Kentucky Department of EDUCATION

District Health Coordinator Handbook

SCHOOL HEALTH

Robbie Fletcher, Ed.D.
Commissioner of Education
Kentucky Department of Education

Commented [AM1]: Update date in the footer before pubishing

District Health Coordinator Handbook

Introduction

The Kentucky Department of Education (KDE) has developed this handbook as a resource for district health coordinators (DHCs). Pursuant to 702 KAR 1:160, Kentucky school district superintendents are required to designate an individual to serve as the district's school health coordinator. While 702 KAR 1:160 uses the term *school health coordinator*, the term *district health coordinator (DHC)* is used throughout this handbook to promote clarity and consistency when describing district-level roles and responsibilities.

This handbook is intended to serve as an advisory and operational resource for DHCs. It provides practical context, examples, and considerations to support district-level coordination of school health services. This information should be used in conjunction with the Kentucky Department of Education's *Health Services Reference Guide (HSRG)*. The HSRG serves as the primary statewide guidance document outlining requirements and minimum standards for school health services in Kentucky public schools. When used together, these resources help support the delivery of consistent, safe, and compliant school health services throughout the Commonwealth.

Notice Regarding Legal References

This handbook is intended for informational and training purposes only and should not be construed as legal advice or legal interpretation. References to Kentucky Revised Statutes (KRS), Kentucky Administrative Regulations (KAR), federal laws, regulations, and other legal authorities are provided as general information to support district understanding and implementation of school health services. Readers should consult the official text of all applicable laws and regulations for the most current and authoritative requirements.

While the Kentucky Department of Education strives to disseminate accurate and timely information, KDE does not provide legal advice or interpretations of law. Questions regarding the interpretation, application, implementation, or legal implications of any statute, regulation, policy, or requirement discussed in this handbook should be directed to the district's local board attorney or legal counsel. Each school district remains responsible for ensuring compliance with all applicable federal, state, and local laws and regulations. Nothing in this handbook should be interpreted as waiving, modifying, or negating any rights, protections, accessibility requirements, or obligations established under applicable law, including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and other applicable federal and state laws.

Please note that some links contained within this handbook direct readers to external, non-governmental websites. The information and content available through these websites are not maintained, controlled, or endorsed by the Kentucky Department of Education or the Commonwealth of Kentucky. KDE is not responsible for the accuracy, availability, or content of external resources.

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Roles and Responsibilities of the District Health Coordinator

702 KAR 1:160 requires Kentucky superintendents to designate a person to serve as school health coordinator. Please see additional information below regarding the DHC role requirements from 702 KAR 1:160:

> Section 4. School District Health Personnel.
> (1) A superintendent shall designate a person to serve as school health coordinator for the district. The person designated shall meet the following minimum qualifications:
>
> (a) A valid license to practice as a registered nurse, issued under KRS 314.041 by the Kentucky Board of Nursing, and three years of registered nursing practice, as defined in KRS 314.011(6);
>
> (b) A school psychologist certificate, issued by the Education Professional Standards Board (EPSB) pursuant to 16 KAR 2:090, and a minimum of three years of related work experience in a school setting; or
>
> (c) A school social worker certificate, issued by the EPSB pursuant to 16 KAR 2:070, and a minimum of three years of work experience practicing social work in a school setting.
>
> (2) The school health coordinator shall work in cooperation with all school personnel, the local board of education, the department, the local health department and family resource and youth services centers, in promoting and implementing a school health services program.

KDE recommends:

Each school district must designate an individual meeting the qualifications above to coordinate and oversee school health services at the district level. Referred to as the DHC, the role should be administrative and coordinative in nature and is intended to support compliance, consistency, and communication related to school health services.

The DHC does not replace clinical nursing roles and does not perform nursing assessment, delegation, or clinical decision-making unless the individual is separately licensed, employed, and functioning in a nursing role in the district.

Kentucky DHCs play a crucial role in ensuring the delivery of high-quality school health services. These responsibilities help create a safe and healthy environment for students, enabling them to achieve their full educational potential. Below are some key roles and responsibilities:

1. **Program Evaluation and Implementation**:
   - Evaluate and support the implementation of comprehensive health services within the school district.
   - Review and update school district policies and procedures based on laws, regulations, and best practices.

2. **Collaboration and Coordination**:
   - Collaborate with community stakeholders, including local health departments and public health agencies to provide health resources to students.
   - Work with school personnel, the local board of education, and parents to plan and implement school health policies and programs.

3. **Health Screenings/Exams and Referrals**:
   - Establish and coordinate health screening programs for students and staff in accordance with 702 KAR 1:160.
   - Ensure parental and/or guardian consent is obtained and on file in the students' record prior to conducting screenings.
   - Develop and manage referral protocols for students and staff needing medical, dental, or mental health services.

4. **Training and Professional Development**:
   - Provide technical assistance and professional development opportunities for school district personnel following state mandated training requirements according to Kentucky statutes and regulations.

5. **Wellness Promotion**:
   - Promote a school culture that supports health, well-being, and educational achievement.

6. **Emergency Preparedness**:
   - Ensure district procedures are in place to support the proper administration of emergency medications in accordance with law, district policy, and nursing delegation standards.
   - Districts should review local policies and procedures to ensure compliance with statutory requirements related to emergency medications and medications used to treat documented medical conditions.
   - Develop procedures for medical emergencies and cardiac emergency response plans (CERPs) in accordance with KRS 158.162.

The DHC should work collaboratively with school nurses, administrators, and district leadership to support consistent and compliant school health services. While the DHC plays a key role in coordination and oversight, clinical decision-making, nursing assessment, and delegation authority remain the responsibility of the appropriately licensed nursing staff.

Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA)

HIPAA and FERPA are two important laws that protect patient privacy, but they apply in different contexts:

1. **HIPAA**: This law primarily protects the privacy of individuals' health information. It applies to healthcare providers, health plans and healthcare clearinghouses. In the context of schools, HIPAA generally applies to health records maintained by healthcare providers who are not part of the school system.

2. **FERPA**: This law protects the privacy of student education records. It applies to all schools that receive funds from the U.S. Department of Education. FERPA covers health records maintained by schools, such as those kept by school nurses and/or counselors, as these are considered part of the student's education record.

How HIPAA and FERPA Pertain to School Health Services

School Health Records: If a school provides health services and maintains health records, these records are typically covered by FERPA. This means that the school must obtain parental consent before disclosing any information from these records, except in situations including, but not limited to emergencies.

Community Health Providers: If a healthcare provider outside of the school system provides services on school grounds, the records they maintain might be covered by HIPAA instead of FERPA. This can depend on whether the provider conducts electronic transactions covered by HIPAA. Understanding which law applies helps ensure student health information is handled appropriately and confidentially.

Practical Application in Kentucky Public Schools

In Kentucky public schools, records related to school health services as part of their educational program are considered education records under FERPA, regardless if services are provided by district-employed staff or through a contracted medical provider.

When health services are provided by a third party on behalf of a school district, districts retain responsibility for ensuring that required student health information is accessible, retained, and transferred in accordance with FERPA and applicable record retention requirements.

HIPAA and FERPA Resources

1. Family Educational Rights and Privacy Act: Guidance for School Officials on Student Health Records
2. Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records

Kentucky School Health Service Models

Kentucky, like many states, offers a variety of models for delivering school health services. These models can significantly influence the accessibility, quality, and comprehensiveness of care available to students. Below are two primary examples of school health service delivery models. School districts may choose to implement one model or combine elements of multiple models to best meet their district's needs.

Model 1: School District Employed Staff

In this model, school districts directly hire health professionals such as school nurses, counselors, and social workers. These staff members are considered district employees and are integrated into the school's administrative structure.

Pros:

1. Direct Oversight: School districts have direct control over staffing levels, qualifications, and responsibilities of hired staff.
2. Continuity of Care: Consistent presence of health professionals within the school environment can foster strong relationships with students and families.
3. Integration with School Programs: School health staff can easily collaborate with teachers, administrators, and other school personnel to address student needs.

Cons:

1. Limited Expertise: School-based health professionals may not have the specialized training or resources required to address complex health issues.
2. Cost: Hiring and retaining qualified staff can be expensive for school districts.
3. Geographic Disparities: Rural or underserved areas may have difficulty attracting and retaining qualified health professionals.

Model 2: Contracting with Outside Providers

In this mode, school districts contract with external healthcare providers such as hospitals, health departments, or federally qualified health centers (FQHCs) to deliver school health services. These providers may employ the necessary staff and resources to meet the needs of the school community. Outside agencies act as an agent of the school district, and the school district is held accountable to ensure all legal requirements for school health services are met. Requirements should be kept in mind when developing contracts with outside agencies.

Pros:

1. Specialized providers and outside providers often have access to specialized equipment, training, and resources that may not be available within school districts.

2. Cost: Contracting with outside providers can sometimes be more cost-effective than hiring and retaining in-house staff.
3. Expanded Services: Outside providers may be able to offer a wider range of services such as dental care, mental health counseling, health screenings, and/or telehealth services.

Cons:

1. Lack of Control: School districts may have less control of the quality of care provided by outside providers.
2. Communication Challenges: Coordinating services between school staff and outside providers can be time-consuming and complex.
3. Accessibility: Students in rural or underserved areas may face more limited access to care provided by outside providers with barriers such as transportation.

The model that best fits each district's needs will depend on factors, including but not limited to, the size of the school district, specific student needs, availability of resources, and preferences of school administrators and community members. Districts are free to consider either of these models, or a hybrid approach of combining both service models.

Student Health Records and Contracted Services

When school districts contract with external health care providers to deliver school health services, contracts should clearly address student health record ownership, access, retention and transfer. Districts must ensure that student health information necessary to support educational decision making, continuity of care, and compliance of equitable laws remains accessible to the school district during the contract and upon contract termination.

Districts should be aware and consider that executing contracts with external health care providers may increase administrative burdens and/or increase risks associated with student health records.

See the HIPAA and FERPA section of this handbook for additional information related to privacy and education record requirements.

Key Considerations for Contracts Between Public Schools and Outside Healthcare Providers

When developing a contract between a public school district and an outside healthcare provider, several essential points should be carefully considered.

Scope of Services:

1. Specific Services: Services such as nursing care, mental health counseling, screenings, and physical exams should be clearly defined.
2. Frequency: The frequency of service delivery (daily, weekly, monthly, etc.) should be specified.
3. Hours of Operation: Establish the hours during which health services will be available to students.

Staffing Requirements:

1. Qualifications: Outline the minimum qualifications and certifications required for healthcare providers.
2. Number of Staff: Determine the appropriate number of staff members needed to meet the district and school's needs.
3. Supervision: Specify who will supervise the healthcare providers and how their performance will be evaluated.

Infrastructure:

1. Operational Space: Determine necessary clinical and administrative location (square footage, privacy needs, proximity, and access to students/staff).
2. Equipment and Supplies: Secure essential resources required to provide available health services.
3. Ownership: Establish clearly delineated roles of all involved partners, including organizational responsibilities of regular purchasing and inventory of office contents and the parties' possession of items upon site closure.

Quality Assurance:

1. Standards of Care: Ensure healthcare providers adhere to established standards of care and best practices.
2. Quality Improvement: Outline mechanisms for continuous quality improvement (i.e., reviews, audits, performance evaluations, etc.).
3. Grievance Procedures: Establish procedures for handling complaints or grievances from students, parents, or school staff.

Privacy and Confidentiality:

1. HIPAA Compliance: Ensure healthcare providers comply with HIPAA to protect student health information.

2. FERPA: Ensure contracts clearly define compliance with the Family Educational Rights and Privacy Act (FERPA), including permissible access, use, disclosure, and protection of student education records by contracted providers.
3. Data Sharing: Determine how student health data will be shared between the school district and the healthcare provider.

Emergency Procedures:

1. Emergency Response: Outline policies and procedures for responding to emergencies including circumstances such as injuries or illnesses.
2. Emergency Equipment: Specify the emergency equipment that will be available on-site.

Payment Terms:

1. Fees: Determine the fees or payment structure for healthcare services.
2. Billing: Establish the billing process and payment terms.
3. Insurance: Address how insurance will be handled including billing and reimbursement.

Contract Duration and Termination:

1. Duration: Specify the duration of the contract.
2. Termination: Address the issue of liability and indemnification in case of accidents or negligence.
3. Termination for Funding Availability: Consider including language stating that the contract, in whole or in part, is contingent upon the continued availability of district funds, grants or other funding sources. The district may wish to reserve the right to terminate the contract or specific services if sufficient funding is no longer available.
4. Notice of Termination: Specify the required written notice and timeframe for termination by either party.

Dispute Resolution:

1. Mediation or Arbitration: Specify the dispute resolution process (i.e., mediation or arbitration).

Districts should involve their legal counsel, follow district policies, and abide by all procurement laws and rules when entering contract for services. School boards may enter into contracts with external health care providers to deliver school health services. When the value of such contracts meets or exceeds applicable procurement thresholds, districts must comply with all state and local procurement requirements, including competitive bidding when required.
By carefully addressing these key considerations, school districts can develop contracts that ensure the effective delivery of high-quality healthcare services to their students.

Kentucky Laws and Regulations Related to School Health

This section provides a high-level reference to commonly cited Kentucky statutes and administrative regulations related to school health services. The intention of this section is to support district health coordinators in understanding the scope of legal requirements that may impact school health operations.

This section does not replace the Health Services Reference Guide, which establishes statewide requirements, implementation standards, and detailed guidance. Districts should consult the HSRG and their legal counsel as appropriate when developing or revising local policies and procedures.

Automated External Defibrillators (AEDs)

1. **KRS 158.162** Mandatory adoption of emergency management response plan in each school – School to maintain portable automated external defibrillators – Emergency response drills – Consequence of schools failing to comply.
2. **KRS 311.667** Requirements for person or entity acquiring an automated external defibrillator.
    a. Reviews AED training requirements and describes notification protocol for acquiring AEDs.
3. **KRS 311.668** Immunity from civil liability for user of automated external defibrillator – Exemption from KRS 311.667 for Good Samaritan.

Allergies, Asthma, and Anaphylaxis

1. **KRS 158.830** Legislative Findings – Construction of KRS 158.830 to 158.836.
2. **KRS 158.832** Definitions for KRS 158.830 to 158.838.
3. **KRS 158.834** Self-administration of medication by students with documented medical conditions -- Authorization -- Written statement -- Acknowledgment of liability limitation -- Duration of permission.
4. **KRS 158.836** Possession and use of medication to treat documented medical conditions – Schools electing to keep epinephrine, injectable epinephrine devices, bronchodilator rescue inhalers, and undesignated glucagon on premises – Policies and protocols – Limitation of liability.

Communicable Diseases, Diabetes, and Seizures

1. **902 KAR 45:150** School sanitation.
2. **KRS 158.160** Notification to school by parent or guardian of child's medical condition threatening school safety – Exclusion of child with communicable disease from school – Closing of school during epidemic.
3. **KRS 158.299** Type 1 Diabetes Informational Materials for the Parents and Guardians of Students
4. **KRS 158.836** Possession and use of medications to treat documented medical conditions – Schools electing to keep epinephrine, injectable epinephrine devices, bronchodilator rescue inhalers, and undesignated glucagon on premises – Policies and protocols – Limitation of liability.
5. **KRS 158.837** Use of undesignated glucagon by practitioner, pharmacist, or trained individual – Storage – Contacting parents, guardians, and emergency services – Good Samaritan exception – Immunity from civil liability.
6. **KRS 158.838** Emergency administration and self – administration of diabetes and seizure disorder medications – Required training – Required written statements and seizure action plan – Limitation on liability – Renewal of permission – Expiration dates of medication – Self-performance of diabetes care tasks – Diabetes or seizure disorder not to prevent attendance at school the student would ordinarily attend.

Athletics: Concussion and Traumatic Brain Injury Staff Training Requirements

1. **KRS 160.445** Sports safety course required for high school athletics coaches – Training and education on symptoms, treatment and risks of concussion – Venue-specific emergency action plans.

Emergency Preparedness – First Aid – Emergency Response Plans

1. **702 KAR 1:160** School Health Services; Section 2 (10).
2. **KRS 158.162** Mandatory adoption of emergency management response plan in each school – School to maintain portable automated external defibrillators – Emergency response drills – Consequence of schools failing to comply.
3. **KRS 156.095** Professional development programs and training schedule – Required topics – Professional development coordinator – Long-term improvement plans – Training related to communication and sexual misconduct – Electronic consumer bulletin board – Training to address needs of students at risk of school failure – Teacher academics – Annual report to Juvenile Justice Oversight Council.
4. **KRS 158.302** Cardiopulmonary resuscitation training required for high school students.
5. **KRS 217.186** Definition – Provider prescribing or dispensing opioid antagonist – Administration by third party – Use of opioid antagonist by person or agency authorized to

administer medication – Immunity from liability – Administrative regulations – Use of opioid antagonist by schools – Use of opioid antagonist by licensed health care provider.
6. **KRS 311.667** Requirements for person or entity acquiring an automated external defibrillator.

Immunizations

1. **702 KAR 1:160 Section 2 (8)**
   "A current immunization certificate, EPID-230, incorporated by reference into 902 KAR 2:060, or an immunization certificate meeting the requirements of 902 KAR 2:260, Section 4, shall be on file within two (2) weeks of the child's enrollment in school."
2. **902 KAR 2:055** Immunization data reporting and exchange.
3. **902 KAR 2:060** Immunization scheduled for attending child day care centers, certified family childcare homes, other licensed facilities that care for children, preschool programs, and public and private primary and secondary schools.
4. **KRS 158.297** Meningococcal meningitis disease and vaccine information.
5. **KRS 158.035** Certificate of immunization.
6. **KRS 158.037** Report of immunization results.
7. **KRS 214.034** Immunization of children – Testing and treatment of children for tuberculosis – Requirement for reception and retention of current immunization certificate by schools and child-care facilities.
8. **KRS 214.036** Exceptions to testing or immunization requirement.

***Please Note:** KDE gathers immunization information for various reporting requirements. The enforcement of individual immunization compliance is solely that of the Immunization Branch of the Kentucky Department for Public Health (KDPH). KDE does recommend completing the additional vaccine information throughout the year as it will be required by the KDPH annual report at the end of the school year. By completing the information, you can generate a report from Infinite Campus to utilize for KDPH required data entry. For specific questions related to the validity of a vaccine series, the Kentucky Immunization Registry (KYIR), or vaccine requirements please contact the KDPH Immunization Branch.

Mandated Reporting of Neglect, Abuse, or Human Trafficking

1. **KRS 620.030** Duty to report dependency, neglect, abuse, human trafficking or female genital mutilation – Husband-wife and professional-client/patient privileges not grounds for refusal to report – Statewide reporting system – Exceptions – Penalties.
2. **KRS 620.990** Penalty.

Medical Cannabis, Nicotine, and Vaping

1. **KRS 158.149** Use of tobacco products, alternative nicotine products and vapor products on school property and during school activities – Written policies – Penalties – Department of post nicotine awareness information on website – Annual reports.
2. **KRS 218B.045** Medical Cannabis – Patient rights under state and local law – Visitation and parenting time – Medical care – Schools – Local board of education to establish policies.

Nursing Practice, Policy, Delegation, and Medication Administration

1. **702 KAR 1:160** School health services. Section 5. Delegation to Perform Medication Administration.
2. **201 KAR 20:400** Delegation of nursing tasks.
3. **KRS 156.502** Health services in the school setting – Designated provider – Liability protection.
4. **KRS 158.191** Health and mental health services related to human sexuality, contraception or family planning – District to notify parents – District prohibited from keeping student information confidential from a parent – Prohibition on policies for use of pronouns that do not conform to a student's biological sex.
5. **KRS 158.6451** Legislative declaration on goals for Commonwealth's schools – Model curriculum framework.
6. **KRS 158.830** Legislative findings – Construction of KRS 158.130 to 158.836.
7. **KRS 158.834** Self-administration of medications by students with asthma or anaphylaxis – Authorization – Written statement – Acknowledgement of liability limitations – Duration of permission.
8. **KRS 158.836** Possession and use of asthma or anaphylaxis medications – Students with documented life-threatening allergies – Schools electing to keep epinephrine injectable epinephrine devices and bronchodilator rescue inhalers on premises – Limitation of liability.
9. **KRS 158.838** Emergency administration and self-administration of diabetes and seizure disorder medications – Required training – Required written statements and seizure action plan – Limitation on liability – Renewal of permission – Expiration dates of medication – Self-performance of diabetes care tasks – Diabetes or seizure disorder not to prevent attendance at school the student would ordinarily attend.
10. **KRS 314.021** Policy.
11. **KRS 314.011** Kentucky Nursing Practice. Definitions for chapter.
12. **KRS 314.042** License to practice as an advanced practice registered nurse – Application – Renewal – Reinstatement – Use of "APRN" – Prescriptive authority under CAPA-NS and CAPA-CS – Exemption from CAPA-NS and CAPA-CS requirement – CAPA-CS Committee – Administrative regulations.
13. **201 KAR 20:057** Scope and standards of practice of advanced practice registered nurses.

Additional Nursing Practice Resources:
The Kentucky Board of Nursing (KBN) has developed guidance documents, tools and resources to support nursing practice in Kentucky. Resources related to scope of practice, delegation, policies, and medication management are available on the KBN website, including the following:

1. Kentucky Board of Nursing Advisory Opinion Statements Index
2. "KBN APRN Scope of Practice"
3. "KBN Decision Tree for Delegation to Unlicensed Assistive Personnel (UAP)"

School Health Services

1. **702 KAR 1:160 School Health Services**
    a. Section 1. School Employee Medical Examinations
    b. Section 2. Preventative Student Health Care Examinations
        i. Physical, vision, dental, immunization and mandates in the event of school emergencies
    c. Section 3. Cumulative Health Records
    d. Section 4. School Health District Personnel
        i. Requirements of district health coordinator (DHC), Delegation of medication administration
2. **KRS 156.501** Student health services—Responsibilities of Department of Education and Department for Public Health – Filling of Position.
3. **KRS 156.502** Health services in school setting – Designated provider – Liability protection.
4. **KRS 314.021** Policy regulation of nursing.

School Athletics

1. **702 KAR 7:065** Designation of agent to manage middle and high school interscholastic athletics.
2. **KRS 156.070** General powers and duties of the state board – Administrative regulations – Designation of teams—Eligibility to play.
3. **KRS 158.162** Mandatory adoption of emergency management response plan in each school – School to maintain portable automated external defibrillators – Emergency response drills – Consequence of schools failing to comply.
4. **KRS 160.380** School district personnel actions – Restrictions on appointment of relatives, violent offenders, and persons convicted of sex crimes – Restriction on assignment to alternative education program as disciplinary action – National and state criminal history background checks and clear CA/N checks – Requirements for drives of non-school bus passenger vehicles – Probationary Status – Termination on basis of

criminal record – Fingerprint card – Application forms – Employees charged with felony offenses – Notification by employee found to have abused or neglected a child.

5. **KRS 160.445** Sports safety course required for high school athletics coaches – Training and education on symptoms, treatment and risks of concussion – Venue – specific emergency action plans.

Trauma-Informed Approach and Suicide Awareness in the School Setting

1. **KRS 158.4416** Trauma-informed approach to education – Definitions for section – Goals for employment of school-based counselors – School counselor or school-based mental health services provider to facilitate trauma-informed team – Duties of team – Training and guidance of school personnel to assist in recognizing and dealing with issues of student trauma – Collaboration for provision of services between two or more school districts or between school districts and educational cooperatives, or other public or private entities – Annual report to department number and placement of school-based mental health service providers in each district, source of funding, summary of job duties and percentage of time devoted to each duty – Report required to Interim Joint Committee on Education – Department of Education to make available toolkits to develop trauma-informed approach in schools – Plan and strategies for implementing trauma-informed approach.

Additional Laws and Regulations

1. **702 KAR 1:170** School district data security and breach procedures.
2. **702 KAR 4:170** Facility programming and construction criteria.
3. **KRS 160.1592** Public charter school's part of state's public education system Exemption from laws and regulations – School requirements – Enrollment option information for parents – Board of directors – Buildings and grounds, liability insurance, and other undertakings – Requirement to be nonsectarian and nondiscriminatory – Authorized grade levels – Programs and services for students with disabilities – Participation in athlete, academic, and other programs – Single sex public charter schools permitted – Amendments to charter contract – Acceptance of credits and grades received in public charter school – Leave of absence to teach in public charter school.

Health Services Reference Guide

The Kentucky Department of Education has developed the Health Services Reference Guide to help schools create supportive learning environments. This resource outlines requirements for student health policies and provides guidance for identifying and addressing student health needs.

The HSRG is updated regularly to reflect changes in state and federal regulations. School districts should use the HSRG as a foundation for developing their own health policies, procedures, and forms.

The local school district is responsible for keeping their health services policies, procedures and forms up to date per state and federal guidelines. KDE makes the HSRG available online, however, state law KRS 156.501(1)(a)(3) requires each school to keep a copy of the HSRG in the school library. KDE recommends that a link to this online resource be available via the computers in all school libraries to meet this legal requirement.

The Health Services Reference Guide can be found on the KDE School Health Services webpage.

School Health Services

School health services encompass a coordinated system of policies, programs, personnel, and practices designed to support student health, safety, and readiness to learn. In Kentucky public schools, school health services are delivered through collaboration among educators, administrators, school nurses, district leadership, and community partners as well as families.

The role of the district health coordinator is to provide strategic leadership and districtwide coordination for school health services, ensuring alignment with applicable laws, district policies and statewide guidance.

School Nursing

School nursing is a specialized professional practice that supports student health, safety, and academic success within the school environment. School nurses practice under the authority of their nursing license and in accordance with Kentucky statutes, administrative regulations, and standards established by the Kentucky Board of Nursing.

School nursing practice includes clinical assessment, care planning, delegation, medication administration, emergency response, and coordination of care in collaboration with families, healthcare providers, and school personnel. Clinical judgment, delegation, and supervision of health-related tasks are the responsibility of appropriately licensed nursing staff and may not be overridden by non-nursing personnel.

School nurses are essential to the educational system, providing services such as management of chronic conditions, medication administration, and emergency response that support student attendance, safety, and readiness to learn. Through these services, school nurses contribute to safe, healthy learning environments that promote students' physical, emotional, and social well-being.

District health coordinators are responsible for ensuring that all school nurses maintain required professional development hours and active Kentucky licensure in accordance with KBN requirements. For licensure validation and additional guidance, districts should refer to the appropriate KBN resources.

School Nurse Orientation

School nurse orientation supports the successful integration of newly hired or newly assigned nurses into the school health environment. Orientation should ensure that nurses understand district policies, applicable laws and regulations, documentation systems, emergency

procedures, and available resources necessary to practice safely and effectively in the school setting.

KDE has developed school nursing orientation modules aligned with current practice guidelines to support both new and experienced school nurses. These modules supplement district-provided orientation and should be used in conjunction with district-specific training. KDE orientation modules are available on the KDE Student Health Services webpage.

Orientation is a shared responsibility. Districts are responsible for providing training on local policies, procedures, documentation systems and site-specific practices. When districts enter into a contractual agreement with another party to provide health services to students and/or staff, specific language should delineate orientation, ongoing professional learning, and support responsibilities to ensure high-quality services are provided.

Nursing Delegation

Nursing delegation in the school setting is a professional nursing function governed by the Kentucky Board of Nursing and applicable state laws and regulations. Delegation decisions are based on nursing assessment, clinical judgment, task complexity, student needs, and staff competency. Only appropriately licensed nursing staff may determine whether a nursing task may be delegated and to whom. Delegation decisions may not be directed, assigned, or overridden by non-nursing personnel.

District health coordinators support nursing delegation by assisting with coordination of training, documentation processes, and communication. Delegation decisions are made solely by licensed nursing staff acting within their assigned nursing role and may not be made or approved by individuals functioning only in an administrative or coordination capacity.

Kentucky regulation **201 KAR 20:400** outlines the requirements for safely and effectively delegating nursing tasks and permits both direct and indirect delegation. Indirect delegation does not relieve the nurse of responsibility for appropriate assignment and supervision of unlicensed personnel.

Prior to delegating any task, the nurse must assess the student's nursing care needs and maintain accountability for assessment, planning, evaluation, and documentation. The nurse must provide instruction or verify competency of the unlicensed individual performing the task.

Criteria for Delegation

1. The delegated nursing task shall be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate;
2. The delegated nursing task shall be a task that, in the opinion of the delegating nurse,

may be competently and safely performed by the delegatee without compromising the client's welfare;
3. The nursing task shall not require the delegatee to exercise independent nursing judgement or intervention; and
4. The delegator shall be responsible for assuring that the delegated task is performed in competent manner by the delegatee

Supervision

1. The nurse shall provide supervision of delegated nursing tasks.
2. The degree of supervision required shall be determined by the delegator after an evaluation of appropriate factors involved including the following:
    - The stability and acuity of the student's condition;
    - The training and competency of the delegatee;
    - The complexity of the nursing task being delegated; and
    - The proximity and availability of the delegator to the delegate when the nursing task is performed.

Additional Resources:

1. 201 KAR 20:400 Delegation of nursing tasks.
2. 702 KAR 1:160 School health services. Section 5. Delegation to Perform Medication Administration.
3. KBN Decision Tree for Delegation to Unlicensed Assistive Personnel (UAP).

Medication Administration Training Program for Unlicensed Personnel

Medication administration training prepares unlicensed school personnel to perform specific medication-related tasks only through nursing delegation in order to support safe and compliant school health services. Completion of training does not authorize independent practice. All delegation, supervision, and continued authorization decisions remain the responsibility of appropriately licensed nursing staff.

KDE provides a standardized training program for districts utilizing unlicensed personnel. Training may be offered in-person or online and must include KDE modules, district-specific policies and procedures, and verification of competency through hands-on skill demonstration. Sample competency checklists are available in the KDE Medication Administration Manual for Unlicensed Personnel. Districts must utilize the KDE-mandated medication administration training program and are responsible for coordinating access, implementation, and annual training. In alignment with KRS 156.502, annual training is required, and any delegation is effective only for the applicable school year (July 1–June 30). Districts that operate summer

programming may be subject to adjusted timelines or considerations. For specific guidance, please reach out to your assigned KDE school health regional contact.

School nurses responsible for providing UAP training must first complete the KDE Medication Administration Training for Unlicensed School Personnel Program prior to teaching.

The KDE training program is not available through KY TRAIN. Districts are responsible for maintaining training records and requesting exam keys, certificates of completion, and Effective Instructional Leadership Act (EILA) hours. Updated manuals and training materials are available on the KDE School Health Branch webpage.

Final exams, certificates of completion, and certificates for EILA hours will not be posted on the KDE Health Services Webpage to protect the integrity of the final examination for the course. District health coordinators may request this information by emailing Tonia Hickman at tonia.hickman@education.ky.gov.

Please only submit one request per district

Materials for the annual Medication Training for Unlicensed Assistive Personnel can be found on the KDE School Health Branch website.

Commented [MS2]: Is this different from unlicensed assistive personnel?

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Commented [CM4R2]: Spoke with Angie. Updates have been made to the document content and title has been updated. This should reflect on the webpage once approved by communications and put on the page by Tonia and Jim!

Kentucky law mandates the provision of health services to students within the school setting. Federal law extends these requirements to school field trips involving out-of-state travel. The provision or delegation of health services by a Kentucky nurse to a school employee for students on out-of-state, school-sponsored field trips is regulated by the Boards of Nursing in the respective states along the travel route and at the final destination. For further information, please contact the KDE School Nurse Consultant, the designated KDE Health Program Administrator within your region, or the Kentucky Board of Nursing.

Information regarding regulations for Kentucky school nurses is available on the Kentucky Board of Nursing webpage. Please contact KBN for questions or additional information pertaining to their advisory opinion statements.

Please note: All medications, including over-the-counter (OTC) medications, must be prescribed and signed by a healthcare provider. District protocols and policies may be developed to ensure the safe administration of medications, which can include standing order medication protocols. Protocols and procedures must be in compliance with the American Academy of Pediatrics (AAP) Safe Administration of Medication in School: Policy Statement and the KBN Advisory Opinion Statement #16 Medications Via Various Routes.

Additional Information and Resources:

1. National Association of School Nurses (NASN) Providing Health Services for Children with Special Health Care Needs Out-of-State Filed Trips

Diabetes in Kentucky Schools Training

In accordance with KRS 158.838, both public and private schools are required to have a staff member trained in recognizing the signs and symptoms of hypo- and hyperglycemia, as well as in the treatment of these conditions and the administration of both Glucagon and Insulin. While KRS 158.838 does not mandate a specific training program, it specifies the training must be fully consistent with the programs and guidelines developed by the American Diabetes Association.

The University of Kentucky has developed a free specialized diabetes training program tailored for individuals working in school settings who assist with diabetes management. This program is known as the "Diabetes in Kentucky Schools Training Program." School nurses and health staff may complete this training to enhance their skills and knowledge in managing diabetes effectively. Please see the University of Kentucky College of Nursing website for additional information and access to the training program.

This section includes informational resources intended to support local planning and decision-making. Inclusion of a resource does not constitute endorsement by the Kentucky Department of Education of any specific entity, organization, product or service. Districts are encouraged to utilize these resources, along with any additional reputable resources, to assess the needs of their school staff and determine the most appropriate training and supports for their local setting.

Please note: KDE does NOT monitor the completion of these courses or compliance with the law/regulation.

Trauma-Informed Approach in the School Setting

In 2019, the School Safety and Resiliency Act, also known as Senate Bill 1, was passed into law by the Kentucky General Assembly. The Act affected multiple statutes regarding school safety and student resiliency and implemented requirements for trauma-informed approaches in the school setting.

The local board of education is responsible for developing a plan for implementing a trauma-informed approach in their district. For information regarding trauma-informed education plans and resources, please visit the KDE Trauma-Informed Practices webpage.

The KDE School Health Branch encourages DHCs and all school health staff to be familiar with the legislation and the trauma-informed education approach within their school district.

Reminder: KRS 620.030 reviews and outlines the duty to report cases of child dependency, neglect, abuse, human trafficking, or female genital mutilation. It mandates that any person who knows or has reasonable cause to believe that a child is in such a situation must report it to

the appropriate authorities. This statute also specifies that certain professional-client privileges do not exempt individuals from this reporting requirement. KRS 620.990 states any person intentionally violating the provisions of the 620 chapter shall be guilty of a Class B misdemeanor. Districts shall discuss all matters with legal counsel when deemed appropriate and necessary.

Additional Resources:

1. Cabinet for Health and Family Services (CHFS) Reporting Abuse, Neglect and Dependency
2. CHFS Kentucky Child/Adult Protective Services Reporting System

Health Consent Forms

Due to Kentucky schools being local control, health consent forms vary throughout the state. Districts may create their own consent forms to meet the specific needs of their student population.

Medical Examination of School Employees

702 KAR 1:160 requires each local board of education to have a medical examination of each certified or classified employee including substitute teachers. The exam shall be conducted prior to initial employment and shall include a tuberculosis risk assessment. The medical examination requirement shall not apply to school bus drivers who are covered by 702 KAR 5:080. The local board of education may require a policy that a school employee physical examination be conducted no earlier than a ninety (90) day period prior to initial employment.

Medical examinations shall be reported on the Medical Examination of School Employee Form or an electronic medical record that includes all of the data equivalent to that on the Medical Examination of School Employees form. Additional details regarding school employee medical examinations can be found in 702 KAR 1:160.

Dental Screening/Exams

KRS 156.160 (j) requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, nurse practitioner, or physician assistant to be presented to the school no later than Jan. 1 of the first year that a 5- or 6-year-old child is enrolled in public school. In addition to KRS 156.160, school health staff should also be familiar with 702 KAR 1:160, which provides additional requirements and guidance related to dental screenings and examinations in Kentucky schools.

The administrative regulation requires evidence that the criteria prescribed by the Kentucky Board of Education has been performed. Exams and screenings entered in the Kentucky Student Information System (KSIS) will meet this requirement.

Kentucky Dental Screening/Examination Form for School Entry

Vision Exams

KRS 156.160 (i) requires proof of a vision examination by an optometrist or ophthalmologist. In addition to KRS 156.160, school health staff should also be familiar with 702 KAR 1:160, which provides additional requirements and guidance related to vision screenings and examinations in Kentucky schools.

The administrative regulation shall require that a vision examination that meets the criteria prescribed by the Kentucky Board of Education has been performed. Evidence of the examination shall be submitted to the school no later than Jan. 1 of the first year that a 3, 4, 5 or 6-year-old is enrolled in public preschool, or Head Start program. Exams and screenings entered in the Kentucky Student Information System (KSIS) will meet this requirement.

Kentucky Eye Examination Form for School Entry

Preventive Health Care Examination of Students (School Physical)

702 KAR 1:160 requires a Kentucky Preventive Health Care Examination within one year prior to initial entry to school and a second exam within one year prior to entry into sixth grade. Local boards may also require a third exam within one year prior to entry into ninth grade. Out-of-state transfer students are required to submit documentation of a preventive health care exam.

Examinations shall be performed and signed by a physician, an advanced practice registered nurse, a physician's assistant, or by a health care provider in the early periodic screening diagnosis and treatment programs. Transmission of an electronic medical record to the school district via email from the health care provider's office may be accepted as the official's signature.

A preventive health care examination shall be reported on the Preventive Health Care Examination Form, or on an electronic medical record that includes all of the data equivalent to that on the Preventive Student Health Care Examination Form. Please refer to 702 KAR 1:160 for additional details.

Sports Physicals

Sports physical forms can be found on the Kentucky High School Athletic Association webpage. From the "General/Regs/Resources" dropdown, you will select "KHSAA Forms." You will then select the corresponding form.

Immunizations

KRS 214.034 requires any child enrolled as a regular attendee in all public, private primary, or secondary schools and preschool programs to have a current immunization certificate. Additionally, 902 KAR 2:060 mandates that every student has an immunization certificate to enroll and attend school. This certificate shall be on file within two weeks of the child's attendance. Individuals responsible for entering certificate data into Infinite Campus (IC) must ensure the completion of the **certificate date, expiration date and certificate type** to maintain compliance.

The Kentucky Cabinet for Health and Family Services (CHFS) oversees the immunization program in Kentucky schools. These requirements also allow for exemptions from immunizations for medical reasons and/or religious beliefs. Comprehensive information including school immunization legislation and regulations, forms, immunization schedules, and school immunization reporting requirements can be found at the Kentucky Department for Public Health, Child Health and Family Services Immunization Program webpage.

Emergency Preparedness and Emergency Medications

Emergency Preparedness

Emergency preparedness in the school setting is multifaceted and complex. Various statutes and regulations have been established to assist schools in outlining their emergency preparedness plans for their districts.

District health coordinators play a key role in supporting district level planning, coordination, and compliance related to emergency response procedures. Districts should ensure procedures are in place to support appropriate emergency response and emergency medication administration in accordance with law, district policy, and nursing delegation standards.

Please refer to the information below regarding emergency preparedness as it pertains to school health.

Emergency Management Response Plans

KRS 158.162 mandates the adoption of emergency management response plans in each school. This statute also requires schools to maintain portable automated external defibrillators and reviews the requirements for emergency response drills and the consequences of non-compliance. Emergency plans must include:

1. Procedures to be followed in case of medical emergency, fire, severe, weather, earthquake or a building lockdown as defined in KRS 158.164
2. A written cardiac emergency response plan; and
3. A copy of the data created through the School Mapping Data Program 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 AED.

Emergency plans must be provided to first responders and all school staff and should be reviewed following the end of each school year by the school nurse, school council, principal, and first responders and revised as needed.

Principals are responsible for discussing the emergency plan with all school staff prior to the first instructional day of each school year and document the time and date of any discussion.

Automated External Defibrillators

Schools must maintain AEDs in a public, readily accessible, well-marked location in every school building, and as funds become available, at school-sanctioned athletic practices and competitions. Schools must also:

1. Adopt procedures for the use of the portable AED during an emergency;
2. Adopt policies for compliance with KRS 311.665 to 311.669 on training, maintenance, notification and communication with local emergency medical services system;
3. Ensure that a minimum of three employees in the school and all interscholastic athletic coaches be trained on the use of a portable AEDs;
4. Ensure that all interscholastic athletic coaches maintain a cardiopulmonary resuscitation certification recognized by a national accrediting body on heart health; and
5. No later than Nov. 1 of each school year, submit an annual report to the KDE on:
    a. The number and location of each portable automated external defibrillator in every school building;
    b. The name, school, and training date of each school district employee and interscholastic athletic coach in the district trained in the use of a portable AED; and
    c. The progress made towards having an automated AED at all school-sanctioned athletic practices and competitions; and
    d. Require development of an event-specific emergency action plan for each school sanctioned nonathletic event held off campus to be used during a medical emergency, which may include the provision of a portable AED. The plan shall include the following:
        i. A delineation of the roles of staff and emergency personnel, methods of communication, any assigned emergency equipment including a portable AED, a cardiac emergency response plan, and access to a plan for emergency transport; and
        ii. Be in writing and distributed to any member of school personnel attending the school-sanctioned event in an official capacity.

Cardiac emergency response plans, per KRS 160.445 (5), 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 active during that athletic season.

In accordance with public health and safety regulations, individuals and entities acquiring an Automated External Defibrillator must adhere to the training expectations outlined in KRS 311.667 and KRS 158.162. AED users are required to complete training in Cardiopulmonary Resuscitation (CPR) and AED use through the American Heart Association, the American Red Cross or an equivalent nationally recognized course. The law does not mandate certification for

AED instruction nor specify who can provide the training content. As this decision is left to the discretion of the district, it is recommended to consult with your superintendent and local board attorney.

AEDs must be maintained and tested in accordance with the manufacturer's operational guidelines. Additionally, any individual who provides emergency care or treatment to a person in cardiac arrest using an AED must activate the local emergency medical services (EMS) system as soon as possible. Entities acquiring an AED are required to notify an agent of the local EMS system and the local communications or vehicle dispatch center about the existence, location, and type of AED acquired.

It is important to note that at least three individuals in the school and all interscholastic athletic coaches are trained on the use of a portable AED. Training must be conducted annually. Coaches include any individuals working with students in any capacity, whether paid or volunteer, including paraprofessionals. For school-affiliated activities, individuals must be trained prior to tryouts, practice, or sports competitions.

Additional Resources:

1. American Heart Association
2. American Red Cross
3. Abbreviated Cardiac Emergency Response Plan Example
4. Abbreviated Cardiac Emergency Response Plan Example 2
5. Project Adam

Emergency Medications

Per Kentucky Administrative Regulation 702 KAR 1:160, school districts must have emergency care procedures when students are in school or participating in school activities. According to the regulation, there must be a school employee who is trained to administer to a student or assist a student with the self-administration of glucagon, insulin, or seizure rescue medications.

It is important to note changes from the 2026 legislative session that amends provisions within KRS 158.830 through 158.838 related to prescribed medications, self-administration of medications, possession and use of medications, and undesignated glucagon in the school setting. Districts should review local policies, procedures, training requirements, and emergency response protocols to ensure compliance with current law.

For additional guidance regarding emergency medication processes in the school health setting, please refer to the KDE Health Services Reference Guide.

In compliance with Kentucky statutes, the KDPH has established protocols for the safe and proper administration of stock epinephrine, naloxone (Narcan), glucagon, and bronchodilator rescue inhalers (BRI) in Kentucky schools. Individual school districts are required to develop their own policies and procedures to supplement these protocols. For assistance or guidance in developing these policies or procedures, please contact the Kentucky School Boards Association. For detailed information regarding these clinical protocols, please visit the Kentucky Department for Public Health Cabinet for Health and Family Services webpage.

Additional Emergency Medication Resources:

1. **KRS 158.832** Definitions for KRS 158.830 to 158.838.
2. **KRS 158.834** Self administration of medications by students with documented medical conditions – Authorization – Written statement – Acknowledgement of liability limitation – Duration of permission.
3. **KRS 158.836** Possession and use of medications to treat documented medical conditions – Schools electing to keep epinephrine, injectable epinephrine devices, bronchodilator rescue inhalers, and undesignated glucagon on premises – Policies and protocols – Limitation of liability.
4. **KRS 158.837** Use of undesignated glucagon by practitioner, pharmacist, or trained individual – Storage – Contacting parents, guardians, and emergency services – Good Samaritan exception – Immunity from civil liability.
5. **KRS 158.838** Emergency administration and self – Administration of diabetes and seizure disorder medications – Required training – Required written statements and seizure action plan – Limitation on liability – Renewal of permission – Expiration dates of medication – Self-performance of diabetes care tasks – Diabetes or seizure disorder not to prevent attendance at school the student would ordinarily attend.

6. **KRS 217.186** Definition – Provider prescribing or dispensing opioid antagonist – Administration by third party – Use of opioid antagonist by person or agency authorized to administer medication – Immunity from liability – Administrative regulations – Use of opioid antagonist by schools – Use of opioid antagonist by licensed health care provider.
7. Epilepsy Foundation of Kentuckiana Seizure Training for Educators
8. EpiPen4Schools Program

Medical Cannabis

KRS 218B.045 encompasses a variety of requirements related to medical cannabis. Section 4 of the bill requires local boards of education to amend policies related to medical cannabis use. These amended policies must either prohibit or permit the use of medical cannabis on school property by a pupil who is a registered and qualified patient. Additionally, they must allow parents or legal guardians to administer medical cannabis, ensure that medical cannabis is administered out of view of other students, and include a process by which the school nurse or the staff member may refuse to administer or supervise the administration of medical cannabis. KDE encourages schools to review medicinal cannabis policies with their district attorneys. For additional information regarding patient rights related to medical cannabis, please refer to KRS 218B.045.

Chronic Health Conditions and Communicable Diseases

Students with chronic health conditions and communicable diseases may require accommodations, planning, and coordination to safely participate in the educational environment. District health coordinators support systems that ensure compliance with applicable laws, promote consistency across schools, and foster collaboration among families, healthcare providers, and school staff.

Clinical assessment, care planning, medical decision-making, and implementation of health services for individual students are the responsibility of appropriately licensed healthcare professionals, as outlined in the Health Services Reference Guide.

Chronic Conditions

According to the American Academy of Pediatrics, more than 14 million school-aged youth (almost 20% of the school-aged population) are affected by chronic health conditions, with half of these being moderate to severe conditions. Some of the most common chronic conditions seen in the school setting include asthma, allergy and anaphylaxis, diabetes, and seizures.

It is imperative for district health coordinators to be up to date with clinical practices and protocols for managing chronic conditions in the school setting as the school nurses, delegated

staff, and school health team members are at the forefront of helping students manage these conditions. For information regarding the management of chronic conditions in the school setting, please visit the corresponding webpages of the resources listed below:

1. AAP Patient Care, Management of Chronic Conditions in Schools
2. NASN Chronic Health Condition Management
3. Centers for Disease Control and Prevention (CDC) Whole School, Whole Community, Whole Child (WSCC)
4. CDC Healthy Schools Chronic Health Conditions in School Setting
5. CDC Managing Diabetes at School
6. Epilepsy Foundation
7. Asthma and Allergy Foundation of America
8. American Diabetes Association Safe at School
9. The University of Kentucky Diabetes in Kentucky Schools Training

Student Health and Education Plans

Various health and education plans are utilized to support students' success in educational settings while managing health conditions or disabilities. Examples of these plans include 504 Plans, Individual Education Plans (IEP), Individual Healthcare Plans (IHP), Asthma Action Plans and Seizure Action Plans. These plans are essential tools designed to ensure that students with disabilities, unique learning needs and/or medical conditions are provided with equal learning opportunities.

504 Plans are developed under Section 504 of the Rehabilitation Act of 1973. These plans provide accommodation(s) to ensure that students with disabilities have equal access to education.

Individual Education Plans (IEPs) are mandated by the Individuals with Disabilities Education Act (IDEA). These plans are tailored to meet the unique educational needs of students with disabilities, and include specific educational goals, services and accommodations. IEPs are more comprehensive than 504 Plans and often involve specialized instruction and related services to support the student's educational progress.

Individual Healthcare Plans (IHPs) address students' medical needs while they are at school. These plans are developed collaboratively by parents, healthcare providers and school staff. An IHP outlines how to manage the student's medical conditions during school hours and at school events (i.e., filed trips), including medication administration, emergency procedures and staff training requirements. IHPs differ from 504 Plans and IEPs as they are not standardized and can vary significantly between school districts.

Kentucky laws require schools to have a written individualized healthcare plan for students diagnosed with a seizure disorder. **The Seizure Action Plan** must be created by the student's treating physician and designed to address the student's healthcare needs.

Asthma Action Plans are not mandated by the state but are strongly encouraged as these plans are developed to help manage asthma symptoms and provide clear instructions for medication use and emergency procedures.

Diabetic Medical Management Plans (DMMP) are mandatory for students with diabetes. These plans, along with a 504 or IEP, outline how the student's medical needs will be addressed at school. Students with diabetes and seizures should have a medical treatment plan in accordance with Section 504 of the Rehabilitation Act of 1973, KRS 156.502, and KRS 158.838, and must be updated annually or whenever there are changes in the student's regimen, school circumstances or level of self-management.

The KDE School Health Branch strongly encourages nurses and/or the appropriate school health staff to attend meetings related to a student's 504, IEP or IHP.

Additional Resources:

1. Section 504 of the Rehabilitation Act of 1973
2. "Your Rights Under 504 of the Rehabilitation Act" Fact Sheet from the U.S. Department of Health and Human Services – Office for Civil Rights
3. Title II of the Americans with Disabilities Act of 1990 (ADA)
4. Individuals with Disabilities Education Improvement Act (IDEA) 2004
5. "Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools" – Guide created by the U.S. Department of Education – Office for Civil Rights
6. Kentucky Special Parent Involvement Network (KY-SPIN)
    a. Navigate to Section 504 Resources on webpage
7. Asthma and Allergy Foundation of America
    a. Asthma Action Plan Example Templates
8. Epilepsy Foundation
    a. Seizure Action Plan Templates

Communicable Diseases

Communicable diseases can be common in the school setting. However, prevention strategies can be utilized to prevent and decrease the risk of spreading infectious diseases such as the influenza virus, respiratory viruses, COVID and other communicable diseases such as lice, bed bugs and scabies. Please refer to the list of resources provided below for additional information and up-to-date recommendations related to communicable diseases. Users will need to navigate these webpages to access relevant information.

Please note: Both the Academy of Pediatrics and the National School Nurses Association encourage schools to discontinue "no-nit" policies (a child being free of nits before returning to school).

1. CDC Providing Care for Individuals with Head Lice
2. NASN Head Lice Management in Schools Position Statement
3. Environmental Protection Agency (EPA) Bed Bugs and Schools
    a. EPA Bed Bugs Go to School: A Guide for Teachers and Staff
4. CDC About Bed Bugs
5. CDC About Scabies
6. AAP Managing Infectious Diseases in Schools
7. CDC Infection Control
8. CDC Respiratory Syncytial Virus (RSV)
9. American Nurses Association K-12 Schools Infections Prevention

Infinite Campus (IC), Reporting and Student Health Data

Accurate and timely student health data is essential for compliance, continuity of care, reporting, and informed decision-making at the district level. District health coordinators play a key role in overseeing district-wide processes related to data quality, consistency, and reporting.

Student health information maintained as part of a student's education record is subject to FERPA. Districts are responsible for ensuring proper access, retention, and transfer of health data in accordance with applicable laws and district policy.

District health coordinators support data quality by providing system-level guidance, monitoring trends and promoting consistency across schools. Day-to-day data entry and clinical documentation are performed by school-based staff following district procedures. Data elements and reporting requirements may vary by district practices, staffing models, and student needs, provided that minimum state and federal standards are met.

Infinite Campus

Infinite Campus is a student information system used by districts throughout the Commonwealth to manage student data. IC employs an advanced security model to ensure student privacy. The KDE School Health Branch encourages all school districts to utilize IC for student health documentation, data entry and reporting. If your school district does not currently use IC for medical documentation and would like assistance transitioning to this standardized method, please contact your school health branch representative or Tonia Hickman for additional guidance and personalized customization of IC to meet your district's needs.

The KDE School Health Branch has developed resources to assist districts with IC-related customization and data entry. For additional information, please refer to the KDE School Health Services Infinite Campus webpage.

Reporting and Student Health Data

In accordance with Kentucky laws and regulations, school districts are required to submit annual reports and health data. Certain data elements will be automatically extracted from Infinite Campus at the end of the year, while other reports, such as those pertaining to AEDs, must be manually submitted by each district. Upon completion, these school health data reports will be published on the KDE Student Health Data webpage. It is imperative that each district ensures familiarity and compliance with these laws and reporting requirements.

Please note: The state does not require reports or data elements marked with an asterisk (*). However, KDE strongly encourages districts to collect this information, as doing so helps ensure that KDE can effectively support staff and students. This data is also important because it effectively demonstrates the school nurses' crucial role in students' educational success.

Chronic Health Conditions

Chronic health conditions should be entered into IC upon enrollment when reviewing school entry forms. KDE will generate an annual report at the end of the school year.

When entering health conditions in IC, the ICD-10 codes (International Classification of Diseases) should be used. Please utilize the KDE ICD-10 ADA Resource Sheet as needed for entering health conditions. This form can be found on the KDE School Health Branch website. The top conditions will be highlighted in yellow.

Students with EpiPens should have two conditions entered: **EpiPen** and **Anaphylaxis, personal history of EpiPen.**

Preventative Student Health Carel Examinations

KRS 702 KAR 1:160 requires students to have a preventive health care examination for students within one year prior to the initial entry of school and a second examination within one year prior to the entry of 6th grade. Out-of-state transfer students are required to submit documentation of a preventive health care exam. KDE will generate a report from IC at the end of the school year to ensure districts have met this requirement.

Hearing Screenings

702 KAR 1:160 states a board of education shall adopt a program of continuous health supervision for all currently enrolled students. Part of this supervision includes screening tests for hearing. Hearing screenings must be conducted annually within the current school year – summer screenings do not qualify. Data should be entered into IC as screenings are conducted. KDE will generate a report from IC at the end of the school year to ensure districts have met this requirement.

Vision Screenings

KRS 156.160 (i) requires proof of a vision examination by an optometrist or ophthalmologist. 702 KAR 1:160 also states, a board of education shall adopt a program of continuous health supervision for all currently enrolled students, including vision screenings. The administrative regulations shall require that a vision examination that meets the criteria prescribed by the

Kentucky Board of Education has been performed. Evidence of the examination shall be submitted to the school no later than Jan. 1 of the first year that a 3, 4, 5 or 6 year old is enrolled in public preschool, or Head Start program.

Dental Screenings

KRS 156.160 (j) requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, nurse practitioner or physician assistant to be presented to the school no later than Jan. 1 of the first year that a 5- or 6-year-old child is enrolled in public school. The administrative regulation shall require evidence that the criteria prescribed by the Kentucky Board of Education has been performed.

Immunization Certificates

KRS 214.034 requires any child enrolled as a regular attendee in all public, private primary or secondary schools, and preschool programs to have a current immunization certificate. Additionally, 902 KAR 2:060 mandates that every student have an immunization certificate to enroll and attend school. This certificate shall be on file within two weeks of the child's attendance. Individuals responsible for entering certificate data into Infinite Campus (IC) must ensure the completion of the **certificate date, expiration date and certificate type** to maintain compliance.

Stock Emergency Medications

The following Kentucky statutes govern the possession, administration, self-administration, and reporting requirements related to stock emergency medications in schools: KRS 158.836, KRS 158.837, KRS 158.838, and KRS 217.186. Districts are responsible for documenting the administration of stock emergency medications in Infinite Campus (IC). The KDE annually collects and reports data entered by school districts by extracting the data from IC at the end of each school year.

School Nurse Counts*

School nurse counts are reported annually to KDE through Infinite Campus. The KDE School Health Branch extracts this data from IC at the end of the year. When entering nurse counts into IC, please ensure to **only** include full and part-time nurses. Although nurse counts are not mandated, KDE strongly encourages school districts to report this data as it is a useful tool to ensure a safe and healthy school environment and demonstrates the importance of the nursing role as it relates to successful academic careers.

Health Office Visit (HOV) Discharges*

Health office visit discharge reports are utilized by KDE to evaluate national data metrics concerning back-to-class averages. KDE annually extracts this data from IC at the conclusion of the school year. Additionally, data on health office visits serves as a valuable resource for school districts to analyze student health, academic performance, absenteeism rates, back-to-class averages and staffing requirements.

When documenting office visits in IC, please select one of the following discharge options: **back to class, EMS, left school for medical referral or left school for other referral.** While additional discharge options may be added, school nurses and health staff should prioritize choosing one of these four categories.

AED Reporting

Per KRS 158.1621 Section 2, By Oct. 1 of each year, the Kentucky Department of Education shall publish a report on the number of portable automated external defibrillators in Kentucky public schools by school and school district to the department's website and submit the report to the General Assembly's Interim Joint Committee on Education and Interim Joint Committee on Health, Welfare and Family Services. School districts are required to annually submit the number of AEDs in each of the district's buildings to KDE by Aug. 1. School districts are also responsible for capturing and reporting any progress made towards having a portable automated external defibrillator at all school-sanctioned athletic practices and competitions year. This data shall be submitted annually to KDE by Nov. 1.

Additionally, in compliance with KRS 158.162, school districts shall report to KDE all persons within the district which have been trained annually in the use of AEDs. Trained staff must include at least three individuals in each building (can be more if desired by district's policy) and ALL coaches (individuals who are working in any capacity with students, whether paid or volunteer and includes paraprofessionals) in all sports. This reporting requirement is due annually by Nov. 1. The reporting period should capture AED-rained individuals between Oct. 2 of the previous year through Oct. 1 of the current year.

All AED data is submitted by districts through a separate reporting tool rather than in Infinite Campus as previously used. Access to this electronic tool can be granted by district health coordinators contacting his/her designated KDE school health regional contact.

Report Name/Data Requirement	Reporting Deadline
Chronic Health Conditions	Enter into IC upon enrollment when reviewing school entry forms
Physical Exams	Annually by October 15 *Students enrolled after Oct. 15 should have a physical exam in IC within two weeks of enrollment.*
Hearing Screenings	Must be conducted sometime during the school year – summer screenings do not qualify. Data should be entered into IC at the time of the screening.
Vision Screenings	Must be conducted sometime during the school year – summer screenings do not qualify. Data should be entered into IC at the time of the screening.
Dental Screenings	Annually Jan. 1
Immunization Certificates	Certificates must be on file within two weeks of enrollment.
Stock Emergency Medications	Must be entered into IC by the end of the school year.
School Nurse Counts	Should be entered into IC by the end of the school year.
Health Office Visit Discharges	Should be entered into IC by the end of the school year.
Number of AEDs in each of the districts' buildings	Annually Aug. 1
AED Trained Staff	Annually Nov. 1
AED Progress	Annually Nov. 1
Superintendent Certification of KRS 158.162 (3(e)	Annually Nov. 1

School Health Program Tools

KDE has developed a variety of additional tools and documents for school districts and district health coordinators to utilize to best support their district's needs. Please visit the KDE school health services webpage for additional information.

Community Partnerships and Additional Resources

Establishing community partnerships can be highly beneficial for school districts as it fosters a collaborative environment that can enhance educational outcomes and student well-being. School districts can engage with local businesses, non-profit organizations, healthcare providers, emergency services providers and other community stakeholders, which allows schools to access additional resources, expertise and support services. The Kentucky Department of Education encourages school districts to work with their community and engage in community partnerships as these can lead to enriched educational programs, improved health and wellness initiatives, and greater opportunities for student engagement and success. Below you will find a list of some potential community partners and additional resources that could benefit your district.

I. Allergy and Asthma Network
II. American Academy of Pediatrics
III. American Diabetes Association
IV. American Heart Association
V. American Red Cross
VI. Bikers Against Child Abuse (BACA)
VII. Centers for Disease Control and Prevention (CDC)
VIII. Division of Family Resource and Youth Services Centers
IX. Epilepsy Foundation
X. Food Allergy Research and Education
XI. Kentucky Cabinet for Health and Family Services
    a. Department for Behavioral Health, Development and Intellectual Disabilities
    b. Substance Use Prevention and Promotion Branch
XII. Kentucky Department of Education
    a. KDE School and Community Nutrition
    b. KDE School Health Services
    c. KDE Pupil Transportation
XIII. Kentucky Department for Public Health
XIV. Kentucky Educational Cooperatives
XV. Kentucky School Boards Association
XVI. Kentucky School Nurses Association
XVII. Kentucky School Nutrition Association
XVIII. Kentucky Suicide Prevention Group – Sources of Strength
XIX. Local Health Departments
XX. National School Nurses Association

XXI. Project Adam
XXII. The University of Kentucky
    a. Diabetes in Kentucky Schools Training Program