# Job Description

**Position Title:** School Nurse  
**Job Code:** 409C, 409D  
**Division:** Chief of Staff  
**Salary Schedule:** School Nurse  
**Department:** Policy Planning and Student Support  
**Work Days:** 181 Days  
**Reports To:** Principal  
**Pay Grade:** LPN or RN  
**FLSA:** Non-Exempt  
**Pay Frequency:** Monthly  
**Primary Function:** Applies appropriate theories from nursing to meet the unique and diverse health needs of the school community under the guidance of the Consulting Nurse and Nursing Supervisor.

## Requirements:

1. **Educational Level:** Graduate of an accredited nursing education program required  
2. **Certification/License Required:** Valid RN/LPN licensure in the State of Georgia; Certification in CPR/AED required; Certification in American Red Cross Standard First Aid required; must successfully complete the CCSD training course and pass all written tests; must fulfill continuing competency requirements  
3. **Experience:** Minimum of 1 year nursing experience required; 2 years of professional nursing experience preferred  
4. **Physical Activities:** Routine physical activities that are required to fulfill job responsibilities  
5. **Knowledge, Skills, & Abilities:** Written and oral communication; strong motivation for community health; ability to maintain a positive working relationship with school personnel, students, and families; competency in computer applications, record keeping, and organizational abilities; interpersonal skills necessary for overseeing the clinic; knowledge of fundamental nursing concepts, practices, and procedures is essential  

*The Board of Education and the Superintendent may accept alternatives to some of the above requirements.*

## Essential Duties:

1. Demonstrates prompt and regular attendance.  
2. Presents professional and well-groomed appearance according to District Dress Code.  
3. Attends mandatory Clinic Orientation and Training, Pre-Planning, Professional Learning Days, and other district required trainings.  
4. Adheres to District Administrative Rules; uses a distinct clinical knowledge base for decision making in nursing practice; delivers nursing services consistent with Georgia Board of Nursing rules and regulations; nursing procedures are efficient, safe, and effective; maintains accurate documentation of clinic services, including emergency situations; demonstrates ethical and professional behavior, including maintenance of confidentiality at all times.  
5. Administers and documents medications to students according to approved clinic policies, procedures, protocols and written physician directions to include injectable medications and emergency medication with appropriate documented records.  
6. Organizes and maintains a clean, orderly clinic to ensure a safe physical environment including locked medication cabinets, practicing standard precautions at all times, and maintaining sharps containers in appropriate locations; maintains adequate clinic supplies.  
7. Provides privacy and a caring environment; displays and models respect towards students and others; serves as a student advocate and establishes and communicates clear behavior expectation in the clinic to students and staff.  
8. Identifies and manages individuals with suspected infectious illnesses and helps prevent transmission to others through exclusion and education; reports required information to the Consulting Nurse.  
9. Evaluates student responses to prescribed interventions and the efficacy of the interventions and executes and documents the nursing interventions noted in an Individual Health Care Plan (IHCP), Section 504 Plan, or Individual Educational Plan (IEP).  
10. Collaborates with the Consulting Nurse and the Nursing Supervisor in the development and implementation of the IHCP or 504 Plan as appropriate to the student’s needs.  
11. Communicates and collaborates with school personnel, nursing administration, students and families in a professional manner and with appropriate frequency about school health issues.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee ___________________________________________ Date ______________________

Signature of Supervisor _________________________________________ Date ____________________