OAR 581-022-2220 (Health Services) Implementation Tool

This tool is designed to support districts to implement requirements found in OAR 581-022-2220. For more information on how to use this tool, please see the Instructions document. The first section of OAR 581-022-2220 requires school districts, education service districts, and public charter schools to develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must describe a health services program for all students at each facility that is owned or leased, where students are present for regular programming. The health services plan will be created and maintained by the administration of each district and charter school serving students. This tool facilitates self-evaluation of the required components of the rule.

District/School/Program Name: Baker School District 5J, Baker Early Learning Center

Date Last Updated: 31 July 2026

Table I: Staff Member Roles

Naming roles and identifying individuals, and alternates where appropriate, helps to ensure direction, coordination, and collaboration in providing health services. Health services encompass many aspects of a student's school day and rely upon a variety of staff roles.

School and District Planning Team Members	Primary Contact (Name/Title)	Alternative Contact (Name/Title)
District leadership	Casey Hallgarth, Superintendent	Lindsey McDowell, Public Information & Communication
Building lead/administrator	Tianna Teixeira, Principal	Tom Joseph, Eagle Cap Principal
Health representative	Riley Hall/Hailey Keller, District Nurses	School-Based Health Center
Registered nurse	Riley Hall/Hailey Keller, District Nurses	School-Based Health Center
Licensed health services staff	Riley Hall/Hailey Keller, District Nurses	School-Based Health Center
Other staff as identified by the team		

Table II: Communicable Disease Prevention & Response

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1) School districts, education service districts, and public charter schools shall develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must describe a health services program for all students at each facility that is owned or leased where students are present for regular programming. The health services plan will be created and maintained by the administration of each district and charter school serving students. Health services plans must include:				
(1)(b) Communicable disease prevention and management plan that includes school-level protocols for:	Where is the protocol located and how is it trained with school staff? Is the plan updated regularly and by whom?	• School-level Communicable Disease Management Plan	Baker School District 5J - Health Information (bakersd.org) District and School-Level Communicable Disease Management Plans are reviewed with input from staff at each school, the District nurse, our local health department, and current ODE guidance and updated at least annually at the beginning of each school year. They are posted on our website at the link above and made familiar to staff by ongoing training from our District Nurse.	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(b)(A) Notifying the local public health authority (LPHA) if absence due to illness threshold, as established by the Oregon Health Authority (OHA) or LPHA, of students and staff is attained.	What is the school-level process for monitoring symptoms and absences and contacting LPHA? Who is responsible for monitoring illness thresholds and what is the communication plan in responding? What metrics or data are monitored to determine when the LPHA needs to be contacted? How is the process reviewed and updated regularly in the district's communicable disease plan?	• School-level Communicable Disease Management Plan (Section 1, Table 2) • Protocol for LPHA communication • Protocol for monitoring absences and illness **Resources:** • Communicable Disease Guidance for Schools	Included in our annual update to the Communicable Disease Management Plans is guidance on monitoring and reporting illness and absences. Secretaries and Admin at each school monitor daily attendance for illness-related absences and send a weekly report to the Superintendent's Office when there is >10-20% school absenteeism due to illness and a daily report to the Superintendent's Office when there is >20-30% school absenteeism due to illness. If there is greater than 30% school absenteeism due to illness, the district will collaborate with our local health department regarding any school closure decisions and communication to families and the community regarding closure.	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(b)(B) Exclusion of individuals consistent with OAR 333-019-0010, with a description of an isolation space that is appropriately supervised and adequately equipped and that can be used exclusively for the supervision and care of a sick child when a sick child is present in the school.	Where is the isolation space? Can it be used exclusively as an isolation space? What is the plan to shift use when needed and how will staff be made aware that the space is in use for isolation? What protocols are in place to ensure supervision, supplies, and cleaning after use?	• School-level Communicable Disease Management Plan (Table 1; Section 3, Table 4) • Consistent with board policies JHCC/JHCC-AR and GBEB/GBEB-AR • Isolation space protocol **Resources:** • Communicable Disease Guidance for Schools	Per our Communicable Disease Management Plans, isolation space is set aside in each school building with protocols for supervision, supplies, and cleaning under the direction of our District Nurse.	Yes
(1)(b)(C) Implementing mitigation measures if cases warrant or if recommended by the Oregon Health Authority or LPHA.	How are school staff trained on the school's communicable disease mitigation measures? Are supplies available and located in or near where they may need to be utilized? What is the process implementing mitigation measures?	• School-level Communicable Disease Management Plan (Section 3, Table 4) **Resources:** • Communicable Disease Guidance for Schools	Communicable disease mitigation measures are included in our Communicable Disease Management Plans and made familiar to staff by ongoing training from our District Nurse. Supplies are kept readily available to staff.	Yes

(1)(b)(D) Identifying, understanding, and responding to the needs of students who are more likely to have severe disease outcomes or loss of access to education due to a communicable disease, and responding to those needs.	How did you identify those in your school that are disproportionately impacted by communicable disease? How do you monitor and determine when to respond to student's needs? Who is included in these conversations? What supports are available to students and how are they communicated to staff?	• School-level Communicable Disease Management Plan (Section 2, Table 3) • ODE Student Acuity Tool • Protocol or process that would be activated (established team to discuss needs in response to CD events) • Individuals with Disabilities Education Act (IDEA) or section 504 process **Resources:** • ODE school nurse resources webpage	Per our Communicable Disease Management Plans, we provide opportunity for staff, students, and families to self-identify as being at high risk. Our District Nurse also helps identify students listed as medically complex, medically fragile, or nursing dependent; and we work with our Special Education Director, Homeless Liaison Officer, and ESL Coordinator/Family Liaison to identify disproportionately impacted students/families. These teams help monitor and respond to student needs. The District is able to provide flexible attendance and learning platforms with qualified instructors for students and families requesting accommodations for high-risk health needs. The District implements a comprehensive plan for continuity of instruction, including online learning, credit recovery, academic and enrichment learning; and the District has invested in technology, curriculum,	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			and professional training to fully support these learning options. Under the guidance of the Special Education Director, interdisciplinary teams are established who communicate with parents and health care providers to determine the current needs of each student identified as medically complex, medically fragile, or nursing dependent and modify health care plans, IEPs, 504s, or other student medical plans accordingly and ensure requirements for ADA and FAPE are met.	

(1)(b)(E) Responding to the mental health impacts of a communicable disease outbreak in the school.	How are the wellbeing and mental health needs of students and staff determined? What district or school resources will be utilized in supporting student and staff wellbeing and mental health during prevention, response, and recovery from incidents of a communicable disease outbreak? How are staff, students and families linked to culturally relevant health and mental health services and supports?	• Integrated Guidance/Student Investment Account Plan • School-level Communicable Disease Management Plan (Table 1) • Multi-tiered system of supports for mental health • Mental health community resource map **Resources:** • ODE mental health webpage	Per our Communicable Disease Management Plans, Baker School District provides health and mental health support for students and families. These services include suicide prevention, behavioral safety assessments, and access to the SafeOregon Tip Line and Care Solace mental health care coordination services. Positive school culture and climate supports include programs to prevent bullying, cyberbullying, harassment, and intimidation, and those which promote mental health and well-being. Students have access to personal and mental health services through the School-Based Health Center and school counselors, as well as Care Solace mental health care coordination services. Baker School District has developed strong relationships with local and county systems of care, including coordinated care organizations (CCOs),	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			school-based health centers (SBHC), community-based mental health providers, community health workers, and others to ensure access to a comprehensive array of culturally-responsive services for students and families. The district utilizes these relationships to ensure the school community and families have access to information regarding available local services.	

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(b)(F) Ensuring continuity of education for students who may miss school due to illness.	How are health and other related services for students who have an Individual Education Program (IEP) or 504 plan considered? What is the communication process to support family involvement during a student's absence?	• School-level Communicable Disease Management Plan (Section 2, Table 3) • "Child find" IDEA or section 504 process	Per our Communicable Disease Management Plans, we provide flexible attendance and learning platforms with qualified instructors for students and families requesting accommodations for high-risk health needs. Baker School District implements a comprehensive plan for continuity of instruction, including online learning, credit recovery, academic and enrichment learning. The District has invested in technology, curriculum, and professional training to fully support these learning options.	Yes
(1)(c) A district-to-school communication plan that includes a:	Where is the protocol located and how is it shared with school staff? Does the protocol ensure accuracy and efficiency?	• Point of contact and duties found in the school-level Communicable Disease Management Plan (Section 1, Table 2)	District and school-level Communicable Disease Management Plans include points of contact and duties.	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(c)(A) Point of contact to facilitate communication, maintain healthy operations, and respond to communicable disease questions from schools, state or local public health authorities, state or local regulatory agencies, students, families, and staff;	Does the point of contact have appropriate authority and knowledge to communicate to all parties accurately and efficiently? How is the point of contact assignment updated as needed with staffing changes? What is the process to make the point of contact aware of pertinent information?	• Point of contact and duties found in the school-level Communicable Disease Management Plan (Section 1, Table 2)	Points of contact and duties are found in our district and school-level Communicable Disease Management Plans.	Yes
(1)(c)(B) Protocol to provide all staff and families with contact information for the point of contact; and	How is this information shared each school year? Where is this information accessible to staff and families?	• Link on district webpage to point of contact information • Point of contact and duties found in the school-level Communicable Disease Management Plan (Section 1, Table 2)	Protocols and contact information are found in our district and school-level Communicable Disease Management Plans and are updated as needed, at least annually.	Yes
(1)(c)(C) Process to notify as soon as possible all families and other individuals if there has been a case of a restrictable disease as defined by OAR 333-019-0010 on the premises if advised by an LPHA or the OHA.	How does the school district ensure accurate and efficient communication is provided to families about cases as needed? Who is responsible?	• Point of contact and duties found in the school-level Communicable Disease Management Plan (Section 1, Table 2) • District/building-level communication tree and protocol	Protocols for communication are included in our Communicable Disease Management Plans.	Yes

Table III: School Health Services

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1) School districts, education service districts, and public charter schools shall develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must describe a health services program for all students at each facility that is owned or leased where students are present for regular programming. The health services plan will be created and maintained by the administration of each district and charter school serving students. Health services plans must include:				
(1)(a) Health care space that is appropriately supervised and adequately equipped for providing health care and administering medication or first aid.	What are the district requirements (location/supplies) for a health care space? Where is the health care space at building level? What protocols are in place to ensure supervision and supplies?	• Job description or assignment of duties that includes supervision of health care space • Evidence of training required for staff supervising health care space. (e.g., Medication Administration training) • District or building level health care and medication administration protocols **Resources:** • ODE medication administration webpage	There is designated health care space set aside in each school building with protocols for supervision, supplies, and cleaning under the direction of our District Nurse per our Health Services Plan.	Yes

(1)(e) Services for all students, including those who are medically complex, medically fragile or nursing dependent, and those who have approved 504 plans, individual education program plans, and individualized health care plans or special health care needs as required by ORS 336.201, 339.869, OAR 581-021-0037, 581-015-2040, 581-015-2045, and 851-045-0040 to 0060; and 851-047-0010 to 0030.	How is student acuity assessed to determine nurse staffing as required by ORS 336.201? How are student needs identified and information shared with appropriate staff so that services may be provided? How are student services documented and information shared to support care coordination? Does the school district have sufficient staffing and resources for Nursing, Occupational Therapy, Physical Therapy, and Speech Language Pathology and Audiology?	• "Child find" IDEA or section 504 process • Process that outlines how students are identified, assessed, and receive services • Annual MC, MF, ND, and school nurse Full time Employees (FTE) data collection • Staffing plan that outlines health services providers and their assignments, including RN, LPN, and delegations, in relation to student population and need **Resources:** • ODE school nurse resources webpage	Our District Nurse helps identify students listed as medically complex, medically fragile, or nursing dependent; and we work with our Special Education Director, Homeless Liaison Officer, and ESL Coordinator/Family Liaison to identify disproportionately impacted students/families. These teams help monitor and respond to student needs. The District is able to provide flexible attendance and learning platforms with qualified instructors for students and families requesting accommodations for high-risk health needs. The District implements a comprehensive plan for continuity of instruction, including online learning, credit recovery, academic and enrichment learning; and the District has invested in technology, curriculum, and	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			professional training to fully support these learning options. Under the guidance of the District Nurse and Special Education Director, interdisciplinary teams are established who communicate with parents and health care providers to determine the current needs of each student identified as medically complex, medically fragile, or nursing dependent and modify health care plans, IEPs, 504s, or other student medical plans accordingly and ensure requirements for ADA and FAPE are met.	

(1)(h) Process to assess and determine a student's health services needs, including availability of a nurse to assess student nursing needs upon, during, and following enrollment with one or more new medical diagnose(s) impacting a student's access to education, and implement the student's individual health plan prior to attending as per 336.201.	How are student health concerns identified during enrollment? How is information shared with nursing staff upon registration, including transition from and early intervention/early childhood special education (EI/ECSE)? What tool or process does the district have to assess student nursing and other licensed school health services needs? How is information shared and communication supported between licensed health staff, teachers, and other school staff?	• Registration process that captures medical diagnoses and health concerns • "Child find" IDEA or section 504 process • Documentation of nursing assessment and delegation process • Delegation records • Student health records • School nurse assessment tool and process for development and implementation of student health care plans **Resources:** • ODE school nurse resources webpage • Oregon nurse practice act (Division 45 & Division 47)	Our District Nurse helps identify students listed as medically complex, medically fragile, or nursing dependent and helps monitor and respond to student needs. The District is able to provide flexible attendance and learning platforms with qualified instructors for students and families requesting accommodations for high-risk health needs. The District implements a comprehensive plan for continuity of instruction, including online learning, credit recovery, academic and enrichment learning; and the District has invested in technology, curriculum, and professional training to fully support these learning options. Under the guidance of the District Nurse, interdisciplinary teams are established who communicate with parents and health care	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			providers to determine the current needs of each student identified as medically complex, medically fragile, or nursing dependent and modify health care plans, IEPs, 504s, or other student medical plans accordingly and ensure requirements for ADA and FAPE are met.	
(1)(j) Policy and procedures for medications, as per ORS 339.866 to 339.874 and OAR 581-021-0037.	How are school building staff familiarized with medication administration policies and procedures? Are staffing resources and time allocated to medication administration training to ensure student needs are met throughout the school day? Are supplies, space, and storage available at each school building?	• Consistent with school board policies JHCD/JHCDA and JHCD/JHCDA-AR • Staff training documentation • District or building level medication administration protocol **Resources:** • ODE medication administration webpage	Our District Nurse oversees proper medication administration and the training of other designated staff according to established policies and procedures per our Health Services Plan.	Yes

(1)(k) Guidelines for the management of students who are medically complex, medically fragile, or nursing dependent as defined by ORS 336.201, including students with life-threatening food allergies and adrenal insufficiency while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities. The guidelines must include:	What tool or process does the district have to assess student nursing needs? How are student health services coordinated while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before-school or after-school care programs on school-owned property, and in transit to or from school or school-sponsored activities? How is the provision of health services documented?	• Consistent with board policies JHCD/JHCDA, and JHCD/JHCDA-AR • IEP and 504 team processes and protocols • Protocol, tool, or process for documenting provision of health services to students. This could include documentation software, student health records, health room documentation, and training and delegation records. • School nurse assessment tool and process for development and implementation of student health care plans **Resources:** • ODE school nurse resources webpage • ODE school health services webpage	Our District Nurse helps identify students listed as medically complex, medically fragile, or nursing dependent and helps monitor and respond to student needs. The District is able to provide flexible attendance and learning platforms with qualified instructors for students and families requesting accommodations for high-risk health needs. The District implements a comprehensive plan for continuity of instruction, including online learning, credit recovery, academic and enrichment learning; and the District has invested in technology, curriculum, and professional training to fully support these learning options. Under the guidance of the District Nurse, interdisciplinary teams are established who communicate with parents and health care	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
			providers to determine the current needs of each student identified as medically complex, medically fragile, or nursing dependent and modify health care plans, IEPs, 504s, or other student medical plans accordingly and ensure requirements for ADA and FAPE are met.	
(1)(k)(A) Standards for the education and training of school personnel to manage students with life threatening allergies or adrenal insufficiency;	Does school district have standards for training in place for managing students with life threatening allergies and adrenal insufficiency? Are staffing resources and time allocated to training to ensure student needs are met throughout the school day? Are staff trained in consideration of coverage of student health needs across the school day (e.g., when riding the bus, field trips, extracurricular activities)?	• Consistent with board policies JHCD/JHCDA and JHCD/JHCDA-AR • Emergency medication training protocols • Training schedule • Records of staff trained **Resources:** • ODE medication administration webpage	Our District Nurse oversees the training of other designated staff according to established policies and procedures per our Health Services Plan.	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(k)(B) Procedures for responding to life-threatening medical conditions including allergic reactions or adrenal crisis;	Are staff trained and aware of their roles in responding to situations that may arise for students with life-threatening medical conditions? How are the necessary supplies and medications made available and staff made aware of their location? How do the procedures account for the student across their school day (e.g., when riding the bus, field trips, extracurricular activities)?	• Consistent with board policies JHCD/JHCDA and JHCD/JHCDA-AR • Student individual health plans (IHP) • Building Emergency Operations Plan **Resources:** • ODE medication administration webpage • ODE school safety and emergency management webpage	Our District Nurse and other designated staff are prepared to properly care for students with life-threatening medical conditions per students' individual health plans and the District Emergency Operations Plan.	Yes
(1)(k)(C) A process for the development of an individualized health care plan for every medically complex, medically fragile, nursing dependent student, including students with a known life-threatening allergy and an individualized health care plan for every student for whom the school district has been given proper notice of a diagnosis of adrenal insufficiency per OAR 581-021-0037;	How does the district ensure that all complex, medically fragile, and nursing dependent students have an individualized health plan developed by a school nurse? How are nurses notified when a child needs to be assessed for nursing services (e.g., registration, new medical diagnosis)? How does nurse staffing level support student assessment during registration process?	• Protocol, tool, or process for documenting individual health plans (IHP). This could include documentation software, student health records, and training and delegation records. • School nurse assessment tool and process for development of student health care plans • IEP and 504 team processes and protocols	Our District Nurse is responsible for students' individual health plans per our Health Services Plan.	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(k)(D) Protocols for preventing exposures to allergens; and	How are protocols included in student individual health plans and communicated to school staff? What protocols does the district have in place to prevent exposure to allergens? How are protocols implemented and monitored?	• Consistent with board policies JHCD/JHCDA and JHCD/JHCDA-AR • Student individual health plans (IHP) • Building operations plan	Our District Nurse coordinates the implementation of individual health plans per our Health Services Plan.	Yes
(1)(k)(E) A process for determining if or when a student may self-carry prescription medication when the student has not been approved to self-administer medication as allowed by 581-021-0037.	Where is the process documented and how is it communicated to staff and families? Who determines when a student may self-carry? How does the district ensure staff are aware of a student who self-carries medication and where it is located?	• Consistent with board policies JHCD/JHCDA and JHCD/JHCDA-AR • District medication administration protocol and forms **Resources:** • ODE medication administration webpage	Our District Nurse oversees proper medication administration and individual health plans and coordinates accordingly per our Health Services Plan.	Yes

Table IV: District Processes, Systems & Policies

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1) School districts, education service districts, and public charter schools shall develop, implement, and annually update a written prevention-oriented health services plan for all students. The plan must describe a health services program for all students at each facility that is owned or leased where students are present for regular programming. The health services plan will be created and maintained by the administration of each district and charter school serving students. Health services plans must include:				
(1)(d) Health screening information, including required immunizations and TB certificates, when required by ORS 433.260 and 431.110 and OAR 333-019-0010.	How are immunizations tracked, students identified, students excluded? (OAR 333-050-0050) How does the school district communicate immunization information to parents/guardians and OHA/LPHA?	• School-level Communicable Disease Management Plan (Section 3, Table 4) • Link to district immunization process that aligns with OHA requirements **Resources:** • Communicable Disease Guidance for Schools • OHA School Immunization page	Our District Nurse coordinates with our local health department to track immunization information and take appropriate action according to OHA requirements.	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(f) Integration of school health services with school health education programs and coordination with health and social service agencies, public and private.	How are health education programs integrated with school health staff and services? When and how does the school district partner with public and private health organizations?	• Integrated Guidance/Student Investment Account Plan • Community resource and partnership mapping • Documentation of guest speaker contracts or MOUs	Baker School District has developed strong relationships with local and county systems of care, including coordinated care organizations (CCOs), school-based health centers (SBHC), community-based mental health providers, community health workers, and others to ensure access to a comprehensive array of culturally-responsive services for students and families. The district utilizes these relationships to ensure the school community and families have access to information regarding available local services. Our District Nurse helps coordinate services, including education, across the district.	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(1)(g) Hearing screening; and vision and dental screening as required by ORS 336.211 and 336.213.	How are hearing, vision and dental screenings provided to students? What is the process to ensure all required students have vision and dental screening certificates on file?	• May reference dental screening collection • May reference vision screening grant participation including numbers of students screened • Dental, vision, and hearing screening records **Resources:** • OAR 581-021-0017 (Dental Screening) • OAR 581-021-0031 (Vision Screening) • ODE school health screenings webpage	Medical screenings are coordinated at the building level under the purview of our District Nurse.	Yes
(1)(h)(i) Compliance with OR-OSHA Bloodborne Pathogens Standards for all persons who are assigned to job tasks which may put them at risk for exposure to body fluids per OAR 437-002-0360.	What are the district's procedures and standards related to exposure to bloodborne pathogens? How is training provided to staff? How is staff training documented and monitored?	• Consistent with school board policies EBBA-AR, GBEB-AR, JHCC-AR • Staff training and professional development opportunities and tracking • Documentation of bloodborne pathogens training • Evidence of available supplies, response protocols **Resources:** • Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards	All District staff receive mandatory annual training regarding Bloodborne Pathogens Standards via VectorSolutions/SafeSchools online.	Yes

Table V: Additional OAR Requirements

Sections 2-5 are not required components of the Prevention-Oriented Health Services Plan. These components may require districts to think through their established programs, policies, and protocols to meet the rule requirements.

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(2) School districts, education service districts, and charter schools shall ensure that nurses who provide health services to students are licensed to practice nursing by the Oregon State Board of Nursing (OSBN)	What are the district's procedures to ensure nurses are licensed in Oregon and that licensure is current?	Baker School District requires appropriate proof of licensure at hire of District Nurse, and licensure is tracked in Frontline.	Yes
(2)(a) School districts, education service districts, and charter schools may employ Licensed Practical Nurses (LPN) in alignment with LPN supervision requirements of OAR 851-045-0050 to 0060.	Does the district employ LPNs, and do they operate under the LPN scope of practice in alignment with the Oregon Nurse Practice Act? Are LPNs supervised by a registered nurse (RN) or a Licensed Individual Practitioner (LIP)? Who in the district is responsible for ensuring supervision requirements are followed?	Our District Nurse is a RN.	Yes

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(2)(b) Job descriptions and nursing delegation considerations shall reflect assignments complying with the Oregon State Board of Nursing Scope of Practice Administrative Rules for all levels of licensed providers, including standards for the evaluation and assessment of students, provision of services, medication administration, supervision of unlicensed staff and documentation of services provided per Division 47.	Are job descriptions for district nurses in alignment with Division 47 of the Oregon Nurse Practice Act? Are nursing delegation considerations and assignments in alignment with Division 47 of the Oregon Nurse Practice Act? How are Nurse Practice Act requirements communicated to and supported by building administrators and supervisors?	District Human Resources follows Division 47 guidance.	Yes
(2)(c) School districts, education service districts, and charter schools that employ Registered Nurses who are not certified by the Teacher Standards and Practices Commission as school nurses, shall not designate such personnel as "school nurse" by job title.	Do job titles, policies, and processes reflect the requirement that personnel must be certified as a school nurse by the Teachers Standards and Practices Commission (TSPC) to be called a “school nurse”? What is the alternative title for nurses not licensed by TSPC (e.g., district nurse)?	Baker School District uses the title District Nurse.	Yes

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(3) Each school shall have, at a minimum, at least one staff member with a current first aid/CPR/AED card for every 60 students enrolled, as set by ORS 339.345, and 342.664 and who are trained annually in the district and building emergency plans. Emergency planning will include the presence of at least one staff member with a current first aid/CPR/AED card for every 60 students for school-sponsored activities where students are present.	How does the district identify staff to be trained in first aid/CPR/AED and the district's emergency plan? How is training documented? Are staffing resources and time allocated to training to ensure needs are met throughout the school day? Does the emergency plan include first aid/CPR/AED training and appropriately trained staffing for school-sponsored activities?	District Human Resources tracks first aid/CPR/AED training in coordination with the District Nurse and building administration. The district provides paid opportunities for first aid/CPR/AED training throughout each school year.	Yes
(4) Schools that contract or pay for health services must ensure services are comprehensive, medically accurate, and inclusive as defined by OAR 581-022-2050.	What is the process for vetting contracted and paid services to ensure they are comprehensive, medically accurate, and inclusive to all students? Who is responsible for ensuring contracted and paid services meet requirements? How are contracted or paid services made aware of the requirements?	The district does have a contract with Baker County for our School-Based Health Center that includes language to ensure that services are comprehensive, medically accurate, and inclusive.	Yes
(5) Each school building must have a written plan for response to medical emergencies; such plan should be articulated with general emergency plans for buildings and districts as required by OAR 581-022-2225.	Does the building and district emergency plan consider a range of possible medical emergencies? Does the building and district emergency plan consider the potential medical needs of individual students in the building/district (e.g., availability of medication, required licensed medical staff or delegated staff)? How are staff made aware of staff roles in the building medical emergency plan and what training or practice is provided?	Baker School District has a comprehensive Emergency Operations Plan and coordinating school-level Health Services and Communicable Disease Management Plans under the supervision of our District Nurse. Baker School District 5J - Health Information (bakersd.org) Baker School District 5J - Emergency Preparedness (bakersd.org)	Yes