

LOS ANGELES UNIFIED SCHOOL DISTRICT
Medical Services Division
District Nursing Services Branch

Orientation of the NON PUBLIC AGENCY (NPA) LICENSED NURSING PROVIDER (LNP)

****Initiate this orientation form at the start of services and the beginning of each school year. Complete a separate form for each licensed nurse providing services.****

To be completed by School Nurse PRIOR TO supplying form to NPA LNP.

Health Services will be provided for:

Name of Student (Last, First) Date of Birth

School Region Date

Select valid LAUSD Specialized Physical Health Care Services Authorizations that have been submitted :

- ☐ Adrenal Insufficiency-Solu-Cortef
- ☐ Anaphylaxis
- ☐ Autonomic Dysreflexia: Emergency Care
- ☐ Clean Catheterization
- ☐ Clean Self-Catheterization with Assistance
- ☐ Clean Self-Catheterization
- ☐ Sterile Catheterization
- ☐ Blood Glucose Testing
- ☐ Glucagon Nasal Spray (Baqsimi)
- ☐ Glucagon Injection
- ☐ Hypoglycemic Reaction
- ☐ Ketone Testing
- ☐ Gastrostomy Feeding: Bolus Method
- ☐ Gastrostomy Feeding: Slow Drip Method or Pump
- ☐ Gastrostomy Tube Replacement
- ☐ Jejunostomy Tube Feeding: Slow Drip Method or Pump

- ☐ Mechanical Nebulizer Treatment
- ☐ Mechanical Ventilation
- ☐ Ostomy Care
- ☐ Oxygen Therapy
- ☐ Diastat
- ☐ Nasal Benzodiazepine
- ☐ Vagus Nerve Stimulation
- ☐ Oral Nasal Suctioning
- ☐ Oropharyngeal and Nasopharyngeal Suctioning
- ☐ Tracheostomy Suctioning
- ☐ Tracheostomy Tube Replacement
- ☐ Other: _____

- ☐ Medication Authorizations for the following specific medications:

SERVICES WILL BE PROVIDED BY:

Name of Licensed Nursing Provider Title CA License No. Expiration Date

Name of Agency Phone Number Supervising RN at NPA

A copy of the "[Code of Conduct with Students with Students](#)" and "[Board of Education Resolution to Enforce the Respectful Treatment of all Persons](#)" was reviewed and provided to the NPA LNP.

NPA LNP Signature

Principal/Site Administrator Signature

NPA LNP Name Printed

Principal/Site Administrator Name Printed

Date

Date

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REQUIRED CHECKLIST AND VERIFICATION

Orientation of the NON PUBLIC AGENCY (NPA) LICENSED NURSING PROVIDER (LNP)

Initiate this orientation form at the start of services and the beginning of each school year and complete a separate form for each licensed nurse providing services.

The following checklist must be completed to ensure form is completed and required accompanying documentation is supplied.

Original form and related attachments to be retained at school site. Copy of form and attachments to be sent to Region Nursing Administrator and District Nursing Services. Student Specific Training Logs must be distributed in accordance with instructions on that form.

School Site Administrator will:

- ☐ Review [Code of Conduct with Students](#) and [Board of Education Resolution to Enforce the Respectful Treatment of all Persons](#) with NPA LNP.
- ☐ Provide copy of [Code of Conduct with Students](#) and [Board of Education Resolution to Enforce the Respectful Treatment of all Persons](#) with NPA LNP.
- ☐ Identify designated personnel to be trained by School Nurse for temporary student coverage (no more than 10 minutes).

School Site Administrator to initial confirming all items completed: _____
Initial Date

School Nurse will:

- ☐ Obtain valid specialized physical healthcare services authorizations.
- ☐ Submit original orientation form to the school principal.
- ☐ Orient NPA LNP in accordance with General Guidelines for Orientation of the Licensed Nursing Provider.
- ☐ Attach General Guidelines for Orientation of the Licensed Nursing Provider to this form.
- ☐ Train designated personnel to cover the student for a brief period of time (no more than 10 minutes). Trained personnel should have fast/close access to NPA LNP.
- ☐ Provide a copy of training logs in accordance with distribution instructions on Student Specific Training Log.

School Site School Nurse to initial confirming all items completed: _____
Initial Date