

LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director
District Nursing Services

**INFORMATION FOR SUBSTITUTE CREDENTIALLED SCHOOL NURSES OR OTHER
SCHOOL NURSES PROVIDING COVERAGE IN ELEMENTARY SCHOOLS**

Form completed by School Nurse at the beginning of each school year and updated as needed. Form placed at the beginning of the Health Record Book1 (Black Binder) that is kept with the Medication/Protocol books.

PURPOSE

1. To provide basic operational information particular to the school
2. To provide continuity in the school health program

CAMPUS NAME _____ DATE _____

SCHOOL/S _____

TELEPHONE _____ ENROLLMENT _____ REGION _____

SCHOOL NURSE _____

HEALTH OFFICE CLERK _____ SCHEDULE _____

NURSING COORDINATOR _____ TELEPHONE _____

LEAD NURSE _____ TELEPHONE _____

PRINCIPAL _____ ASST. PRINCIPAL _____

SCHOOL ADMIN. ASST.(SAA) _____ TELEPHONE _____

PLANT MANAGER _____ TELEPHONE _____

CAFETERIA MANAGER _____ TELEPHONE _____

LOCATION

1. Health Office Keys _____

2. Telephone _____

3. Health Record Book _____
4. Protocol/ Diabetic Protocol Book _____
5. Medication Book _____
6. Health Record Cards _____
7. Emergency Cards _____
8. Computer (Sign-On Information) _____
9. LAUSD Forms & Letters _____

SCHOOL NURSE'S SCHEDULE

1. Days & Hours _____
2. Nutrition _____ Relief Coverage _____
3. Lunch _____ Relief Coverage _____
4. Summon Student Phone _____ Bell _____ Intercom _____
5. Emergency Bells _____

SCHOOL SCHEDULE Regular _____ Professional Development Day (PD) _____

PRIMARY

UPPER

Recess _____

Recess _____

Lunch _____

Lunch _____

BUS SCHEDULES _____

FIRST AID AND EMERGENCY/CRISIS DRILLS

1. Fire Exit _____ Assembly Area _____

2. Disaster First Aid Station _____

3. Lockdown _____

4. Policy for ill students during drill or crisis _____

☐ Return to class

☐ Keep ill students with you.

FIRST AID

1. Emergency First Aid Kits (Locations) _____

2. First Aid Kits for Fieldtrips _____

3. Wheelchairs (location) _____

4. Stretcher (location) _____

5. Ice packs (location) **Do not use chemical ice packs** _____

6. First Aid Supply Storage/Assessment Tools (Stethoscope/ BPCuff) _____

7. Location of AED(s) _____

8. Location of Naloxone(s) _____

9. Location of Emergency Epinephrine _____

VISION SCREENING (Credentialed School Nurse Only):

1. Rooms to be screened (List of Room# - mark off when completed) _____

2. Designated screening location (i.e., library, classroom) _____

SPECIAL PROGRAMS

PROGRAM	DAY	LOCATION	STAFF MEMBER
Adapted P.E.	_____	_____	_____
Speech & Language	_____	_____	_____
PSAC	_____	_____	_____
PSW	_____	_____	_____
OTHER	_____	_____	_____

ATTACHMENTS

Map of School
Faculty List with room and ext. numbers
School Schedules (including Inclement Weather)
Health Alert List
Protocol/Diabetic Protocol List
Medication List
Daily Schedule of Medications and Protocols
List PRN Medications and Protocols