Health Suite Assessment Tool

Based on National Association of School Nurses (NASN) Standards and Recommendations

Provision of health services must include health offices with adequate staff, supplies, equipment, technology and privacy to ensure effective and efficient assessment of student problems, provision of care, and evaluation of increasingly complex health needs. School health facilities, personnel, space, structure and equipment should adequately provide for privacy, and include consideration of projected school enrollment, make-up of student population, necessary supplies and equipment services required and confidentiality and safety.

PART I. HEALTH SUITE CRITERIA

Criteria	Met	Not Met	NA	Comments
 Minimum of 600 square feet, including health office facilities and at least one bathroom that conforms to American with Disabilities Act (ADA) guidelines. 				
2. Health suite should be located in a quiet area, easily accessible to all areas of the building, including the administrative offices.				
3. Accessible for disabled, with doors leading to main office, outer hallway and/or out side for emergency transport,				
4. Area used only for health related services that allows for personal privacy.				
5. Incandescent and natural lighting adequate for viewing rashes, injuries, etc.				
6. Adjustable overhead lights in rest area.				
7. Provision for emergency lighting in case of power outage.				
8. At least one outside window that may be opened for natural lighting and ventilation.				
9. At least one electrical outlet every six feet, with surge protection distributed through out the health office and bathroom area.				
10. Adequate plumbing to ensure hot and cold running water for assessment and treatment area.				
11. Water source outside of bathroom to allow for administration of medication, washing hands and providing first aid.				

Criteria	Met	Not	NA	Comments
		Met		
12. Handicapped accessible water sources				
within bathroom for washing hands and				
facilitating special needs.				
13. Sinks equipped with gooseneck faucets,				
wrist or foot control device, liquid soap,				
and paper towel dispenser. 14. Lockable wall and base cabinets for				
storage of medications, supplies and				
equipment. Avoid storage of				
medications in cabinets with glass				
doors since they provide visual access				
and can be tampered with. 15. Base cabinets with cleanable counter				
tops to provide treatment area.				
16. Floor to ceiling closet for storage of				
large equipment.				
17. Refrigerator of adequate size for storing				
medications and snacks for special				
needs students				
18. Tile or seamless anti-microbial resinous				
floor which facilitate disinfection of				
soiled areas				
19. Easily cleanable, hard walls.				
20. Heating and air conditioning controls				
separate from the rest of the building.				
21. Access to fresh air and exhaust fans to				
provide adequate ventilation.				
Health office configuration that allows for				
specific, separate areas to provide optimal				
functionality:				
22. Waiting and triage area with four chairs				
for approximately every 300 students				
23. Assessment and treatment area where				
injuries are cared for, including sink				
with eye wash attached, countertop,				
supply cabinet and access to				
refrigerator and icemaker.				
24. Medication area, including locked				
cabinet, sink, and access to refrigerator.				
25. Privacy/conference area for counseling				
and meeting with window to cot and				
waiting area to provide visibility, blinds				
or one-way glass to provide privacy,				
desk and telephone.				
26. Rest area with one cot for every				
300students.				

Criteria	Met	Not Met	NA	Comments
27. Desk area with access to student				
records, telephone and computer.				
28. Isolation area with cot and chair for				
students with potentially infectious				
problems or who need privacy.				
29. Bathroom that is wheelchair accessible,				
with grab bar next to toilet, good				
lighting and ventilation, sink, storage,				
and floor drains				

PART II - HEALTH OFFICE EQUIPMENT

In order to implement the School Health Program, school personnel must accept responsibility for providing health supplies for immediate care. Supplies are usually ordered in May, projecting the needs for the next school year. The nurse should assume the responsibility to confer with the principal and/or designee prior to May, in order to recommend those supplies and equipment necessary for implementing the School Health program.

Criteria	Met	Not Met	NA	Comments
1. Desk with lockable drawers, adequate				
surface for telephone, work area and				
computer.				
2. Lockable file cabinets with a minimum				
off our drawers for storage of student				
records, informational and instructional				
materials.				
3. Networked computer with monitor, disc				
drive and printer and privacy features to				
insure confidentiality of information.				
4. Separate phone line for computer.				
5. Reference materials, including first aid				
manual, medication reference, pediatric				
an/or adolescent references, guide to				
specialized health care procedures,				
medical dictionary, physical assessment				
book, and school health guidelines,				
policies and procedures/				
6. One cot or bed for every 300 students,				
separated by curtains or screens				
7. Washable surfaces or disposable				
sheeting to allow for disinfecting				
between students.				
8. Screening equipment as required by				
state or district mandates.				
9. Blankets, pillows with disposable or				
plastic covers				

Criteria	Met	Not Met	NA	Comments
10. Wall-mounted liquid soap dispensers				
adjacent to all sinks.				
11. Wall-mounted paper towel dispensers				
adjacent to all sinks.				
12. Pedal controlled, covered waste				
receptacle with disposable liners.				
13. First aid station with washable counter				
tops and adequate storage space.				
14. Sharps container for disposal of				
hazardous medical waste and procedures				
for disposal of hazardous waste				
containers.				
15. Folding screens or draperies to provide				
privacy in rest area.				
16. Refrigerator with icemaker or ice trays				
to provide ice for treating injuries.				
17. Eye wash station attached to water				
source for irrigating foreign substance				
eye injuries.				
18. Clock with second hand, chairs, paper				
wastebasket, flashlight, and wheel chair.				
19. Gooseneck and./or magnifying lamp.				
20. Balanced scale with height measuring				
device and/or a wall mounted height-				
measuring device.				
21. Sink with hot and cold running water.				
22. Adequate bathroom facility.				
23. Double locked medication cabinet, or				
single locked medication cabinet with				
locked box to go inside.				
24. Peak flow meter with disposable				
mouthpieces.				
25. Sphygmomanometer and appropriate				
sized cuffs.				
26. Stethoscope				
27. Tape measure				
28. Magnifying glass				
29. Books and informational resources				
appropriate for student population.				
30. Office supplies (pens, pencils, etc.)				

PART III - FIRST AID SUPPLIES - At the time of the Health Suite Assessment, please inventory supplies listed below to determine current supply. Additionally, please answer Question # I and, provide any additional comments to help us better understand the status and condition of your health suite.

Criteria	Met	Not Met	NA	Comments
1. Band-Aids				
• 1000 1"1400 Students				
 1000 ¼ "1400 Students 1000 ¾ "1400 Students 				
2. Tape of various widths, hypoallergenic				
3. Alcohol, 12 bottles				
4. Emesis basins, 12 disposable				
5. Cold packs, reusable and disposable,				
100/400 student				
6. Cotton -topped applicators, 1 box CPR				
masks, pediatric and adult				
7. Bleach and disinfectant for surface				
spills, 1gallon bottle				
8. Eye pads, 100 sterile/400 students				
9. Synthetic or non-latex gloves, 20 boxes				
10. Masks, 1 box				
11. Drinking water				
12. Cups				
• Drinking, paper 2001400				
students				
Medicine, plastic 200/40				
students				
13. Paper towels with dispense t, I case of				
24rolls				
14. Plastic bags, small and large reseal able,				
1000/400 student				
15. Roll paper for cots or examination table, 1case of24 rolls				
16. Record forms (emergency cards, logs,				
medication sheets, accident reports,				
DCPS forms)				
17. Assorted safety pins, I bag				
18. Feminine sanitary napkins,				
200/200students				
19. Scissors, bandage and office, 1 each				
20. Slings and/or triangular bandages,				
21. Soap (in a dispenser)				
22. Tincture of green soap				
23. Hand sanitizer, I gallon				
24. Assorted splints,				

Criteria	Met	Not Met	NA	Comments
25. Tissue, 1 case of 24				
26. Air freshener				
27. Tongue blades, adult and pediatric,				
1box/400 students				
28. Digital thermometers,				
29. Probe covers, 400/400 student				
30. Non-sterile 4 X 4's, 200/400 student				
31. Non-sterile 2 X 2's. 400/400 students				
32. Kling wrap, l0yardseach of 2", 3", and4"				
33. Portable crisis kit				
34. First Aid Kits				
• It is recommended that first aid				
kits be located in designated				
classrooms one ach floor of the				
school building. The number of				
kits will vary according to the				
size of the facility. The kits				
could be restocked from the				
health suite supplies.				

Additional Information: Please write your answer/comments in the space provided

Question #1

Describe the process and procedures to obtain yearly and replacement supplies for your health suite.

Additional Comment(s)/Recommendations

Assessment Completed by: _____ Date: _____ Date: _____

Nurse Manager Review/Analysis

Rating Scale	# Items Scored "Met"	# Items Scored "Not Met"	# Items Scored "NA"
Part I - Health Suite Criteria			
Part II - Health Suite Equipment			
Part III - First Aid Supplies			
Total			

Overall Compliance Rating

✓ AS	Score	Grade	Interpretation
Appropriate	Base on the # of "Yes" answers		
	72 - 93	А	
	48 - 71	В	
	24 - 47	С	
	0 - 23	D	

Areas of Risk (Identification of Major areas of risk for the program)

Critical success Factors (Requirements that must be met to assure requirements are met)

Priorities for Health Suite based on assessment findings

Review/Analysis completed by: _____

Nurse Manager

_____ Date:_____

Upon completion please submit the completed assessment to