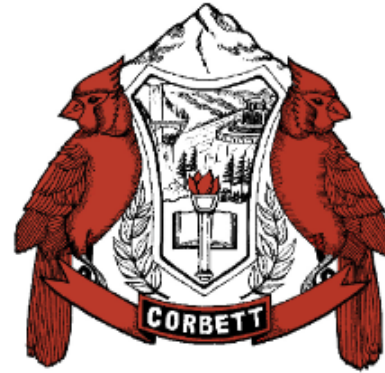


Derek Fialkiewicz
Superintendent
Robin Lindeen-Blakeley
Deputy Clerk/HR Lead
Jeanne Swift
Assistant Superintendent,
Director of Student Services



35800 E. Historic Columbia River Highway
Corbett, Oregon 97019-9629
Administration Office: 503-261-4200
Grade School: 503-261-4242
Middle/High School: 503-261-4270
Fax: 503-695-3641

Corbett School District No. 39

Corbett School District
Health Services Manual
2025-2026

OAR 581-022-2220

Introduction The Oregon Department of Education Health Services OAR 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 OAR also includes additional health services requirements not included in the prevention-oriented health services plan. The following FAQ document is comprised of answers to questions that ODE has received through a series of engagements with Oregon's education community. The provision of a Free Appropriate Public Education The Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 require that school districts and programs provide health services if needed by a student to access their education. The requirement for school districts and programs to ensure every student access to a free appropriate education (FAPE) provides a guarantee that every student can learn regardless of ability or health need. The health services listed in a child's Individualized Family Service Plan (IFSP), Individualized Education Program (IEP), or Section 504 plan must be provided. Prevention-Oriented Health Services Plan Do all school districts, education service districts, and charter schools need a prevention oriented health plan that shows how they meet each component of section 1 of OAR 581- 022-2220? Yes. OAR 581-022-2220 (1) states that 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. OAR 581-022-2220 is contained in Chapter 581, Division 22 of Oregon Administrative Rules (OARs). Division 22 OARs are the educational standards that the Oregon Legislature or the State Board has determined must be met to be a standard school district, education service district, or a charter school. Compliance with the Division 22 Standards ensures every student in Oregon public schools is provided with a baseline level of service. The Division 22 Standards can be found on the Secretary of State's Oregon Administrative Rules Database. [Health Service OAR 581-022-2220 FAQ](#)

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. POC.	Derek Fialkiewicz, Corbett Superintendent 503-261-4201	Robin Lindeen-Blakeley, Corbett Deputy Clerk																				
Building lead/administrator	Jeanne Swift, Assistant Superintendent/Student Services Director 503-261-4235	Robin Lindeen-Blakeley, Corbett Deputy Clerk																				
Health representative	Jeanne Swift, Assistant Superintendent/Student Services 503-261-4235	Robin Lindeen-Blakeley, Corbett Deputy Clerk																				
Registered nurse	Julie Nakamura (MESD) 503-261-4258	Cheryl Reams, School Health Assistant (SHA)																				
Licensed health services staff	Julie Nakamura (MESD) 503-261-4258	Cheryl Reams, School Health Assistant (SHA)																				
District Office Support Superintendent’s Office Derek Fialkiewicz ,dfialkiewicz@corbett.k12.or.us Robin Lindeen-Blakeley rlindeen@corbett.k12.or.us Business Office Business Director Dennis Clague, dclague@corbett.k12.o.us 503-261-4290 Business Office Assistant (Payroll/Eligibility Official) - Christie Dillard, cdillard@corbett.k12.or.us 503-261-4253 Business Office Assistant - Brie Windust (Student Body/Communications) bwindust@corbett.k12.or.us 503-261-4268 School Based Mental Health Director Contact counselors and social workers by contacting your child’s school office.	School Administration <table><tr><th>School</th><th>Principal</th><th>Email</th><th>Phone</th></tr><tr><td>Corbett Grade School</td><td>Cassie Duprey</td><td>cduprey@corbett.k12.or.us</td><td>503-261-4234</td></tr><tr><td>CAPS</td><td>Sara Brounstein</td><td>sbrounstein@corbett.k12.or.us</td><td>503-261-4225</td></tr><tr><td>Corbett Middle School</td><td>Brian Lutes</td><td>blutes@corbett.k12.or.us</td><td>503-261-4207</td></tr><tr><td>Corbett High School</td><td>Kathleen Childress</td><td>kchildress@corbett.k12.or.us</td><td>503-261-4262</td></tr></table>	School	Principal	Email	Phone	Corbett Grade School	Cassie Duprey	cduprey@corbett.k12.or.us	503-261-4234	CAPS	Sara Brounstein	sbrounstein@corbett.k12.or.us	503-261-4225	Corbett Middle School	Brian Lutes	blutes@corbett.k12.or.us	503-261-4207	Corbett High School	Kathleen Childress	kchildress@corbett.k12.or.us	503-261-4262	
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Corbett High School	Kathleen Childress	kchildress@corbett.k12.or.us	503-261-4262																			

SBMH Program Director, Jeanne Swift, jswift@corbett.k12.or.us Facilities and Maintenance Maintenance/Custodial Supervisor - Steve Salisbury ssalisbury@corbett.k12.or.us Technology Technology Director - Chris Wingler cwingler@corbett.k12.or.us Transportation Transportation Supervisor - Todd Williams twilliams@corbett.k12.or.us 503-261-4265 Transportation Coordinator - Carrie Evans cevans@corbett.k12.or.us 503-261-4249 Food Service Kitchen Manager - Seth Tucker stucker@corbett.k12.or.us 503-261-4216		
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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?	- School-level Communicable Disease Management Plan reviewed and updated by the Corbett Administrative Team 9/2024. If You Test Positive or Think You Have COVID-19 Multnomah County School Health Services Community Health Resources - Multnomah Education Service District UPDATED for school use: Consolidated Student/Staff Communicable Disease Information Form (SCIF) link	Yes ▾ Communicable Disease Prevention & Response MESD RESOURCES Communicable Disease Services https://www.multnomahesd.org/services/shs/commu nicable-disease This plan incorporates the following sections in accordance with OAR 581-022-2220. <i>The above link provides direct access to the plans.</i> Corbett and MESD partner to provide a Health Services Training day during Inservice Week. August 19th was the scheduled health services training day for all staff August 2025. Additional training provided on an as needed basis ongoing throughout the year per student and or staff need. Plans are updated annually in accordance with updated ODE and OHA guidance by district and school teams. Staff access the below link in order to sign up for health services courses. Principals/program administrators notify the school health nurse of any new staff so they are enrolled in appropriate trainings. https://healthed-trainings.apps.mesd.k12.or.us/														
	Is the plan updated regularly and by whom?	- Care spaces are in place at CAPS, GS, MS. HS shares a space with Corbett Grade School, located in Corbett Grade School in the front office. - Keep your student out of school MESD document: PLEASE KEEP STUDENTS WITH SYMPTOMS OUT OF SCHOOL This list is school instructions, not medical advice. Please contact your health care provider with health concerns <table><tr><th>SYMPTOMS OF ILLNESS</th><th>THE STUDENT MAY RETURN AFTER...</th></tr><tr><td> Fever: temperature of 100.4°F (38°C) or greater</td><td>*Fever-free for 24 hours without taking fever-reducing medicine. *The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.</td></tr><tr><td> New cough illness</td><td>*Symptoms improving for 24 hours (no cough or cough is well-controlled).</td></tr><tr><td> New difficulty breathing</td><td>*Symptoms improving for 24 hours (breathing comfortably). Urgent medical care may be needed.</td></tr><tr><td> Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements</td><td>*Symptoms improving for 24 hours (no more than two bowel movements more than normal and no longer having accidents) with orders from doctor to school nurse.</td></tr><tr><td> Vomiting: two or more episodes that are unexplained</td><td>*Symptom-free for 24 hours OR with orders from doctor to school nurse.</td></tr><tr><td> Headache with stiff neck and fever</td><td>*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions above. → Urgent medical care may be needed.</td></tr><tr><td>Skin rash or open sores</td><td>*Symptom free, which means rash is gone OR sores are dry or can be completely covered by a bandage OR with orders from doctor to school nurse</td></tr></table>		SYMPTOMS OF ILLNESS	THE STUDENT MAY RETURN AFTER...	 Fever: temperature of 100.4°F (38°C) or greater	*Fever-free for 24 hours without taking fever-reducing medicine. *The list below tells the shortest time to stay home. A student may need to stay home longer for some illnesses.	 New cough illness	*Symptoms improving for 24 hours (no cough or cough is well-controlled).	 New difficulty breathing	*Symptoms improving for 24 hours (breathing comfortably). Urgent medical care may be needed.	 Diarrhea: 3 loose or watery stools in a day OR not able to control bowel movements	*Symptoms improving for 24 hours (no more than two bowel movements more than normal and no longer having accidents) with orders from doctor to school nurse.	 Vomiting: two or more episodes that are unexplained	*Symptom-free for 24 hours OR with orders from doctor to school nurse.	 Headache with stiff neck and fever	*Symptom-free OR with orders from doctor to school nurse. Follow fever instructions above. → Urgent medical care may be needed.
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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. LPHA- Local Public Health Authority Technical Assistance for Local and Tribal Public Health Authorities : State of Oregon	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 Local Public Health Association (LPHA) communication Multnomah County Health Department Contacts - Revised 8.5.25 - Protocol for monitoring absences and illness Resources: Communicable Disease Guidance for Schools https://www.cdc.gov/ Term What is a LPHA in Oregon? Local Public Health Authority. “Local public health administrator (LPHA)” means the public health administrator of the county or district health department for the jurisdiction in which the reported substantial exposure occurred.	Communicable Disease Guidance for Schools (1) the school-level process for monitoring symptoms and absences and contacting LPHA; (2) contact info for who is responsible for monitoring illness thresholds; (3) the communication plan in response; and (4) the metrics or data are monitored to determine when the LPHA needs to be contacted. In addition, the School Health Services(SHS) Nurse Consultant acts as the liaison between our district and the Local Public Health Authority (LPHA). The process is reviewed and updated annually when new guidance is provided and/or when Division 22 Assurances review occurs. https://www.multnomahesd.org/services/shs/commu nicable-disease	Yes ▾

(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. Isolation spaces are provided in each building. Staff are aware of where this space is located. • Each building has a designated care space for communicable disease management. Students at Corbett High School go to the GS health room for triage. Resources: ODE https://www.oregon.gov/ode/students-and-family/healthsafety/Documents/Updated%20CD%20Guidance.pdf MESD Consolidated Student/Staff Communicable Disease Information Form (SCIF) link Communicable Diseases https://www.multnomahesd.org/services/shs/communicable-disease School Health Services https://www.multnomahesd.org/services/shs	The above linked plans provide detailed information by school location. This includes: (1) school specific isolation spaces; (2) how isolation spaces will be shifted as necessary and how this shift will be communicated; and (3) protocols in place to ensure supervision, supplies, and cleaning after use. In addition, the School Health Services(SHS) Nurse Consultant acts as the liaison between our District and the Local Public Health Authority (LPHA). Annually, Building Principals provide documentation (email or sign in sheet) to the Student Services Director and MESD Corbett School Nurse identifying when the building staff meeting took place to review the: Communicable Disease Management MESD document, how to and where care spaces are located in each building. Due 10/1/25.	Yes ▾
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EVERY DAY MATTERS

Too Sick for School?

When students miss too many days of school, they fall behind and struggle to keep up with their classmates. Children and adolescents will get sick at times and may need to stay at home, but it's important to minimize the number of days your student misses school. The following guidelines are for students ages 5 to 18. If you are unsure, please meet with your student's physician. (Guidance updated August, 2022 to align with the [Communicable Disease Guidance for Schools](#)).

Send your student to school:	Keep your student at home:
Family member is Sick, Stressed, or Hospitalized If you are sick, your student still needs to attend school. Please plan ahead for these days. A back-up plan may be asking a neighbor, relative or spouse to take your student to school and pick them up. Chronic Disease or Illness Speak with your school about your student's condition and develop a plan that is based on your student's condition. School personnel are trained to assist your student with their chronic disease and associated needs. Student Doesn't Want to go to School Frequent crying, fear, anger, not wanting to socialize, behavior change, stomachache, and nausea are signs that something is wrong. Keep your student in school but try to determine what is causing the changes. Talk to your school and consult a healthcare provider. Your student may be experiencing bullying or trauma, may be behind in their schoolwork, or not getting along with others. Cold Symptoms Stuffy nose/runny nose, sneezing, and/or a mild cough, but no fever. If your student is able to participate in school activities, send them to school.	Fever Fever usually means illness, especially if your student has a fever of 100.4 or higher as well as other symptoms like behavior change, rash, sore throat, vomiting. Stay at home for a fever of 100.4 or higher. Return to school when the fever is below 99 for 24 hours without the use of fever reducing medication. Diarrhea Frequent, loose or watery stool may mean illness but can also be caused by food and medication. Keep your student home if they have had three or more watery or loose stools in 24 hours OR sudden onset of loose stools OR student is unable to control bowel function when previously able. Students MAY RETURN AFTER 48 hours after diarrhea resolves OR after seen and cleared by a licensed healthcare provider or LPHA for specific diarrheal diagnoses. Vomiting If your student has had at least 1 episode that is unexplained. student MAY RETURN AFTER 48 hours after the last episode of vomiting OR after seen and cleared by a licensed healthcare provider. Coughing If your student has persistent cough that is not yet diagnosed and cleared by a licensed healthcare provider OR any acute (non-chronic) cough illness that is frequent or severe enough to interfere with participation in usual school activities. • MAY RETURN AFTER symptoms improving for 24 hours (no cough or cough well-controlled.)

Reach out to your school with questions or ODE.EI@ode.oregon.gov

OAR Requirements	Plan Considerations	Examples of Evidence/Resources		Plan Evidence	Meet?
		Send your student to school:	Keep your student at home:		
		Head Lice If your student has lice (intense itching), they can return to school after an initial treatment. (Most schools provide free lice kits upon request.)	Head Lice Intense itching of the head; may feel like something moving. Your student can be in school if they have initial lice treatment.		
		Strains, Sprains and Pains If your student is able to function (walk, talk, and eat) they should be in school. If pain is severe or ongoing, consult a healthcare provider.	Conjunctivitis (Pink Eye) Keep your student home for unexplained redness of both eyes AND colored drainage from the eyes OR irritation accompanied by vision changes OR symptoms such as eye irritation, pain, redness, swelling or excessive tear production that prevent active participation in school activities. Students MAY RETURN AFTER symptoms resolve OR after seen and cleared by a licensed healthcare provider. • Eye redness alone, without colored drainage may be considered for attendance per CDC guidelines after school nurse assessment.		
		Menstruation Menstrual issues are not considered to be an illness. If they are severe and interfering with your student's attendance, consult a healthcare provider. Menstrual hygiene products are available at school.	Rash With Fever Keep your student home with a new rash not previously diagnosed by a health care provider OR rash increased in size OR new unexplained sores or wounds OR draining rash, sores, or wounds which cannot be completely covered with a bandage and clothing. Students MAY RETURN AFTER rash is resolved OR when draining sores or wounds are dry or can be completely covered after student is seen and cleared by a licensed healthcare provider.		
			Sore Throat Sore throat, fever, stomachache, and red, swollen throat can be strep. If so, keep your student at home for 24 hours after an antibiotic is begun.		
			Vaccine Preventable Diseases Keep your student at home until a health care provider has determined that your student is not contagious. See examples of these are: • Chicken Pox • Measles & Rubella (German Measles) • Mumps • Pertussis (Whooping Cough)		

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(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-level Communicable Disease Management Plan (Section 3, Table 4) Resources: ODE Communicable Disease Guidance for Schools MESD Communicable Disease Information - Multnomah Education Service District	Building principals will develop and provide plans to the district that indicate: (1) How school staff are trained on the school’s communicable disease mitigation measures; (2) Where supplies are located and available that is convenient; and (3) Implementation process for mitigation. In addition, the School Health Services(SHS) Nurse Consultant acts as the liaison between District and the Local Public Health Authority (LPHA). The school health nurse may speak to building staff during staff meetings if there are questions about Communicable Disease Management at the invitation of the principal.	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 a 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. Nursing Resources only. Oregon Department of Education : General School Nurse Resources : Health, Safety & Wellness - 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	The <i>School Health Nurse</i> works in collaboration with the LPHA and building principals to develop a (1) Process for identifying those that are disproportionately impacted by communicable disease; (2) Process and people involved for monitoring and determining when to respond to student’s needs; (3) The supports available to students; and (4) Communication plan for staff.	Yes

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(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 - Multi-tiered system of supports for mental health developed at the building level through MTSS implementation - Mental health resources-Mental Health Services Multnomah County - Corbett SD SBMH Federal Mental Health Grant through December 2025. Updates on Mental Health supports January 2026. Resources: - ODE mental health webpage - School Based Health Centers -Oregon Health Authority : Contact Us : School-Based Health Centers : State of Oregon 988lifeline.org If you or someone you know is struggling or in crisis, help is available. Call or text 988, or chat at 988lifeline.org. The 988 Suicide and Crisis Lifeline is available 24/7 and offers compassionate care and support for anyone experiencing thoughts of suicide or self-harm, substance use, or any other kind of behavioral health crisis. You can also dial 988 if you are worried about a loved one who may need crisis support. Youth Fentanyl Prevention: Expect Fentanyl Student Health Centers provide education on overdose prevention, prescriptions for Narcan nasal spray, and training on how to use it for youth.	Refer to SBMH Grant with 5 additional social workers focused upon preventative social emotional learning systems wide strategies. Counselors provide systems wide and yellow zone strategies as well such as small groups, check in check out, etc. Staff within the counseling department provide links and resources to families who need additional private support and or culturally relevant services, including OHP related services. System of Care for Children and Families (Mental Health Care) Multnomah County School-Based Mental Health Multnomah County Building level student intervention teams review multi tiered needs of support for all students and refer to school counselors or health services staff. Culturally relevant resources are available at Student Health Centers. Student Health Centers: Locations and Hours Multnomah County Serves Grades K-12 Any youth in grades K-12 who live or go to school in Multnomah County can come to our clinics. You don't need to attend the school where the center is located. If you're visiting a school that is not your own during regular school hours, you'll need to check-in and get a visitor tag at the school's main office. 	Yes

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 Oregon Department of Education : Section 504 : Civil Rights (IDEA) Policy : Rules & Policies : State of Oregon	Additionally: ODE IDEA resources. Individuals with Disabilities Education Act (IDEA) Policy : Rules & Policies : State of Oregon Division 15 Special Education	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)	Website: The District will share this plan with staff fall 2025. Principals will share with their teams and this Plan will be posted on the District website. In addition, the School Health Services(SHS) Nurse Consultant acts as the liaison between our district and the Local Public Health Authority (LPHA).	Yes ▾
(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) are the school health nurse and Superintendent.	MESD Communicable Disease Information - Multnomah Education Service District The point of contact oversees all school health services at the district level. At the building level it is the principal/program administrator. In addition, the School Health Services(SHS) Nurse Consultant acts as the liaison between our district and the Local Public Health Authority (LPHA) as a MESD contracted nurse. The program administrator participates in monthly meetings that include school health services where information is shared. When information is more pressing, school health will contact individual sites as necessary.	Yes ▾

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(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)	Staff are trained at the beginning of the year during inservice week and then as needed. The school health nurse and school health assistant maintain current training records. All staff working with students are required to take specific health related trainings per their assignment at Corbett SD. The main MESD website provide health services training. Health Ed trainings for staff: https://healthed-trainings.apps.mesd.k12.or.us/ General Health Services website for professional learning. https://www.multnomahesd.org/pd	Yes ▾

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(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 Corbett uses Propio One for interpreter/translation services in order to implement an Equity Lens. Corbett School District Audio and Video Remote Interpreting  Option 1: Access to both audio & video for both spoken languages and American Sign Language (ASL). Option 2: Access to audio for spoken languages only. 1. Launch the Propio ONE app: Search for "Propio ONE" in the App Store or Google Play Store, and download the app to your device. To connect by telephone, dial: (503) 445-7502	Multiple communication channels are used and include: - AlertNow - Synergy Notifications - Weekly emails - Case manager phone calls - Website - School Health Nurse - MESD Communicable Disease Liaison - Direct communication with the school nurse and the LPHA/MESD District-wide communications are the responsibility of the School Health team in collaboration with the district communications team or Superintendent (POC). School specific communication is the responsibility of the school building administrator and Superintendent. The School Health Services(SHS) Nurse Consultant acts as the liaison between our district and the Local Public Health Authority (LPHA). Families are provided an interpreter or materials in their preferred language upon request as indicated on their registration form. Interpreter services information is sent to the building administrators in the fall so they can call an interpreter or set up a translation in a timely manner. The https://www.multco.us/ website https://multco.us/info/language-acces Multnomah County provides access to other languages for translations.	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 healthcare space? Where is the healthcare 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 (MESD Nurse or Corbett SD SHA. - 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 - Each building has a designated health care space. The high school uses the grade school for nursing support.	Health care spaces are generally adjacent to the main office. GS/HS students go to GS main office health room for triage. CAPS has a space as well. School Health Nurse ensures protocols are in place regarding supervision and supplies. The school health assistant (SHA) supports the MESD School Health Nurse in this process.	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?	- IDEA "Child find" or section 504 process ages K-21. - Process that outlines how students are identified, assessed, and receive services - Staffing plan that outlines health services providers and their assignments, including RN, LPN, and delegations, in relation to student population and need (Corbett receives nursing services and supports through the District Service Plan request provided annually by Student Services Director). Those include the school nurse, complex needs nurse, and school health assistant. Resources: - ODE school nurse resources webpage	Medical information from IEPs and or 504s are screened by the school secretary as students enroll. Case managers ensure students have current IEP or 504 Plans. The assigned health school nurse will communicate with the MESD complex needs nurse to facilitate any meetings/medical support services to be provided upon referral. The special education teacher or 504 Plan case manager, typically a school counselor, will work with the complex needs nurse to liaison with families and or attend meetings depending upon level of need and or IEP/504 Plan process.	Yes ▾

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(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)	Information from IEPs and 504s are screened at registration by the school secretary and learning specialist or counselor. The school secretary shares information with appropriate personnel (e.g. nurse, sped teacher, 504 team, principal). The assigned school nurse will communicate with the MESD complex needs nurse, as needed, and then meets with applicable staff, e.g. team, learning specialist, counselor, student and family to provide services in accordance with student’s needs.	Yes ▾
(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 https://policy.osba.org/corbett/J/JHCD_JHCD_A%20D1.PDF - Staff training documentation maintained by the school nurse and MESD - District or building level medication administration protocol Resources: - ODE medication administration webpage	In Corbett School District, there is a designated back to school health training day, typically the first week that staff return. The school nurse maintains a current list of who needs health services training. (e.g. medication administration, SARs, BBP, CPR/First Aid) and shares them with school/department administrators (transportation, facilities, counseling, special education) and the Student Services Director so that personnel are notified when training is necessary. The nurse and school health assistant (SHA) maintains a current log of who needs training and when based upon their role. Supplies space and storage are available in each location based on needs. Requests for safety storage/supplies are sent to the school health nurse and approved by the Student Services Director. These requests usually take place early fall.	Yes ▾

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(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 https://policy.osba.org/corbett/J/JHCD_JHCD A%20D1.PDF - 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	Protocols, tools, and processes for documenting provision of health services to students are kept securely on the school health website (Synergy for school information).	Yes 
(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. See Corbett School Board Policy https://policy.osba.org/corbett/search.asp?si=75853865&pid=r&nsb=1&n=0& charset =windows-1252&bcd=%F7&s=corbett&query=+JHCD%2FJHCDA https://policy.osba.org/corbett/J/JHCD_JHCDA%20D1.PDF - Emergency medication training protocols - Training schedule - Records of staff trained - Collaborate with the transportation department to ensure safety. The School Health Nurse supports all field trips when provided with current information by principals and staff prior to a field trip taking place. There is a process shared by the nurse and transportation director annually. The transportation director can be reached through the Corbett GS office or through Carrie Evans, Transportation Coordinator. Resources: - ODE medication administration webpage - MESD Communicable Disease Information - Multnomah Education Service District	MESD has standards for training in place for managing students with life threatening allergies and adrenal insufficiency. There is a training schedule set by the MESD school health nurse and school health assistant. The training schedule is shared with administrators and updated as the appropriately trained staff are initially trained and as they receive renewals (e.g. BBP, Medication Administration, CPR/First Aid).	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: MESD Communicable Disease Information - Multnomah Education Service District - ODE medication administration webpage - ODE school safety and emergency management webpage	The school health nurse is responsible for ensuring necessary supplies and medications are made available and staff made aware of their location. School principals communicate with the school health nurse in regards to what supplies are needed.	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	The assigned school nurse then meets with applicable staff, student, and family to provide services in accordance with needs. MESD School Health Nurse/MESD complex needs nurse maintains all confidential information the MESD electronic medical records drive.	Yes ▾
(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 - CORBETT SCHOOL BOARD POLICY and AR https://policy.osba.org/corbett/J/JHCD_JHCDA%20D1.PDF https://policy.osba.org/corbett/J/JHCD_JHCDA%20R%20D1.PDF - Corbett School District 39 Code: JHCD/JHCDA Adopted: 1/17/18 Revised/Readopted: 1/19/22 Orig. Code: JHCD/JHCDA Medications** - Student individual health plans (IHP) - Building operations plan	Communicable Disease Information - Multnomah Education Service District	Yes ▾

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(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	There is a self medication agreement between parent, student as appropriate, school principal, and school health nurse. See scanned document.	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 - School health nurse, school health assistants and building secretaries support this process. Resources: Communicable Disease Guidance for Schools OHA School Immunization page	Communicable Disease Information - Multnomah Education Service District	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 - Educate staff on prevention such as the Considerations for Isolation Rooms. See below doc. MESD/School Health Services/Health Resource Information/Communicable Disease Information Pg. 9. <table><tr><th colspan="2">Considerations for Isolation Rooms in School Buildings</th></tr><tr><th>Isolation Room</th><th>Consideration</th></tr><tr><td>Physical distance</td><td>It is strongly recommended that ill students are physically distanced while in the isolation space to the greatest extent possible.</td></tr><tr><td>Cleaning and sanitizing</td><td>After dismissal of ill student, close off areas used by a sick person and do not use these areas again until after <u>cleaning and disinfecting</u>. Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.</td></tr></table> MESD/School Health Services/Health Resource Information/Communicable Disease Information 9 <table><tr><td>Ventilation</td><td>Designated isolation space should have adequate ventilation, i.e. exterior windows, ventilation fans and/or HEPA filters. Ensure fans do not re-circulate into air supply; vent to exterior or into non-communicating space (wall voids, attic).</td></tr><tr><td>Hand hygiene</td><td>Care providers should wash hands frequently and thoroughly before and after providing care, including after removal of gloves. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with 260% alcohol content and wash hands with soap and water as soon as possible.</td></tr><tr><td>PPE</td><td>Staff tending to symptomatic individuals should wear, at a minimum, a face mask. Gloves should be worn if there is risk of exposure to blood and body fluids. A face shield should be worn if there is a risk of body fluids splashing towards the face. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the isolation room, and hands washed after removing PPE.</td></tr><tr><td>Student safety and well-being</td><td>Adjust protocols to age and developmental abilities. Ensure line of sight; keep the ill student visible. To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.</td></tr></table> When students are identified with restrictable diseases or excludable symptoms, they should be separated from the well-population, in an appropriate space until they can be dismissed to home. This isolation space should be separated from the healthcare area used to assess and treat injured and non-symptomatic children or to provide medication management and care of chronic health conditions.	Considerations for Isolation Rooms in School Buildings		Isolation Room	Consideration	Physical distance	It is strongly recommended that ill students are physically distanced while in the isolation space to the greatest extent possible.	Cleaning and sanitizing	After dismissal of ill student, close off areas used by a sick person and do not use these areas again until after <u>cleaning and disinfecting</u> . Ensure safe and correct use and storage of cleaning and disinfection products, including storing products securely away from children.	Ventilation	Designated isolation space should have adequate ventilation, i.e. exterior windows, ventilation fans and/or HEPA filters. Ensure fans do not re-circulate into air supply; vent to exterior or into non-communicating space (wall voids, attic).	Hand hygiene	Care providers should wash hands frequently and thoroughly before and after providing care, including after removal of gloves. Ensure isolation space has ready access to soap and water. Sink at the entryway is preferred. If soap and water is not accessible, use hand sanitizer with 260% alcohol content and wash hands with soap and water as soon as possible.	PPE	Staff tending to symptomatic individuals should wear, at a minimum, a face mask. Gloves should be worn if there is risk of exposure to blood and body fluids. A face shield should be worn if there is a risk of body fluids splashing towards the face. Any PPE used during care of a symptomatic individual should be properly removed and disposed of prior to exiting the isolation room, and hands washed after removing PPE.	Student safety and well-being	Adjust protocols to age and developmental abilities. Ensure line of sight; keep the ill student visible. To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.	Corbett Suicide Prevention Plan: Click here to see the Corbett Suicide Prevention Plan	Yes
Considerations for Isolation Rooms in School Buildings																				
Isolation Room	Consideration																			
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Student safety and well-being	Adjust protocols to age and developmental abilities. Ensure line of sight; keep the ill student visible. To reduce fear, anxiety, or shame related to isolation, provide a clear explanation of procedures, including use of PPE and handwashing.																			

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 - Regulations OAR 581-022-2220 Health Services (excerpted) - Hearing and Dental Screening requirements, see below. Hearing Screening Oregon Department of Education : Dental Screening - Resources and Information : Health, Safety & Wellness Dental Screening Certification Form. See School Nurse for document.	In facilities operated by MESD, MESD coordinates with the home school district to ensure students are screened. As part of the Local Service Plan (LSP), the SHS Screening Team completes vision screenings for all K, 1 & 3 in our 8 component districts. Hearing screening is done in grades K & 1. Our School Audiologist follows up on failed hearing screenings before referrals are sent. School Nurses can do a basic Snellen Vision Screening on other grades as referred by school staff or parents/guardians. Annually, a screening document is provided at registration for any incoming students, seven years or younger and or new to school. See attached document https://resources.finalsite.net/images/v1723487491/mesdk12orus/cfaqwbb3vi7weou8jr3/Vision-DentalScreeningCertificationForm.pdf	Yes ▾

OAR Requirements	Plan Considerations	Examples of Evidence/Resources	Plan Evidence	Meet?
(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 - ODE medication administration webpage MESD Comprehensive Communicable Disease Prevention Plan 24-25 Staff login. Notice goes to MESD after staff complete and pass a training. https://healthed-trainings.apps.mesd.k12.or.us/ For more information about School Health Services, please contact us: Phone: (503) 257-1732 Fax: (503) 257-1779 hservices@mesd.k12.or.us	MESD provides in person in collaboration with the Corbett school nurse and online health training with RNs. Initial training may be in person. Annual renewals are online. Monitoring is completed by school health services via staff training spreadsheet that is updated after every training. The SHS team consults with school staff that have experienced a work-related Body Fluid Exposure(BFE) to determine next steps, including potential occupational health referral. Resources: Vector Solutions / Safe Schools Training https://mesd-or.safeschools.com/login BBP - Bloodborne Pathogen (Renewal) https://healthed-trainings.apps.mesd.k12.or.us/	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?	We contract with our local MESD for nursing services. MESD ensures we are in compliance with this standard and with state regulations per OHA.	Yes ▾

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(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?	We contract with our local MESD for nursing services. MESD ensures we are in compliance with this standard. We do not have LPNs on staff at this time.	Yes ▾
(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?	We contract with our local MESD for nursing services. MESD ensures we are in compliance with this standard. MESD ensures Corbett follows all Oregon State Board of Nursing administrative rules for all levels of licensed providers.	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)?	We contract with our local MESD for nursing services. MESD ensures we are in compliance with this standard. Corbett does not have a nurse on staff designated to be the school nurse job title. The MESD provides this service/personnel to the District.	Yes ▾
(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?	The MESD Emergency Operations Plan is available: https://archive.multnomahesd.org/emergency.html Corbett's Emergency Operating Plan  Corbett SD Emergency Plan Training Info: https://www.multnomahesd.org/uploads/1/2/0/2/120251715/training_for_uap_w-second_page_08-2021.pdf Training is tracked by building administrators and school health. Emergency plans are tracked through the School Health Nurse and Student Services Director as needed. Plans for tracking take place annually.	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?	We contract with our local MESD for nursing services. MESD ensures we are in compliance with this standard. Resources to consider. Oregon Department of Education : School Health Services	Yes ▾

OAR Requirements	Reflection Questions	District Links/Notes	Meet?
(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?	The Corbett Emergency Operations Plan is available:  Corbett SD Emergency Plan Training is tracked by building administrators in collaboration with the MESD, LPHA, and District. All staff are trained in emergency plans at the beginning of the year. There are scheduled drills per state requirements. Principals follow a routine schedule for emergency drills. Principals track the drills and are aligned to the Corbett EOP.	Yes ▾

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.