

School Nurse Competency Checklist

Employee Name: _____ Date of Hire: _____

Assigned School: _____ Current Date: _____

Employee Signature: _____ Date: _____

Evaluation method: V=Verbal D=Demonstration O=observation

Competency	Evaluation Method	Date	Evaluator Initials
Nursing Data Collection			
Collects students' health history (health assessment forms, screening results, clinic visits) for the school population			
Generate report for students with chronic medical conditions in the EMR and provide follow up care as needed			
Collects immunization data for Pre-K, K, 7 th and all new students enrolled in the district –documents in EMR			
TENNIIS Navigation			
Communicable Disease Prevention and Control			
Assesses signs/symptoms of communicable disease			
Has knowledge of and enforces CMCSS communicable disease policies			
Assess severity of illness/injury and acts appropriately			
Focused Assessment			
Neurological Assessment: Glasgow coma scale 3-15; orientation questions to specific age group			
Pupil size- reactivity			
Grip strength, motor response			
Full set of vitals to include at minimum, pulse, respirations and manual blood pressure			
Concussion checklist			
Student accident form			
Return to learn/play			
Cardiovascular Assessment:			
Heart sounds			
Capillary refill			

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Pulse- apical/peripheral			
Blood pressure-manual			
Competency	Evaluation Method	Date	Evaluator Initials
Temperature:			
Oral/axillary/tympanic			
Respiration:			
Lung sounds/rate/effort			
Spirometry			
Gastrointestinal:			
Bowel sounds			
Assess for dehydration			
Genitourinary:			
Signs/symptoms of infection			
Muscular/skeletal/integumentary:			
Heat/cold application			
Wound care (topicals)			
Psychosocial:			
Therapeutic communication			
Age appropriate communication			
Suicide prevention team			
Guidance referral process			
Health screenings			
Audiometry			
Vision screen			
Height/weight/BP			
Color blind test (k only)			
Referral process			
Documentation			
Medication administration record-EMR			
Clinic referrals			
Daily/prn meds			
Communication with guardian/parent (Notes section)			
Substitute nurse binder			

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Medication error form			
Medication Waste			

Competency	Evaluation Method	Date	Evaluator Initials
DCS reporting process			
Develops plans for back up to handle health emergencies/medication administration when school nurse is unavailable, (team coverage, med trained staff)			
Assumes responsibility for implementing IHP'S and Emergency action plans-uploads documents to EMR			
Has working knowledge of the sub system – Red Rover			
Collaborates with the MERT team/MERT drill/Stop the bleed training			
AED-working knowledge of accutrack, monthly inspections			
Go Bags-Supplies and class roster to be kept current			
Basic understanding of 504's, IHP's, IEP's			
Basic understanding of HIPAA, FERPA, FAPE			
Working knowledge of mail system/courier			
Communication			
Coordinates education to school staff (CPR, medication, diabetes, seizure)			
Emergency Medication on the Bus Procedure			
Exhibits knowledge of school program, master schedules, classroom phone numbers/extensions			
Professionalism			

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Engages in teamwork/team building			
Competency	Evaluation Method	Date	Evaluator Initials
Maintains responsible, professional behavior at all times			
Follows dress code at all times			
Participates in professional development			
Protects student confidentiality, dignity, autonomy, values and beliefs while providing care			
Record keeping-2 years plus current year			

Evaluated by:

Signature: _____ initials: _____ Date: _____

Signature: _____ initials: _____ Date: _____

Signature: _____ initials: _____ Date: _____

Signature: _____ initials: _____ Date: _____

Signature: _____ initials: _____ Date: _____

District RN signature: _____ Date: _____

*******Competency checklist to be reviewed and signed by District Nurse Supervisor or Coordinator only*******