



**Clarksville - Montgomery County School System  
School Nurse Competency Checklist (HEA-F129)**

Employee Name: \_\_\_\_\_

Assigned Location: \_\_\_\_\_

Evaluation Method:            V = Verbal    D = Demonstration    O = Observation

<b>Competency</b>	<b>Evaluation Method</b>	<b>Date</b>	<b>Evaluator Initials</b>
<b><i>Communication</i></b>			
Working knowledge of classlink apps <ul style="list-style-type: none"> <li>• Red Rover</li> <li>• School Nurse Portal</li> <li>• Tech Help</li> </ul>			
Substitute Nurse Binder requirements			
Mail Courier System			
<b><i>Data Collection</i></b>			
Working knowledge of student health assessment process			
Creating reports in EMR			
Immunizations <ul style="list-style-type: none"> <li>• TN Certificate</li> <li>• Military Consent</li> <li>• How to upload to EMR</li> </ul>			
Mass screening process			
Well Child process			
Injury Report process			
<b><i>Documentation</i></b>			
Working knowledge of EMR			
Working knowledge of TENNIIS			
DCS Report process			

How to upload IHPs into EMR <ul style="list-style-type: none"> <li>Process for approval</li> </ul>			
IHP Requirements <ul style="list-style-type: none"> <li>Allergies</li> <li>Asthma</li> <li>Diabetes</li> <li>Seizures</li> </ul>			
How to check in a new medication (med count sheet)			
How to setup a new order in EMR			
Coordinate education to unlicensed assistive personnel (general medication, diabetes, seizure, stop the bleed)			
Record keeping - current school + 2 years			
<b>Emergency</b>			
<ul style="list-style-type: none"> <li>Coordinates with MERT Team</li> <li>MERT Team Drill at least once a school year</li> <li>Stop the bleed training with team and/or school staff</li> </ul>			
<ul style="list-style-type: none"> <li>Working knowledge of AED in the building (locations/machines/supplies)</li> <li>Working knowledge of Accutrack</li> <li>Understand monthly inspections of AED are required</li> </ul>			
Understanding of Concussion Checklist			
Go Bag Inspections			
Emergency Medication on the School Bus forms			
<b>Health Screening</b>			
Understanding of grade level requirements			
General understanding of screening equipment <ul style="list-style-type: none"> <li>Snellen chart</li> <li>Audiometer</li> <li>Vision Spot Screener</li> </ul>			
Referral Process after mass screenings			
Screenings for IEP requirements			
How to input screening information into EMR			

<b>Nursing Skills</b>			
<ul style="list-style-type: none"> <li>● Seizure Training</li> <li>● Diabetes Care</li> <li>● General Medication</li> <li>● Feeding tube procedure</li> <li>● Catheter procedure</li> </ul>			
Vitals <ul style="list-style-type: none"> <li>● Manual Blood pressure</li> <li>● Temperature (Temporal, oral, axillary)</li> <li>● Apical/Peripheral Pulse</li> </ul>			
Pupil size and reactivity (PERRLA)			
Capillary refill			
Stethoscope placement <ul style="list-style-type: none"> <li>● Heart Sounds</li> <li>● Lung Sounds</li> <li>● Bowel Sounds</li> </ul>			
Wound care (approved topicals)			
<b>Policies</b>			
Understanding of medication error process			
Understanding of medication waste			
Basic understanding of 504, IEP, IHP's			
Basic understanding of HIPPA, FERPA, FAPE			
Working knowledge of communicable disease and enforces policies			
Understanding to communicate to District RN with clinic visit concerns			
Respond appropriately on severity of illness/injury			



<b>Professionalism</b>			
Follows dress code at all times			
Collaborate with school team and nursing staff			
Maintains responsible, professional behavior at all times			
Participates in professional development			
Maintain organized health clinic in an efficient manner			
Demonstrates age appropriate communication			
Basic knowledge of guidance referral system for mental health and/or behavioral needs			
Presentations to staff			

Evaluated By: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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Evaluated By: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**New Hire Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**District RN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* Checklist to be reviewed and signed by Student Health Services Supervisor or Coordinator only \*\***