

GUIDELINES FOR LHD/LEA MEMORANDUM OF AGREEMENT
NC DPH School Health Consultant Team
School Year 2021-2022

According to the North Carolina Division of Public Health Child Health Agreement Addenda, all local health departments will maintain a written agreement with the local school district(s) within its service area. These school districts should also include discussion with any North Carolina public charter schools within the service area, and agreements on any services provided. Charter Schools are public schools of choice serving students with public dollars for the public benefit.

A copy of the written Memorandum of Agreement (MOA), signed by both agencies, shall be submitted to the Raleigh office yearly, c/o State School Health Nurse Consultant. This can be directly sent or submitted through the Regional School Health Nurse Consultant. This agreement should be reached prior to the start of the school year when possible. For Fiscal Year 2022, this MOA should be delivered to the office of the State School Nurse Consultant when available.

The MOA must reflect joint planning and include the four areas (I-IV) listed below. Items under the headings are **examples** of activities that should be considered for inclusion in the MOA:

I. PROGRAM GOALS AND OBJECTIVES

These should be developed collaboratively with representatives from both the local health department and the local education agency or charter school.

II. ROLES/RESPONSIBILITIES FOR EACH AGENCY

Administration, supervision, joint program planning and evaluation, as applicable

- Maintenance, storage, destruction, and archiving of student health records (Adherence to U.S. Family Educational Rights and Privacy Act – FERPA, and NC Division of Cultural Resources, LEA Records Retention and Disposition Schedule)
- School Health Advisory Council participation
- Hiring, supervision and termination of school health program personnel
- Provision of supplies and facilities for school health program personnel
- Professional development of school health program personnel
- Medical oversight if provided
- Quality Assurance policies and procedures
- Data collection policies and procedures
- Program planning and evaluation

Communicable disease control and prevention activities

- Immunization compliance (GS 130A-155)
- Immunization record reviews
- Immunization events
- Responsibilities during communicable disease outbreaks in the community, including those reserved for pandemic response
- Staff training on bloodborne pathogens and standard precautions (OSHA)
- Infection control activities

Health Education

- Resources or speaking opportunities for classroom instruction
- Staff training on emergency procedures and medication administration

- Wellness activities

Safe environment

- Provision of safe environment in the school setting; Role in school safety efforts
- Medical and dental emergency response
- Management of acute health care problems
- Staff training in CPR/AED and first aid

Identification and monitoring of children with health care needs that may interfere with learning

- Health assessment review (GS 130A-440)
- Compliance with NC Administrative Code 16 NCAC6D.0402. Special health care services to be provided under BEP Support Services. Policy ID: NCAC-6D.0402
- Completion of health screenings required as a part of participation in the Exceptional Children's program
- School nurse participation on student services teams (504, IEP, MTSS etc.)
- Services under Section 504 of Americans with Disabilities Act (ADA)
- Medication administration oversight responsibilities, including training and supervision of other staff
- CLIA (Clinical Laboratory Improvement Amendment) regulations for waived procedures (COVID antigen testing, blood glucose, diabetic urine tests, etc.)
- Compliance with requirements for health care delegation, oversight and training for school staff providing health care (GS 115C-307 (c))
- Development and implementation of emergency plans and individual health care plans
- School Nursing case management for students with chronic health conditions
- Procedures for following state law on Diabetes Care for Students in Schools (GS 115C-12 (31))
- Procedures for following state law on Epinephrine in Schools (GS 115C-375.2A)

Environmental health

- "Tobacco Free Schools" law (effective 8-1-2008) and local board policy (GS 115C-407)
- Cafeteria, water and sanitation inspections
- Responsibilities in the event of other environmental needs such as suspected mold, school air quality, or other related concerns

Access to health care

- Screening programs designed to identify and reduce or eliminate barriers to learning
- Referring, following up and securing care
- Assistance in finding medical/dental homes and referral for children's health insurance coverage

Emergency/disaster preparedness and response

- Areas of responsibility and oversight
- Liability issues addressed for non-health department staff
- Emergency/shelter training for school nurses and other program personnel
- Periodic assessment and evaluation of emergency plans
- School nurses' roles and responsibilities during emergency/disaster response
- Responsible party for cost of non-health department staff providing shelter duty (If providing these services local school nurses should be listed as personnel in the county All-Hazard Plan)

School Health Centers

Roles and responsibilities of school health program personnel as differentiated from school health center personnel if a school health center is in or serves (school-linked) any of your schools.

III. PROCESS FOR DEVELOPING RECOMMENDED AND LOCALLY APPROVED WRITTEN POLICIES AND RELATED PROCEDURES

For suggested school health policies and procedures please contact your [School Health Nurse Consultant](#). Some examples are:

- Diabetes Care as required by § 115C 375.3
- Maintenance of student health records/electronic records
- Medication administration
- Prevention and control of communicable disease
- Process for identification of students with acute or chronic health care needs/conditions
- Provision of emergency care, including injury reporting (to include GS 115C-375.2A)
- Response to Do Not Attempt Resuscitation (DNAR) directive
- Return-to-Learn after Concussion (SHLT-001, HRS-E-001)
- Screening, referral and follow-up
- Special health care services (16 NCAC 6D.0402)

IV. PROVISION FOR ANNUAL REVISION OF AGREEMENT

The MOA should be reviewed and/or revised annually by representatives of both agencies, *including at least one school nurse*. A copy of the MOA, including signatures from heads of both agencies, must be provided to DPH. Please send a copy to the State School Health Nurse Consultant, NC Division of Public Health, Mail Service Center 1928, Raleigh, NC 27699-1928. **If there are no changes**, or if the MOA is a multi-year contract, a confirmation of renewal, signed and dated by representatives of both agencies, is sufficient.

Additional References

Family Education Rights and Privacy Act, 1974

NC Dept. of Cultural Resources, Div. of Archives and History, Feb. 1999, *Health Records Retention and Disposition Schedule* (This document is currently pending revision so please check for the most recent version.)

Occupational Safety and Health Act, US Dept. of Labor, Standard 29, CFR

State School Health Nurse Consultant

Ann Nichols MSN, RN, NCSN Ann.Nichols@dhhs.nc.gov

[School Health Nurse Consultant Team](#)