



CHECKLIST for HEALTHY SCHOOLS



SCHOOL NAME: _____ School Year: _____

- Why: To ensure that your school site is prepared to respond to illness, injury and health emergencies
- How:
- Site Administrator designate staff to complete.
 - Designated staff review the CHS and indicate if the system needs to be improved.
 - Note which school staff would be responsible for specific steps.
 - Note the deadline for accomplishing specific steps. Add comments if needed.
 - Forms and detailed procedures can be found in the School Health Manual (www.healthiersf.org Resources and Publications/ School Health Manual, Sections A, B & E)
 - For assistance or consultation on accomplishing any of the steps, contact your School Nurse, the Nurse of the Day or your Central Nurse Coordinator @ 415-242-2615.
- When: All measures should be completed early in the Fall and monitored throughout the school year. Return this completed Checklist to SHP, Mary Jue, juem@sfusd.edu or fax to 415-242-2618.

	Healthy School Measure	Need for Improvement?	Staff Responsible	Deadline	Comments
Identification of Students with Health Needs	Students with health conditions are identified by a review of all emergency cards <ul style="list-style-type: none"> • Staff <i>who need to know</i> (teacher, PE Coach, cafeteria worker, etc.) should be informed of their students with health conditions (use Synergy Report HLT404) • New student health information is entered into Synergy's Health Module • A Student Health Condition Report (Synergy Report HLT401) is used to determine the need for staff training, need for care plans and medication forms. 				
	Students with health conditions or who need medication at school should have current emergency care plans and/or medication forms (dated for the current school year). <ul style="list-style-type: none"> • If not, send home care plan/medication forms and follow up to ensure they are returned (see SHM, Section B & C) • A School Health binder with copies of all medication forms and emergency care plans is kept in an accessible but confidential location • Staff <i>who need to know</i> (teacher, PE Coach, cafeteria worker, etc.) have copies of student emergency care plans • Send a copy of every care plan and medication form to School Health Programs, 1515 Quintara, fax 415-242-2618 Attn: Central Nurse Coordinator 				
	Students who have not met health requirements, particularly immunizations, are identified (Synergy report HLT403) <ul style="list-style-type: none"> • Inform families of the need to submit evidence of any missing immunizations 				

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Medications	<p>Medications are current (not expired) and kept in a secure and accessible location.</p> <ul style="list-style-type: none"> • Medications are in original containers with student name. • All medications are accompanied by a Medication Authorization form and student's Medication Log (SHM, Section C) • Staff <i>who should know</i> (teacher, PE Coach, cafeteria worker, etc.) is aware of the medication location • An inventory of all medication that is on-site is used to record when medication is returned or disposed (use the School Medication Log form) 				
	<p>School staff who administer medications (such as asthma inhalers or epinephrine) should complete a training every year to document competency to administer medication (contact your School Nurse or Central Nurse Coordinator @ 415-242-2615 to request a training)</p>				
	<p>There is a system to remind teachers that medications (including emergency medications) and staff trained to administer medications should be on field trips.</p>				
First Aid	<p>First aid kits for each classroom, the main office, the school yard, and field trips are stocked and maintained (supply lists and warehouse ordering information can be found in the SHM, Section A)</p> <ul style="list-style-type: none"> • Illness/Injury/First Aid Log should accompany the kits and be used for documenting 				
Reporting	<p>Student Injury or Incident Reports are completed in Synergy (Student Health Log)</p> <ul style="list-style-type: none"> • If student is referred to a health care provider or 911 is called, complete an Incident Report and notify Risk Management, riskmanagement@susd.edu 				

Person Completing This Form

Role

Date

_____, Principal
Principal Signature