Following any significant health event or emergency response

Individualized Healthcare Plans (IHPs)

Students requiring health services should have an IHP developed by an RN. Each IHP should:

- Be based on nursing assessment
- Include daily care requirements
- Include or reference applicable provider orders and parent/guardian consent, as appropriate
- Identify symptoms requiring intervention or emergency response
- Include communication procedures for staff
- Identify necessary staff training
- Be reviewed at least annually and updated as needed

The IHP is a nursing document and does not replace or supersede a student's Section 504 Plan or Individualized Education Program (IEP) but may support implementation of health-related accommodations or services.

Emergency Action Plans (EAPs)

For students with conditions that may require immediate intervention (e.g., anaphylaxis, asthma, seizures, diabetes, emergencies, cardiac conditions, etc.), an RN shall develop the clinical components of the EAP. Operational and procedural components of emergency response planning are addressed at the district and school level as outlined in Section 4.

The EAP shall:

- Describe symptom recognition
- List immediate intervention steps
- Align with provider orders
- Identify staff trained to respond to emergency circumstances
- Specify EMS activation criteria

Operational elements of EAPs, including post-event review, EMS routing, and drill requirements are addressed in Section 4.

Delegation of Health Services in the School Setting (KBN Standards)

Delegation of health services in the school setting shall be consistent with KRS 156.502, 201 KAR 20:400, and current Board of Nursing guidance. KRS 156.502 permits delegation of health services to unlicensed school personnel by a physician, APRN or RN. An LPN may not delegate health services to unlicensed school personnel in the school setting.

Delegation requirements include:

- The RN must determine the student's nursing care needs before delegating a nursing task.
- Delegation must be based on the student's condition and stability, the complexity of the task, the training and competency of the delegate and the proximity and availability of the delegating nurse.
- The delegating RN must ensure that the unlicensed school personnel have been appropriately trained and have demonstrated competency to perform the delegated health service.
- Delegation and required written approval must be documented in accordance with KRS 156.502 and applicable KBN requirements.
- A nursing task requiring independent nursing judgement or intervention shall not be delegated.
- The delegating RN retains responsibility and accountability for nursing assessment, planning, evaluation, appropriate supervision and assuring documentation.

Delegation to a school employee who does not have the administration of health services in the employee's contract or job description is valid only for the current school year and requires the employee's consent, documented training, demonstrated competency and written approval as specified in KRS 156.502.

Delegated personnel shall perform only those health services for which they have been trained, determined competent, and appropriately delegated, and shall report changes in the student's condition or other concerns to the supervising nurse promptly.

Communication, Documentation and Ongoing Monitoring

Districts must maintain systems that support accurate communication and documentation for students with chronic health conditions.

RN responsibilities, as applicable, include:

- Communicating changes in health status or orders with families and staff
- Coordinating with healthcare providers as needed to clarify orders or obtain updated documentation

- Monitoring student response to health interventions and adjusting care plans accordingly
- Ensuring delegated staff receive timely updates and instructions
- Documenting health services, interventions, and clinically significant communications in accordance with applicable law and district policy
- Reviewing and updating plans following any significant health event, emergency response, or change in condition.

These processes ensure continuity of care across all school settings, including transportation, classrooms, and school-sponsored activities.

Scope of School Health Services

School health services described in this section are provided to support student access to education during the school day and school-sponsored activities. These services are delivered in accordance with Kentucky statutes, administrative regulations, federal laws and professional standards of nursing practice, and are implemented based on provider orders, nursing assessment and appropriate delegation.

School health services do not replace or function as a substitute for ongoing medical care provided by a student's primary or specialty health care provider. Health services provided in the school setting must be consistent with the individual health care professional's current scope of practice, applicable law, and district policy. When services are provided by an appropriately licensed APRN or other qualified health care provider, assessment, diagnosis, treatment, and prescribing may be performed within that provider's authorized scope of practice.

Districts retain discretion in determining local procedures and staffing models used to implement these requirements, provided that all applicable legal, regulatory and professional standards are met.

Section 6: Medication Administration

Introduction

This section establishes statewide expectations but does not prescribe district-level policies or procedures for medication administration requirements in Kentucky public schools. It is intended as a high-level reference for school health personnel and administrators. For detailed information, competency expectations, and step-by-step guidance, refer to the Kentucky Department of Education (KDE) Medication Administration Training Program for Unlicensed School Personnel Manual, which serves as the comprehensive resource for implementing safe and competent medication practices.

Districts retain responsibility for developing local policies and procedures consistent with these requirements.

Legal Authority

Medication administration in Kentucky public schools is governed by:

- KRS 156.502 - Establishes parameters for delegation of health services, including medication administration, to school employees
- 702 KAR 1:160 - Establishes school health service requirements, including emergency care procedures and training requirements for unlicensed school personnel who accept delegation to perform medication administration.
- KRS 158.834 through 158.838 – Establishes requirements related to student self-administration and emergency medications for documented medical conditions, including provisions for epinephrine, bronchodilator rescue medications, glucagon, insulin, seizure medications, Solu-Cortef and other prescribed emergency medications, as applicable.

Core Principles

- Medication administration must prioritize student safety and comply with state law and district policy.
- The KDE Medication Administration Training Program for Unlicensed School Personnel is the official training program for medication administration for Kentucky public school systems.
- Schools must follow local district policies and procedures for medication administration.
- Only appropriately trained school personnel may administer medication delegated by a physician, registered nurse (RN) or advanced practice registered nurse (APRN), in accordance with applicable law and scope of practice.
- Licensed practical nurses (LPNs) may administer medications but are not permitted to delegate medication administration in the school setting.

Consent Requirements

Written parental/guardian consent and healthcare provider authorization are required for all medications, including over-the-counter medications (OTC).

Medication orders/authorizations should include, as applicable:

- Student name
- Date of order
- Medication name
- Dosage
- Route of administration
- Frequency and timing of medication
- Specific instructions or considerations
- Signature of medical provider
- Duration or discontinuation date when applicable

OTC medications may not be administered based on package directions alone. A provider order and parental consent are required.

Training Requirements for School Personnel

Unlicensed school personnel must:

- Complete the KDE-developed medication training for each school year (valid only for the current school year)
- Successfully complete required knowledge assessment(s) and demonstrate required skills competency in accordance with the current KDE Medication Administration Training Program
  Receive additional student-specific training and competency verification, as appropriate for medication or health services requiring individualized instruction.

For additional details, guidance and training information, please visit the corresponding KDE webpage for access to training materials.

Documentation Standards

KDE strongly encourages districts to document medication administration in the Kentucky Student Information System (KSIS) to support consistent student health documentation and statewide health data collection. Districts using another health documentation system shall ensure medication administration is documented in accordance with applicable law and district policy.

Documentation should include:

- Date and time of administration

- Name of medication
- Route of administration, when applicable
- Medication dosage
- Signature or secure electronic login of the administering staff member
- Documentation of omissions/refusals/errors or other variances, when applicable

Medication errors should be documented and reported according to district policy and KDE training guidance.

Storage and Disposal of Medications

Districts must ensure:

- Routine medications (both prescription and over-the-counter) are stored in a locked location accessible only to authorized personnel. Medications requiring additional security should be stored in accordance with applicable law, current KDE Medication Administration Training Program guidance and district policy.
- Refrigerated medications must be in a secure, temperature-controlled environment.
- Emergency medications shall be maintained to ensure timely access in accordance with applicable law.
- School stock emergency medication shall be stored as required by the applicable statutory provisions, and student-specific emergency medication shall be available in the student's possession or in the possession of authorized school personnel, as applicable.
- Unused or expired medications should be disposed of per KDE Medication Administration Training Program for Unlicensed School Personnel guidance.

Emergency Medications

Schools must ensure that emergency medications are readily accessible and that appropriately trained personnel are available to administer medications when required by applicable law, student-specific provider orders, health plans and delegation requirements.

- Emergency medications shall be accessible in accordance with applicable law, and the storage and access requirements outlined above.
- Students authorized to self-carry and self-administer emergency medication shall have immediate access to their medication in accordance with applicable law and district policy.
- Student-specific emergency medication shall be administered in accordance with applicable provider orders and the student's individualized health or emergency care plan.

- Personnel responsible for administering emergency medications must receive required training and demonstrate competency in accordance with applicable law, KDE Training requirements and delegation standards.
- EMS shall be activated when clinically indicated or as required by applicable law or the student's emergency care plan.

Field Trips, Extracurriculars and Off-Campus Activities

Schools must plan for medication needs during field trips, extracurricular activities, transportation and other school-sponsored activities. As applicable, districts shall ensure:

- Required medications accompany the student or are otherwise immediately available in accordance with the student's health plan, provider orders and applicable law.
- Appropriately trained personnel are available to administer medications when required.
- Emergency medications remain readily accessible.
- Medication administered away from the school building is documented in accordance with the same documentation requirements applicable during the regular school day.

Prohibited Practices

School personnel may not:

- Administer medication without both provider order and parental/guardian consent, except in emergency situations where immediate care is necessary to protect student health and safety in accordance with law and district policy.
- Alter a medication dose, schedule ,or route without provider direction.
- Administer medication under delegation without completing required training and competency verification in accordance with applicable law and current KDE training requirements.
- Leave medication unsecured or inaccessible during emergencies.

Best Practice Recommendations

In addition to applicable legal and regulatory requirements, KDE recommends that districts:

- Develop and maintain clear district policies, procedures and standardized forms to support safe medication administration and compliance with applicable requirements.
- Maintain a medication error reporting and review process.
- Communicate regularly with families and healthcare providers, as appropriate.
- Conduct periodic review of trained school personnel for competency as appropriate.

Section 7: Health Screening Requirements

Overview

In accordance with 702 KAR 1:160, each board of education shall adopt a program of continuous health supervision for all currently enrolled students. Continuous health supervision shall include scheduled screening tests for vision and hearing. The screenings support early detection of health concerns that may impact communication, academic performance, behavior and overall well-being. Student preventive health exams, as well as vision, hearing, and dental exams required for school attendance, must be completed by a licensed medical or dental provider. These are not typically conducted as part of school-based screening programs.

In accordance with KRS 158.191, as amended by Senate Bill 150 (2023), parental or guardian consent is required before providing health or mental health services, conducting health screenings or assessments, or making referrals for health services. Emergency medical or mental health care may be provided without prior parental or guardian consent when necessary to protect the health or safety of the student and in accordance with applicable law and district policy.

Districts shall ensure that appropriate parental or guardian consent is obtained and documented before providing non-emergency school health services. Emergency care may be provided without prior consent when necessary to protect student safety.

All screening documentation is a FERPA-protected education record and must be managed accordingly.

Vision Screening Requirements

Districts must include scheduled vision screenings as a part of their program of continuous health supervision required under 702 KAR 1:160. Districts determine the grade levels or intervals for screening as part of their local continuous health supervision program.

Districts retain flexibility in establishing:

- Screening grade levels or intervals
- Local procedures and screening tools
- Referral and follow-up processes

Schools may perform screenings only when appropriate parental/guardian consent has been obtained, in accordance with KRS 158.191, applicable law, and district policy. This requirement is separate from the state-mandated initial entry vision examination for school entry which must be conducted by a licensed optometrist or ophthalmologist. All vision

screening results must be documented in the student's health record and reported in the Kentucky Student Information System (KSIS) as required by KDE.

Hearing Screening Requirements

Scheduled hearing screenings are required as part of the district's continuous health supervision program under 702 KAR 1:160. Districts determine the grade levels or intervals for screening as part of their local continuous health supervision program.

Districts determine local screening schedules and procedures including:

- Screening grade levels or intervals
- Qualified personnel
- Equipment and protocols
- Referral criteria
- Documentation and follow-up expectations

Hearing screenings are essential for identifying conditions that may affect speech-language development, academic performance, and classroom engagement.

Hearing screenings should be conducted only when appropriate parental/guardian consent has been obtained, consistent with applicable law and KDE requirements. In addition to screenings conducted, according to the district's established screening schedule, an individual hearing screening may be indicated by:

- Nursing assessment
- Parent/guardian, teacher or staff concern
- Academic, behavioral, speech, language or communication concerns
- Special education for Section 504 evaluation processes, as applicable
- Healthcare provider recommendation
- Parent/guardian request

Hearing screening results shall be documented in the student's cumulative health record. Results should be reported in the Kentucky Student Information System (KSIS) in accordance with KDE reporting requirements. Follow-up on identified abnormalities shall be documented as required by 702 KAR 1:160.

Dental Screening/Proof of Dental Examination

Pursuant to KRS 156.160, evidence of a dental screening or examination is required for a student no later than January 1 of the first year that the student, at age five (5)or six (6), is enrolled in a public school. The prior documentation shall be submitted in accordance with applicable statutory and regulatory requirements.

The dental screening or examination shall be documented on the Kentucky Dental Screening Examination Form for school entry (KDESHS 005), or an electronic medical record containing equivalent information, as permitted by 702 KAR 1:160.

Schools shall:

- Obtain and maintain the required documentation;
- Notify the parent/guardian when required documentation has not been received;
- Document receipt of the dental screening/examination in KSIS in accordance with KDE reporting requirements; and
- Maintain the documentation as part the student's education/health record in accordance with applicable privacy requirements.

The required dental screening or examination for school entry is distinct from any dental screening program conducted or arranged by a school district. If a school conducts or arranges an additional dental screening, applicable parental/guardian consent requirements must be met before the screening is provided.

Optional Screenings

Districts may conduct additional health screenings when appropriate to address identified student or local needs, provided the screening is within the scope of school health services, performed by appropriately qualified personnel and conducted in accordance with applicable law, parental/guardian consent requirements, professional standards and district policy.

Examples include:

- Growth or development checks related to individual student assessments
- Screenings conducted in support of special education or Section 504 evaluation processes, as appropriate.

Additional health screenings may be performed only after required parental/guardian consent has been obtained and documented.

Documentation, Privacy, and FERPA Compliance

All screening documentation is considered a FERPA-protected education record. Districts must ensure:

- Secure storage of all screening documentation
- Access is limited to individuals with a legitimate educational interest
- Timely communication of results to parents and guardians
- Documentation of referrals and parent notification
- Report screening results in KSIS as required by KDE, ensuring that only authorized staff enter or access screening data

Personally identifiable student health information maintained by the school as part of the student's education record shall not be disclosed to outside health care providers, agencies, or external health registries unless written parent/guardian consent has been obtained or the disclosure is otherwise permitted by FERPA or other applicable law. This includes the transmission or entry of student health information from school education records into the Kentucky Immunization Registry (KYIR).

Accessing immunization information already obtained in KYIR is distinct from disclosing or entering information from a student's school education record into KYIR. Districts shall ensure that disclosures of student health information comply with FERPA and applicable KDE privacy requirements.

Parent Notification and Referral

Districts should establish procedures for notifying parents/guardians of screening results and for referring students for further evaluation when indicated. Parents/guardians should be notified when screening results indicate an abnormality, a failed or incomplete screening, or a need for referral, rescreening, additional evaluation, or follow-up.

In accordance with 702 KAR 1:160, follow-up shall be made on each abnormality identified and the result of the follow-up shall be reported in the student's cumulative health record. Documentation of parent/guardian notification, referrals and follow-up shall be maintained in the students health record and entered into KSIS in accordance with KDE reporting requirements and district procedures. Screening personnel should not provide diagnostic statements or clinical interpretations beyond the scope of the screening findings.

Section 8: Health Data, Documentation and Reporting Obligations

Overview

Accurate and consistent documentation is essential to providing safe, equitable and legally compliant school health services. Health information recorded or maintained by a school district becomes part of the student's education record and is governed by the Family Educational Rights and Privacy Act (FERPA).

In addition, school districts must comply with applicable documentation and reporting requirements established by 702 KAR 1:160 and KDE program guidance. School health documentation and the provision of health services must comply with applicable parental/guardian consent requirements, including KRS 158.191, as amended by Senate Bill 150 (2023).

This section outlines required components of the student health record, documentation standards, reporting obligations, privacy protections, and data security expectations.

Student Health Records (FERPA-Protected Education Records)

A student health record includes any written, electronic or other recorded information related to the provision of school health services. Health records maintained by the school district are education records, not medical records, and therefore fall under FERPA, not Health Insurance Portability and Accountability Act (HIPAA). Student health records created or maintained for the purpose of providing school health services are part of the student's education records under FERPA and must be maintained and protected in accordance with FERPA requirements.

When a school district contracts with or engages an outside entity to provide school health services on behalf of the district, student health records created or maintained by that entity in its capacity as a party acting for the district are education records and subject to FERPA. District agreements with outside entities should clearly address access, use, maintenance, confidentiality, redisclosure, retention and disposition of student health information in accordance with FERPA and applicable law.

Student health records include, but are not limited to:

- Enrollment health documentation (immunization certificates, physical exam forms)
- Health care provider orders, standing orders and parent/guardian consents
- Nursing assessments
- Individualized Healthcare Plans (IHPs)
- Medication Administration documentation
- Communication and parent notification records
- Documentation of health office visits and care provided

The student health record reflects the health services provided in the school setting and supports safe, informed decision-making for students with health needs.

Access to Health Records

Access must be limited to staff with a legitimate educational interest, in accordance with FERPA (20 U.S.C. § 1232g; 34 CFR Part 99). This may include, but is not limited to:

- The school nurse
- District Health Coordinator
- Administrators with direct responsibility
- Staff trained to implement a specific IHP/EAP
- Other school personnel (e.g., transportation or food service staff) may be provided limited, need-to-know information when necessary to support student safety and their assigned duties, in accordance with FERPA.
- KDE-authorized personnel when access or disclosure is permitted by FERPA and is necessary to fulfill applicable state or federal reporting, monitoring, audit, evaluation, compliance or program administration responsibilities, including providing district-level technical assistance related to student health documentation and reporting.

Access to student health information shall be limited to the information necessary for the individual to perform the authorized function or provide the requested assistance.

Individuals without a legitimate educational interest or other FERPA-permitted basis for access must not access the student's health record.

Required Documentation in the Student Health Record

Provider orders shall be obtained and maintained when required for medication administration, treatment, procedures or other health services requiring authorization from a qualified health care provider. Order shall be sufficiently complete and clear to support safe implementation of the ordered school health service.

Provider orders should include, as applicable:

- Student name
- Date of the order
- Medication, treatment, procedure or health service ordered
- Dose, route, frequency, timing, or other specific instructions as applicable
- Parameters or circumstances for administration or intervention, when applicable
- Provider name, credentials, and signature or other legally valid authentication
- Duration or expiration of the order, when specified

Schools should only accept and implement provider orders that are complete, current, authenticated and consistent with the KBN requirements and applicable Kentucky law. Provider orders shall be obtained in a form that complies with applicable law, professional nursing standards, current KDE and KBN guidance and district policy.

Orders that are incomplete, unclear, inconsistent, expired, when applicable, or otherwise insufficient for safe implementation shall be clarified and appropriately authenticated before the ordered health service is provided. Provider orders shall be reviewed when the student's health needs change, when the provider modifies or discontinues the order, and at intervals required by applicable law, district policy, or the terms of the new order. New or updated orders should be obtained when necessary to ensure that school health services reflect the students current health care needs.

Parent/Guardian Consent

Consistent with applicable Kentucky law and current KDE requirements and recommendations for school health services, schools should obtain active written parent/guardian consent prior to providing non-emergency school health services. Consent shall be obtained before the service for which authorization is provided. Emergency care may be provided without prior parental/guardian consent when necessary to protect the health or safety of the student, consistent with applicable law and district policy.

Non-emergency school health services include, but are not limited to the following:

- Medication administration
- Delegation of health services or procedures
- Implementation of IHPs or other health plans
- Health screenings
- Other non-emergency health services provided or arranged by the school

Consent must:

- Be documented in writing
- Be obtained prior to the provision of non-emergency health services
- Be maintained in the student's educational health record in accordance with FERPA

Consent should:

- Clearly identify the health service authorized.
- Identify the applicable provider order or health care plan, when appropriate.
- Be reviewed and updated when the authorized service, provider order, or health care plan materially changes.
- Be obtained or renewed in accordance with applicable law, KDE requirements and district policy.

Schools may not:

- Provide non-emergency services without written parental/guardian consent consistent with applicable Kentucky law, requirements and district policy.
- Disclose or share student health information from the education record without appropriate authorization or another applicable FERPA exception

See KRS 158.191 and other applicable Kentucky law and KDE guidance for additional information regarding parental/guardian consent requirements for school health services.

Disclosure of Student Health Information

Student health information maintained by school district is generally part of the student's education record and is protected by FERPA. Disclosure of personally identifiable information from the student's education record must be made with written parent/guardian consent unless the disclosure is otherwise permitted without consent under FERPA or other applicable law. Districts shall ensure that any disclosure of student health information complies with FERPA, applicable Kentucky law, KDE requirements and district policy.

Accessing information already available in KYIR is distinct from disclosing or entering information from the student's school education record into KYIR. Districts shall ensure that any disclosure or entry of student health information into an external registry complies with FERPA, applicable Kentucky law, KDE requirements and district policy.

Health Screenings

As outlined in Section 7, districts shall document all required and optional screenings, maintain documentation of referrals and follow-up, and record screening data in KSIS in accordance to KDE requirements.

Medication Administration

Medication administration shall be documented in accordance with applicable law, current KDE Medication Administration training program requirements, KBN standards and district policy.

Documentation should include, as applicable:

- Date and time of medication administration
- Medication name, dose and route
- Name, initials or secure electronic identification of the individual administering the medication
- Student response, when clinically indicated
- Omitted, refused, delayed or otherwise deviated doses, as applicable

- Medication errors and actions taken
- Administration of stock or emergency medications, including EMS activation when required

Medication errors, omissions, refusals and other medication related incidents shall be documented and reported in accordance with current KDE guidance and district policy.

Health Office Visits

Health office visits and other school health encounters should be documented in the student's health record. Documentation should include, as applicable:

- Date and time of the encounter
- Presenting concern, symptoms or reason for the visit
- Objective observations and assessment findings appropriate to the scope and role of the individual performing care
- Interventions or care provided, including medications administered, when applicable
- Student response to interventions, when applicable
- Disposition, using the applicable KDE reporting category (back to class, sent home, left school for medical referral or 911 or EMS)
- Parent/guardian notification or communication, when applicable

Documentation should be objective, concise and free of personal opinion, consistent with professional standards and FERPA requirements.

Student Health Plans

Student health plans support the safe and consistent management of students with health conditions during the school day and school-sponsored activities. Plans should clearly identify the student's health related needs, necessary interventions, emergency response procedures, and responsibilities of school personnel, as applicable.

Student health plans may include:

- Individualized Healthcare Plans (IHPs)
- Emergency Action Plans (EAPs)
- Other health-related plans necessary to support the student's needs in the school setting

Health plans should be reviewed and updated as appropriate when the student's health needs or provider orders change, following significant health events, and in accordance with applicable law, professional nursing standards, KDE guidance and district policy.

Development, implementation and revision of student health plans shall be consistent with the scope of practice of the licensed healthcare professional responsible for the plan and applicable delegation requirements.

Record Retention and End-of-Year Processes

Student health records shall be retained in accordance with the Kentucky Department for Libraries and Archives (KDLA) records retention schedules, federal and state law and district policy. Districts are responsible for implementing appropriate record retention and disposition procedures and should consult their legal records officer or legal counsel when questions arise regarding applicable retention requirements.

District end of the year procedures should address, as applicable:

- Review of student health completeness and accuracy
- Maintenance and secure retention of active and inactive health records
- Transfer of student health records in accordance with applicable law and district records-management procedures
- Verification that electronic health records and required data are appropriately maintained or transitioned for the subsequent school year

Record retention requirements should not be confused with requirements for current clinical documentation; expired or superseded orders, plans or other records may require retention even though they are no longer valid for implementation.

KSIS and KDE Health Data Reporting Requirements

The Kentucky Student Information System (KSIS), hosted by Infinite Campus, is a statewide student information system used by Kentucky public schools for student data collection and reporting. Districts should enter and maintain required student health data in KSIS in accordance with current KDE health data standards, reporting requirements, and established timelines.

Accurate and consistent health data entry is necessary to support district operations, statewide reporting, data quality, program planning, and compliance with applicable state and federal requirements. Districts are responsible for reviewing health data for completeness and accuracy and correcting identified errors in accordance with KDE guidance.

Health data reported through KSIS include, as applicable:

- Student health conditions and alerts
- Immunization certificate information
- Required physical examinations
- Vision examinations and screenings

- Hearing screenings
- Health office visits and dispositions
- Medication and stock emergency medication data when required by KDE
- School nurse and other health service data identified in current KDE reporting requirements

Because KDE data standards and reporting requirements may be updated from year to year, districts shall use the current KDE Health Data Standard and related KDE guidance when determining required data elements, coding, entry procedures, and reporting timelines.

Districts should use current KDE Health Data Standards, KSIS resources, data-quality reports and available technical assistance resources when addressing health data entry, coding, reporting, or data-quality concerns. Technical issues related to KSIS/Infinite Campus should be directed through the appropriate district KSIS point of contact or established KSIS support process. Questions regarding school health program requirements or interpretation of KDE Health data reporting requirements may be directed to the appropriate KDE school health program contact.

Communication, Confidentiality and Data Security

Student health information shall be maintained and communicated in a manner that protects student privacy and complies with FERPA, applicable Kentucky law, KDE requirements and district policy. Access to student health information shall be limited to individuals with a legitimate educational interest or other FERPA-permitted basis for access.

District procedure should ensure that:

- Student health records are maintained in secure district-approved systems or locations.
- Electronic access is limited through appropriate user permissions and authentication controls.
- Staff use district-approved communication methods when transmitting personally identifiable student health information.
- Student health information is shared only with individuals authorized to receive the information and only to the extent necessary for the authorized purpose.
- Paper and electronic records are protected from unauthorized access, disclosure, alteration, loss or destruction.
- Suspected unauthorized access, disclosure or loss of student health information is reported and addressed in accordance with district procedures and applicable requirements.

Confidentiality requirements should not prevent appropriate communication of student health information to school personnel who require the information to safely support the student and who have a legitimate educational interest or other lawful basis for access.

Section 9: Required Training and Competency Validation

Overview

Training and competency validation shall be completed before personnel perform an assigned health service. Training and competency should be renewed or updated at the frequency required by applicable law, regulation, KDE training requirements, KBN standards or district policy and whenever changes in the student's condition, provider orders, assigned tasks or personnel competency warrant additional training or validation.

School Nurse Competency

School nurses must maintain:

- An active Kentucky nursing license
- Continuing education requirements as established by KBN

Nurses must remain current on state laws, district policies, KDE health guidance, and school emergency response protocols relevant to their role. Districts should ensure nurses receive timely updates impacting school health practice.

Delegation and Task Assignment

Detailed guidance on delegation standards, decision making and task appropriateness is provided in Section 5 of this manual.

The delegating physician, RN or APRN shall ensure that delegated personnel are appropriately trained, have demonstrated competency and are willing to perform the delegated health service.

Required Training for Delegated Personnel

Districts shall ensure that personnel performing delegated health services complete required training and competency validation before performing the delegated service and thereafter at the frequency required by applicable law, KDE requirements, KBN standards and the terms of the delegation.

Additional Training Requirements

In addition to training and competency requirements associated with delegation, districts shall ensure that school personnel complete training required by applicable federal or state law, regulation, KDE requirements, KBN standards and district policy. Training requirements and frequency vary according to the employees role, assigned duties and the health services provided.

Districts should:

- Provide personnel adequate time and resources to complete the required training
- Ensure required training is completed before personnel perform assigned health services or duties.
- Ensure sufficient appropriately trained personnel are available to meet student health and safety needs.
- Maintain documentation of required training and competency validation in accordance with applicable requirements in district policy.
- Provide additional or updated training when required by changes in law, guidance, student needs, provider orders, procedures, assigned duties or demonstrated competency.
- Support the authority and professional judgment of the licensed nurse regarding delegation, supervision and competency determinations in accordance with KBN standards.

Decisions regarding nursing delegation, supervision and competency are the responsibility of the delegating nurse in accordance with Kentucky Board of Nursing requirements. Administrative personnel should not direct a nurse to delegate a nursing task or override the nurse's judgement regarding whether delegation is appropriate or whether an individual has demonstrated the competency necessary to perform a delegated task. See 201 KAR 20:400, Sections 2-4; KBN Advisory Opinion Statement #15, Roles of Nurses in the Supervision and Delegation of Nursing Tasks to Unlicensed Personnel.

Bloodborne Pathogens (Occupational Safety and Health Administration -OSHA Requirement)

Employees with occupational exposure to blood or other potentially infectious materials (OPIM), as defined by OSHA, shall receive bloodborne pathogens training in accordance with 29 CFR 1910.1030.

Training shall be provided:

- At the time of initial assignment of tasks where occupational exposure may occur;
- And at least annually thereafter, within one year of the previous training; and
- Whenever changes in tasks or procedures or the introduction of new tasks or procedures affect the employee's occupational exposure.

Training shall address, as applicable, exposure prevention and control practices, universal precautions, engineering and work practice controls, appropriate use of personal protective equipment (PPE), hepatitis B vaccination, procedures for responding to an exposure incident and post-exposure evaluation and follow-up.

Districts shall maintain required training records and Exposure Control Plan in accordance with OSHA requirements.

Emergency Response Training

Districts shall ensure that personnel assigned emergency response responsibilities receive training appropriate to their assigned roles and consistent with applicable law, KDE requirements, district emergency plans and student-specific health or emergency action plans. Training may include recognition and response for anaphylaxis, asthma or respiratory emergencies, diabetes emergencies, seizures, cardiac emergencies, emergency medication administration, and EMS activation, as applicable.

Emergency response training, drills and simulations shall be completed at the frequency required by applicable law, regulation, KDE requirements and district policy.

Specialized Procedures

Specialized health services and procedures delegated to unlicensed school personnel require appropriate training and documented competency validation by the delegating RN, consistent with KRS 156.502, KBN delegation standards, applicable provider orders, KDE requirements and district policy. Examples may include blood glucose monitoring, insulin administration, enteral tube feeding, catheterization and rescue medication administration.

Competency shall be validated before the delegated health service is performed and reassessed as necessary based on the student's condition, changes in provider orders or procedures, the complexity of the delegated service, the performance of the delegatee and applicable KBN, KDE or district requirements.

Documentation of Training and Competency

Districts shall maintain written or electronic documentation of required training and competency validation, as applicable. Documentation should include the training completed, date of completion, trainer or validating nurse, competency validation, and any refusal or inability of personnel to accept or perform a delegated health service.

Documentation shall be maintained consistently with applicable law, KBN standards, KDE requirements and district policy. Requirements specific to individual health services are addressed throughout Sections 5 through 8.

Consent Requirements

Written parental/guardian consent shall be obtained before non-emergency school health services are provided, consistent with applicable Kentucky law and KDE requirements. Training, competency, validation or delegation does not replace the requirement for parent/guardian consent. Emergency care may be provided prior to consent when necessary to protect student health or safety in accordance with applicable law and district policy. See Section 8 for detailed consent and documentation requirements.