Health Services Plan 2025-2026

OAR 581-022-2220

District: Lake Oswego School District : 1923

School/Program Name: Forest Hills

Date Last Updated: 9/16/2025

Table I: Staff Member Roles

School and District Planning Team Members	Primary Contact (Name/Title)	Alternative Contact (Name/Title)
District leadership	Jennifer Schiele - Superintendent	Scott Schinderle - Director of Student Services
Building lead/Administrators	Jon Wollmuth Principal	NA Asst. Principal(s)
Health Room Representatives	Nicole Merino Secretary	Will Price Secretary
Responsible Registered Nurse	Nikki Retzlaff RN	Lisa McBee RN
Support Registered Nurse	Jenny DeVine RN	Michelle MacLachlan RN
Other staff as identified by the team		

Table II: Communicable Disease Prevention & Response

OAR Requirements	Plan Considerations	Plan Evidence
(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?	• Included in School Health Services Plan
(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 Health Services Plan (Section 1, Table 2) • Protocol for ALPHA communication • Protocol for monitoring absences and illness **Resources:** Communicable Disease Guidance for Schools

OAR Requirements	Plan Considerations	Plan Evidence
(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 Health Services Plan (Table 1; Section 3, Table 4) • Board policies • Isolation space protocol • Supervision, supplies and cleaning to be managed by the health room attendant per above • Heath Room will be used as isolation space. Principal's office will be used as temporary Health Room. **Resources:** Communicable Disease Guidance for Schools
(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 of implementing mitigation measures?	• School Health Services Plan(Section 3, Table 4) • Staff is provided training and information per the LOSD communicable disease guidelines **Resources:** Communicable Disease Guidance for Schools

OAR Requirements	Plan Considerations	Plan Evidence
(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 a student's needs? Who is included in these conversations? What supports are available to students and how are they communicated to staff?	• School Health Services Plan (Section 2, Table 3) • 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
(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 Health Services Plan (Table 1) • Multi-tiered system of supports for mental health • Mental health community resource map **Resources:** ODE mental health webpage

OAR Requirements	Plan Considerations	Plan Evidence
(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 Health Services Plan (Section 2, Table 3) • "Child find" IDEA or section 504 process
(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 Health Services Plan (Section 1, Table 2)
(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?	• School Health Services Plan (Section 1, Table 2)
(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 for student services/nurses • Point of contact and duties found in the School Health Services Plan (Section 1, Table 2)

OAR Requirements	Plan Considerations	Plan Evidence
(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 Health Services Plan (Section 1, Table 2) • Parent square via Communications Director, Mary Kay Larson • Weekly district and school specific Newsletters

Table III: School Health Services

OAR Requirements	Plan Considerations	Plan Evidence
(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 healthcare space? Where is the healthcare space at building level? What protocols are in place to ensure supervision and supplies?	• Annual ODE Mandatory Medical training provided annually by district nurses for ALL staff. • District or building level health care and medication administration protocols kept on shared drive for all schools and in binder in all healthrooms. • Health Rooms located in every school office. • All supplies monitored and restocked by district nurse staff. **Resources:** ODE medication administration webpage

OAR Requirements	Plan Considerations	Plan Evidence
(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 • Student Acuity tool • Documents shared with teacher through Synergy via IHP produced by District Nurses • Delegations made to Medical Education Assistants (med EA) as needed to help manage medical needs at school • Annual Acuity (medically complex, medically fragile and nurse dependent) and District 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

(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?	● Parents can share health concerns at registration via Synergy. They are also given the contact information for the District Nurses. Main Office Staff makes contact with District Nurse when given verbal notice. ● Each school has a designated District Nurse that regularly visits and is always available to consult with their school. ● District Nurses provide training and information as needed to teachers and staff in contact with student. ● Individuals with Disabilities Education Act (IDEA) or section 504 process ● Student Acuity tool ● Documentation of nursing assessment and delegation process ● Delegation records ● Student health records ● District Nurse assessment tool and process for development and implementation of student health care plans **Resources:** ODE District Nurse resources webpage Oregon nurse practice act (Division 45 & Division 47)

OAR Requirements	Plan Considerations	Plan Evidence
(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 board policies JHCD/JHCDA and JHCD/JHCDA-AR • Designated staff attend Mandatory Medical Training (MMT) consistent with the OHA/ODE requirements annually. • District or building level medication administration protocol • Field Trip Forms **Resources:** ODE medication administration webpage

OAR Requirements	Plan Considerations	Plan Evidence
(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 • Student health documentation maintained on Synergy Platform. • Delegation training documentation maintained within Private District Nurse Drive. • ODE Student Acuity Tool. • Buses by contract with Student Transportation of America (STA) who determines their own emergency protocols. • AED available. • External agencies utilizing (renting) school district facilities (non school/district sponsored) are responsible for their own medical/emergency policies and procedures. **Resources:** ODE school nurse resources webpage ODE school health services webpage

OAR Requirements	Plan Considerations	Plan Evidence
(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: Explained and demonstrated during MMT. Protocols and health plans provided in the Health Rooms, Synergy, and Substitute folders. • Training schedule: Annually and as needed. • Records of staff trained maintained via google drive. • Designated staff for care of students in all school sponsored activities. **Resources:** ODE medication administration webpage

OAR Requirements	Plan Considerations	Plan Evidence
(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 • Annual MMT, Individualized Health Plans (IHP), and Training /Delegation provided as needed to support students at school. • All medications provided by parent/guardian to school are carried by students or designated personnel, or secured in the office as designated by parent and District Nurse. Per emergency protocol, medications and health supplies follow the students during school hours. **Resources:** • ODE medication administration webpage • ODE school safety and emergency management webpage

OAR Requirements	Plan Considerations	Plan Evidence
(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?	• Upon registration, Parent/Guardian is prompted to enter a medical condition/diagnosis into Synergy. District Nurses regularly review *HLT401/404* listing registered students with health needs. • If a student is registered during other times of the school year, each building registrar/office staff communicates these needs to the District Nurse. • For current students with new diagnosis or change in diagnosis/condition, Parent/Guardian is expected to notify main office or District Nurse. • Individual health plans are maintained in student Synergy files. • ODE Student Acuity tool • IEP and 504 team processes and protocols
(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) • MMT for designated staff

OAR Requirements	Plan Considerations	Plan Evidence
(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: maintained on Shared Google Drive and in Health rooms. **Resources:** • ODE medication administration webpage

Table IV: District Processes, Systems & Policies

OAR Requirements	Plan Considerations	Plan Evidence/Resources
(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 Health Services Plan (Section 3, Table 4) • District Immunization Policy **Resources:** • Communicable Disease Guidance for Schools • OHA School Immunization page
(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?	• Staff collaboration as necessary based on student need

OAR Requirements	Plan Considerations	Plan Evidence/Resources
(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?	• Dental Screening confirmed via Certificate signed and submitted by parent at registration. Forms are kept on Synergy. • Vision Screening provided by Lions Club to all K-5 students. Any students in need of additional care are provided with information for assistance. Results are kept in student cumulative files. • Hearing Screening based on student need (parent or staff request) **Resources:** • OAR 581-021-0017 (Dental Screening) • OAR 581-021-0031 (Vision Screening) • ODE school health screenings webpage

OAR Requirements	Plan Considerations	Plan Evidence/Resources
(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 • Documentation of bloodborne pathogens training is maintained via annual HR required training. • Facilities management trains Custodial Staff and provides equipment for proper clean up. • Personal Protective Equipment (PPE) is available in each Healthroom and throughout each building. **Resources:** • Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standards

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
(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?	Each District Nurse is licensed by the State of Oregon, which is verified by the Human Resources Dept.
(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?	Currently no LPNs are employed.
(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?	Yes, job descriptions were cross-referenced with Division 47 standards.

OAR Requirements	Reflection Questions	District Links/Notes
(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)?	N/A
(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?	Yes; Human Resources tracks this requirement with School Principals annually.
(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?	N/A

OAR Requirements	Reflection Questions	District Links/Notes
(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?	• Emergency Medical Procedures • Yes, individual students have a "Go Plan" created by their educational provider team based on their needs. • Each building has a building safety plan with specific roles.