**2023-24 Annual Charter School Health Services and Section Two Report Worksheet**

Please use the Section Two worksheet provided on the School Health Services resource page to gather data regarding your Charter School prior to beginning the report survey**.** Please complete the report survey no later than **June 20th.** All definitions and directions are incorporated into this worksheet.

**County:**       **A drop-down menu is provided during the report survey**

**Charter School:**       **A drop-down menu is provided during the report survey**

**Charter School Regions**

**Districts 1 – 4 (East)-Annette Richardson**

**Districts 5 – 8 (West)-Amy Johnson**

**Contact information for the person preparing this report.**

* 1. Full Name:
  2. Job Title:
  3. Email Address:
  4. Phone Number:

**Charter School Health Data**

**Grade levels admitted to your school (e.g., K-12; 6-8):**

**Student Population: Total number of students, during this school year, receiving assistance at school for the following diagnosed chronic health conditions:**

|  |  |
| --- | --- |
|  | **Number of students:** |
| Asthma: |  |
| Diabetes: |  |
| Seizure Disorder: |  |
| Life threatening allergy (anaphylactic reaction): |  |
| Concussion (during school/outside of school): |  |

**The following questions are related to your compliance with** [**§ 115C-375.3**](https://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-375.3.pdf)**. Care of Students with Diabetes. This page is only applicable if one or more students with diabetes were indicated in question #5.**

***Number of students receiving assistance at school related to diabetes:***

**(This should match your response to question # 6 – Diabetes)**

**If you have students receiving assistance at school related to diabetes, does your school offer generalized diabetes training to all school staff who provide education or care for students with diabetes?**

**Yes  No**

**If ‘No’, what prevented training from being completed?**

**If you have students receiving assistance at school related to diabetes, does your school have at least 2 staff persons who are *intensively trained* on diabetes care, for the specific student(s) with diabetes?**

**Yes  No**

**If ‘No’, what prevented training from being completed?**

**Number of students with diabetes who, upon notification and/or parental request, had a written plan of care completed by a school nurse or other recognized medical professional (Medical Doctor, Advanced Practice Nurse, Physician Assistant) this school year:**

**The following questions are related to your compliance with** [**§ 115C-375.2A**](https://www.ncga.state.nc.us/enactedlegislation/statutes/html/bysection/chapter_115c/gs_115c-375.2a.html)**. School supply of epinephrine auto-injectors**

**Were there at least two emergency epinephrine auto-injectors maintained on each campus during this school year?**

**Yes  No**

**If ‘No’, why were you unable to maintain emergency epinephrine auto-injectors in your school?**

**Did at least one person receive training in the use of emergency epinephrine?**

**Yes  No**

**If answered ‘No’ to the questions regarding Epinephrine training or CPR certification, what prevented training from being completed?**

**If yes, who provided the required training?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Job Title** | **Employing Agency** |
| **Trainer 1** |  |  |  |
| **Trainer 2** |  |  |  |

**Does the same person who received training in the use of emergency epinephrine possess a current certification card in Cardiopulmonary Resuscitation (CPR)?**

**Yes  No**

**If yes, what is the expiration year of the current CPR certification?**

**Was epinephrine administered to any undiagnosed persons during this school year?**

**Yes  No**

**If yes, please indicate the number of times epinephrine was administered.**

**The following questions are related to** [**State Board of Education Policy SHLT-001 Return-to-Learn After Concussion**](https://stateboard.ncpublicschools.gov/policy-manual/student-health-issues/return-to-learn-after-concussion)**. Responses provide the Division of Public Health with a better understanding of implementation successes and challenges.**

**Pursuant SBE Policy SHLT-001:  Has your school developed a plan for addressing the needs of students, of any grade level (preschool through twelfth grade), suffering concussions?**

**Yes  No**

**If ‘No’, what prevented the development of a plan?**

**Which of the following components are included in the plan? (Select all that apply)**

**Guidelines for removal of a student from physical and mental activity when there is a suspicion of concussion**

**Notification procedure to education staff regarding removal from learn(ing) or play**

**Expectations regarding annual medical care update from parents, medical care plan/school accommodations in the event of concussion**

**Delineation of requirements for safe return-to-learn or play following concussion**

**None of the Above**

**Does your school have an appointed team of people responsible for identifying the return-to-learn or play needs of a student who has suffered a concussion?**

**Yes  No**

**Does your school provide information and staff development on an annual basis to all teachers and other school personnel in order to support and assist students who have sustained a concussion in accordance with their learning and behavioral needs?**

**Yes  No**

**Does your school include in its annual student health history and emergency medical information update a question related to any head injury/concussion a student may have incurred during the past year?**

**Yes  No**

**The following question is related to your schools' health program needs:**

**Planning is underway to better meet charter school health needs. Please complete the following to inform the process:**

**List any school health related questions/concerns your school would like specific consultation regarding: (Please enter "N/A" if there are no health-related questions/concerns at this time)**

**Please indicate any of the following you would be interested in during the next school year:**

**Onsite Consultation**

**Virtual Meeting**

**Regional Charter School Meeting**

**Webinar**

**School Nurse Conference**

**Other, specify:**

**Nursing Services**

**Does your school employ the services of a school nurse who is available to serve the entire student population?**

Yes  No

**If yes, is the nurse a Registered Nurse (RN) licensed in North Carolina?**

Yes  No

**If not a Registered Nurse (RN), please list credentials:**

If your school does not employ the services of a RN school nurse, your reporting ends at this point. Thank you.

**If yes, please complete the following questions related to nursing services.**

**If yes**,did you have a change in hours worked or school nurse positions since submitting your Staffing Form A in December?

If yes, how many hours does the school nurse work or how many new positions?

**\*If yes, please submit a revised staffing From A and reach out to your School Health Nurse Consultant.**

### ****Health Education and Presentations/Programs****

### *****Definition:*** *Other than asthma, medication, and first aid that are captured elsewhere in the report, indicate the other health education topics that were covered in-group presentations given by the school nurse. Enter the number of health education presentations/teaching sessions given by a school nurse to a group.*** *Do not enter individual student encounters. Example: A session on tobacco may be repeated 12 times to different groups of students. Therefore, the number listed here would be 12, regardless of number of students in each session. All varieties and topics are to be added together here for a grand total. If two nurses co-teach the class, count that class as one for each time it is co-presented. For more information, the school nurse role in health education is reviewed in the NC School Health Program Manual, Section C, Chapter 2.*

**Number of times presentations were given by the school nurse for groups of students, parents, and/or school staff:**

#### Other than asthma, medication and first aid, what other health education topics were covered in group presentations given by the school nurse? Please check all that apply.

Alcohol and drug abuse

Tobacco/e-cigarettes/vaping

Allergies (other than medication training)

Blood borne pathogens (BBP - OSHA)

Cancer prevention (sun safety, other cancer prevention if not included in other categories)

Diabetes management

Reproductive health (includes sex education, HIV/STD's, puberty education, etc.)

Violence prevention (includes safe dating, bullying, etc.)

Dental health

Health careers

Infection prevention & control, other than STD, including hand washing, communicable disease prevention, immunizations, PPE use, MRSA prevention, etc.

Pest prevention & control (pediculosis, mosquitoes, ticks)

Nutrition (including bone health, weight control, eating disorders)

Physical activity (including cardiac health)

Personal hygiene (if not covered under reproductive health)

Injury prevention (seatbelt safety, safe bicycling, helmet use, school bus safety, pedestrian safety)

### ****Vaccination Clinics****

#### *Definition: The Division of Child and Family Well-Being is supportive of school located vaccination clinics. The School, Adolescent and Child Health Unit is interested in obtaining data on types of vaccines administered, how many school districts participated, number of vaccinations administered, and partners engaged in the process. Please answer to the best of your ability.*

#### Did your school(s) host school-located seasonal influenza clinics this fall/winter?

Yes

No

**What agency did you collaborate with to provide this clinic?**

**How many vaccinations were administered to individual students for seasonal flu?**

**How many vaccinations were administered to individual adults for seasonal flu?**

**Did your school(s) host school-located vaccination clinics other than influenza?**

Yes

No

**If yes, what vaccinations did you provide?**

**If yes, what agency did you collaborate with to provide clinics?**

**If yes, how many vaccinations were administered to individual students?**

**If yes, how many vaccinations were administered to individual adults?**

### ****Asthma Education****

### *****Definition:*** *Asthma Education for staff involves having a standardized curriculum/ outline/PowerPoint that is consistently covered with all school staff, not just those staff that serve students with a known diagnosis of asthma. This education has a preventative focus.***

#### Does your District/School offer generalized asthma training to school staff system-wide?

Yes

No

#### During this school year, did you have students enrolled in asthma education program?

Yes

No

**If yes, what curriculum is used?**

Managing Asthma Triggers

Open Airways

Other Curriculum

**If yes, what is the number of students in the asthma education program(s)?**

### ****Diabetes Education****

### *****Definition:*** *The answers to these questions will be used to assure compliance with requirements regarding care of student with diabetes. See NCGS 115C-12 (31) and 115C-375.3 or contact your Regional School Health Nurse Consultant.***

#### Does your school/system offer generalized diabetes training to school staff system-wide?

Yes

No

#### Did your school/system have at least 2 staff persons who were intensively trained on diabetes care, in each school where students with diabetes are, or were, enrolled this school year?

Yes

No

### ****First Aid****

### *Definition: “First responder” can be a formal title held by school staff members formally assigned and trained to respond to health-related emergencies at school. It can also be a staff member who serves the purpose as first responder or point person in case of emergencies. This section is addressing how the staff members who are assigned to coordinate such emergency activities are trained and to what extent during the school day they are able to respond and care for students or staff with significant injuries or sudden and severe illnesses that occur at school.*

### Were the following classes provided in your school district?

**First Aid:**

Yes

No

**CPR:**

Yes

No

**First responders:**  
**Are available daily on each school campus:**

Yes

No

**Are available daily in each school building:**

Yes

No

#### What agency trains first responders? (Select all that apply)

Local EMS staff

American Red Cross (ARC) staff

American Heart Association (AHA) staff

Community College Emergency Training Staff

School Nurse ARC instructor

School Nurse AHA instructor

None

Other agency (please specify):

### ****Use of Automated External Defibrillators (AEDs) in Schools****

#### Does your District/School have one or more AEDs in any of your school buildings?

Yes

No

#### If yes, are they available in all schools?

Yes

No

**How many times was one of those AEDs used this year on a student?**

#### What was the outcome of that usage? (If the AED was used multiple times, select all that apply)

Survival

Death

Unknown

**How many times was one of those AEDs used this year on a staff member?**

#### What was the outcome of that usage? (If the AED was used multiple times, select all that apply)

Survival

Death

Unknown

**How many times was one of those AEDs used this year on a visitor?**

#### What was the outcome of that usage? (If the AED was used multiple times, select all that apply)

Survival

Death

Unknown

### ****Home Visits****

**Number of home visits made by the school nurse(s):**

#### Reasons for home visits (please indicate all that apply):

Assessment

Absenteeism

Chronic Illness

IHP development

Infestations

Parent/Family education

Other - Write In (Required):

### ****Table 1: Student Issues Known to School Nurse****

#### Stakeholders frequently ask for data directed information regarding the following topics*.*

#### *Definition: Indicate total number of these student issues known to the school nurse in each category for elementary, middle, and high school.*

#### ****You must place a number in each category**.  **Place a '0' (zero) in categories indicated as N/A**.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Elementary (K-5)** | **Middle (6-8)** | **High (9-12)** |
| Pregnancy |  |  |  |
| Substance abuse – alcohol |  |  |  |
| Substance abuse – drugs |  |  |  |
| Substance abuse – tobacco / e-cigarettes / vaping |  |  |  |
| Suicide attempt |  |  |  |
| Death from suicide |  |  |  |
| Suicide occurring at school |  |  |  |
| Death from homicide |  |  |  |
| Homicide occurring at school |  |  |  |
| Other student deaths (from injury, illness, etc.) regardless of location of death |  |  |  |
| How many student deaths from other causes occurred at school? (And are not listed above) |  |  |  |

### ****Table 2: Health Counseling****

#### This section refers to the school nurse’s role as a health counselor working with students on a one-to-one, confidential basis.

#### *Definition:* A one-to-one counseling session is defined as a formal discussion with the student or person regarding a health issue that requires documentation of the encounter *(not every encounter for an issue is likely to meet the definition of health counseling).* *The numbers of counseling sessions are being requested in this table. (Example: one person may receive four health-counseling sessions on the same topic. Enter the number “4" beside the topic.) This section does not include the nurse’s work in group and classroom education on these topics. Sessions that include parent and student or staff and the student may also be counted. Do not include group presentations or encounters with students counted elsewhere in this report.*

#### Please indicate the number of ****one-on-one**** health counseling sessions provided by the school nurses on the following topics in each grade category.

#### ****You must place a number in each category.  Place a '0' (zero) in categories indicated as N/A.****

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Elementary (K-5)** | **Middle (6-8)** | **High (9-12)** |
| ADD/ADHD |  |  |  |
| Asthma |  |  |  |
| Child abuse/neglect |  |  |  |
| Chronic illness (not otherwise listed) |  |  |  |
| Depression (situational or chronic) |  |  |  |
| Diabetes |  |  |  |
| Hygiene |  |  |  |
| Illness/injury recovery |  |  |  |
| Mental health issues (not otherwise listed) |  |  |  |
| Nutrition |  |  |  |
| Pregnancy |  |  |  |
| Puberty/reproductive health |  |  |  |
| Relationships (dating/parents/friends) |  |  |  |
| Seizure disorders |  |  |  |
| Severe allergies |  |  |  |
| Substance abuse including tobacco use, prescription use, etc. |  |  |  |
| Suicidal ideation |  |  |  |
| Violence/bullying |  |  |  |

### School Nurse Case Management Outcomes for Students with Chronic and/or Complex Health Care Needs

### A district wide standards-based program for the management of chronic health conditions in schools is the goal for NC school health programs. Even when a district wide program does not exist, individual nurses often intentionally use and document the steps of the nursing process in a manner that achieves individualized health and education goals for students. This includes completion of a nursing assessment and development of a plan of care with specific student goals that improve with targeted interventions. The following tables should be completed for students whose care and measured outcomes fit this description, regardless of the status of a district wide program.

### *Definition: School Nurse Case Management of Chronic Health Conditions in schools is the intentional use and documentation of the steps of the nursing process in a manner that achieves individualized health and educational goals. It involves more than occasional contacts and includes a written plan of care for each student selected that follows the nursing process. The process includes assessment, planning, intervention, and evaluation. Six common health conditions for which many school nurses provide intervention are listed. The outcomes chosen are measured when operationalized for individual students and require an initial assessment by the school nurse when work begins with a student. The initial assessment data is then compared to periodic or final assessments during the school year or at the end of the year to measure change. The student numbers listed here should reflect these measurements rather than anecdotal or opinion-based information. The number of students with demonstrated improvement in outcomes cannot exceed the number of students selected for this outcome. In other words, the number of students in the measured outcome table should be equal to or greater than the number in the demonstrating improvements table. All students will not have all outcomes as a part of their care. Only mark those goals assessed and included for any given student.*

***Definitions:*** *A nurse-managed program for students with chronic/complex health conditions involves more than occasional contacts with the student, family, teacher, and/or care provider. It also includes a written plan of care for each student selected that follows the nursing process. That plan of care should include the following:*

* ***Assessment:*** *To demonstrate improvement, baseline and evaluation data must be measured. In an education setting baseline data should include both health information and education information. It can also be important to establish how well the student is coping, which can be assessed by adding an evidence-based assessment tool such as a quality-of-life survey. Parent and teacher surveys can also be valuable.*
* ***Planning:*** *Nursing care must be based on a nursing plan of care that includes specific interventions with* ***achievable goals, measurable outcomes, and regular evaluations****. Again, these should be applicable to both the student’s health and educational success. The number of measured outcomes will be equal to or less than the number of students measured.*
* ***Interventions:*** *These are results oriented nursing actions based on specific needs of the student and evaluated to assess their impact on the student. Interventions are designed to meet the established goals and may be changed as the student’s condition and response changes. Interventions should be selected based on input and collaboration with all those involved in the student’s care and success at school.*
* ***Evaluation:*** *Periodic measurement of student progress and measurement at the end of care, or of the school year, allows the nurse to compare the current conditions to the goal or outcome desired. School nurse case management services may then be discontinued when related goals are met or amended for future intervention if the student will continue in the case management program.*

Each Charter School Nurse may obtain assistance from the Regional School Health Nurse Consultant. Please visit the DCFW School Nursing Support webpage for more information. School nurse case management of chronic conditions, and use of the nursing process in developing plans of care, is also reviewed in the NC School Health Program Manual, Section C, Chapter 5.

### ****Outcome Tables 3-8: You must place a number in each category.****Enter a “0” for those categories and outcomes that were not measured.

#### Table 3: Asthma Outcomes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of students for whom this was a measured outcome**  **E (K-5)** | **Number of students demonstrating improvement in this outcome**  **E (K-5)** | **Number of students for whom this was a measured outcome**  **M (6-8)** | **Number of students demonstrating improvement in this outcome**  **M (6-8)** | **Number of students for whom this was a measured outcome**  **H (9-12)** | **Number of students demonstrating improvement in this outcome**  **H (9-12)** |
| A1. Consistently verbalized accurate knowledge of the pathophysiology of their condition |  |  |  |  |  |  |
| A2. Consistently demonstrated correct use of asthma inhaler and/or spacer |  |  |  |  |  |  |
| A3. Accurately listed their asthma triggers |  |  |  |  |  |  |
| A4. Remained within peak flow/pulse oximeter plan goals |  |  |  |  |  |  |
| A5. Improved amount and/or quality of regular physical activity |  |  |  |  |  |  |
| A6. Improved grades |  |  |  |  |  |  |
| A7. Decreased number of absences |  |  |  |  |  |  |

#### Table 4: Diabetes Outcomes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of students for whom this was a measured outcome**  **E (K-5)** | **Number of students demonstrating improvement in this outcome**  **E (K-5)** | **Number of students for whom this was a measured outcome**  **M (6-8)** | **Number of students demonstrating improvement in this outcome**  **M (6-8)** | **Number of students for whom this was a measured outcome**  **H (9-12)** | **Number of students demonstrating improvement in this outcome**  **H (9-12)** |
| D1. Consistently verbalized an accurate knowledge of the pathophysiology of their condition |  |  |  |  |  |  |
| D2. Demonstrated improvement in the ability to correctly count carbohydrates |  |  |  |  |  |  |
| D3. Improved skill in testing own blood sugar. |  |  |  |  |  |  |
| D4. Showed improvement in HgA1C (if measured and available.) |  |  |  |  |  |  |
| D5. Consistently (90% of time) calculated accurate insulin dose |  |  |  |  |  |  |
| D6. Improved ability to deliver insulin dose |  |  |  |  |  |  |
| D7. Improved grades |  |  |  |  |  |  |
| D8. Decreased number of absences |  |  |  |  |  |  |

#### Table 5: Weight Management Outcomes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of students for whom this was a measured outcome**  **E (K-5)** | **Number of students demonstrating improvement in this outcome**  **E (K-5)** | **Number of students for whom this was a measured outcome**  **M (6-8)** | **Number of students demonstrating improvement in this outcome**  **M (6-8)** | **Number of students for whom this was a measured outcome**  **H (9-12)** | **Number of students demonstrating improvement in this outcome**  **H (9-12)** |
| W1. Consistently verbalized accurate knowledge of relationship of food and activity to weight |  |  |  |  |  |  |
| W2. Kept a daily food diary as planned |  |  |  |  |  |  |
| W3. Increased physical activity (PE or after school) |  |  |  |  |  |  |
| W4. Improved frequency of healthy food choices |  |  |  |  |  |  |
| W5. Consistently able to identify appropriate portion sizes |  |  |  |  |  |  |
| W6. Improved BMI |  |  |  |  |  |  |
| W7. Improved grades |  |  |  |  |  |  |
| W8. Decreased number of absences |  |  |  |  |  |  |

#### Table 6: Seizure Disorder Outcomes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of students for whom this was a measured outcome**  **E (K-5)** | **Number of students demonstrating improvement in this outcome**  **E (K-5)** | **Number of students for whom this was a measured outcome**  **M (6-8)** | **Number of students demonstrating improvement in this outcome**  **M (6-8)** | **Number of students for whom this was a measured outcome**  **H (9-12)** | **Number of students demonstrating improvement in this outcome**  **H (9-12)** |
| SD1.Consistently verbalized accurate knowledge of the pathophysiology of their condition |  |  |  |  |  |  |
| SD2. Consistently recognized seizure triggers |  |  |  |  |  |  |
| SD3. Reduced side effects of seizure medications |  |  |  |  |  |  |
| SD4. Avoided complications from seizure activity |  |  |  |  |  |  |
| SD5. Reduced number of seizures |  |  |  |  |  |  |
| SD6. Improved grades |  |  |  |  |  |  |
| SD7. Decreased number of absences |  |  |  |  |  |  |

#### Table 7: Severe Allergy Outcomes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of students for whom this was a measured outcome**  **E (K-5)** | **Number of students demonstrating improvement in this outcome**  **E (K-5)** | **Number of students for whom this was a measured outcome**  **M (6-8)** | **Number of students demonstrating improvement in this outcome**  **M (6-8)** | **Number of students for whom this was a measured outcome**  **H (9-12)** | **Number of students demonstrating improvement in this outcome**  **H (9-12)** |
| SA1.Consistently verbalized accurate knowledge of the pathophysiology of their condition |  |  |  |  |  |  |
| SA2. Consistently avoided allergy triggers |  |  |  |  |  |  |
| SA3. Improved skill in recognizing hidden sources of allergen |  |  |  |  |  |  |
| SA4. Improved skill in epinephrine administration |  |  |  |  |  |  |
| SA5. Reduced episodes of severe allergic reactions |  |  |  |  |  |  |
| SA6. Improved grades |  |  |  |  |  |  |
| SA7. Decreased number of absences |  |  |  |  |  |  |

#### Table 8: Mental/Behavioral Health Outcomes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Number of students for whom this was a measured outcome**  **E (K-5)** | **Number of students demonstrating improvement in this outcome**  **E (K-5)** | **Number of students for whom this was a measured outcome**  **M (6-8)** | **Number of students demonstrating improvement in this outcome**  **M (6-8)** | **Number of students for whom this was a measured outcome**  **H (9-12)** | **Number of students demonstrating improvement in this outcome**  **H (9-12)** |
| MH1.Consistently verbalized recognition of feelings, behaviors, and/or physical complaints associated with diagnosis/condition |  |  |  |  |  |  |
| MH2. Consistently documented compliance, or improved compliance, with provider treatment plan |  |  |  |  |  |  |
| MH3. Regularly reported examples of increased quality of life and/or enjoyable activities |  |  |  |  |  |  |
| MH4. Regularly reported examples of perceived increased ability to function satisfactorily at school |  |  |  |  |  |  |
| MH5. Improved grades |  |  |  |  |  |  |
| MH6. Decreased number of absences |  |  |  |  |  |  |

### ****School Nurse Case Management Questions****

### Has your school health program incorporated a structured approach to school nurse management of students with chronic and/or complex health care needs? *(Definition: Local processes for school nurse case management that are consistent across the nursing staff within a district and based on standards.)*

Yes

No

#### ****If no,**** what do you think are the barriers to beginning a program? Please check all that apply.

Lack of data collection system or plan

Lack of someone to move a program forward

We don’t understand the value of a program

Locally high nurse/student ratio

#### ****If yes,**** which of these components are included in your program? Please check all that apply.

Assessment with baseline health data

Assessment with baseline educational data

Identified health goals

Identified educational goals

Development of nursing care plan

Collaboration with health care providers and community resources

Collaboration with families (parents, siblings, extended family)

Measurement of goal progress over time

Documentation

Evaluation

**If yes, what is the total number of students with one or more chronic and/or complex health care needs that received structured case management by the school nurse(s) this school year**?

#### System-wide, on average when such management is provided, how often do the interventions occur?

Daily

2-3 times per week

Weekly

Every other week

Monthly

### ****Student Medications****

### *****Definition:*** *Medications administered during the regular school day should be reported in the corresponding category below. Medications given outside the regular school day, i.e., overnight field trips should not be included.***

Number of students on **long-term medications** (more than 3 weeks):

Number of students on **short-term medications** (less than 3 weeks):

Number of students on **PRN (non-emergency) medications:**

Number of students on **emergency medications:**

#### ****Self-Carry Medications****

#### **Below is the report of data for the number of students known to self-carry. Enter the number of students, by grade level, known to independently keep and manage their emergency medications. Please note, students who self-carry should be listed here AND in the emergency medication section count below. Medications not addressed by state statute should not be listed in the self-carry section.**

#### *****Definition:*** *Self-carry medication is a result of completing the required assessment process that includes three components: physician documentation of ability, parent request, and school nurse assessment of sufficient ability and maturity.* ***Simply keeping the medication with the student, or in close proximity, is NOT self-carry by definition.*****

#### ****You must place a number in each category.  Place a '0' (zero) in categories listed as N/A.****

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Elementary (K-5)** | **Middle (6-8)** | **High (9-12)** |
| Epinephrine auto injectors |  |  |  |
| Diabetes medication |  |  |  |
| Asthma inhalers |  |  |  |

### ****Table 9: Medication Administration**** **This section includes questions about how often some emergency medications were given, and by whom they were administered (i.e., whether by licensed or unlicensed personnel).** This information is used to guide consultation and not intended to endorse the administration of any listed medications.

### *****Definition:*** *The total number of student specific orders on file with medication available at school.***

### Please indicate the number of orders and times administered for the following medications. ****You must place a number in each category. Place a '0' (zero) in categories indicated as "not applicable"**.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Number of orders** | **Number of doses administered by LPN** | **Number of doses administered by RN** | **Number of doses administered by 'other' school personnel** | **Number of doses 'self-administered'** |
| Glucagon |  |  |  |  |  |
| Diazepam |  |  |  |  |  |
| Epinephrine |  |  |  |  |  |
| Midazolam |  |  |  |  |  |
| Solu-Cortef |  |  |  |  |  |

#### Does your District/School provide epinephrine in schools for undiagnosed anaphylactic reactions consistent with §115C-375.2A?

Yes

No

#### Who provided the training? (Select all)

School Nurse

Qualified Health Department Professional

Medical Doctor

#### Did someone in your District/School use "stock' epinephrine to treat an anaphylactic reaction during this school year?

Yes

No

**If yes, please enter the number of doses administered to an undiagnosed person.  (N/A = 0):**

**If yes, please enter the number of doses administered to a diagnosed person. (N/A = 0):**

#### Naloxone: Definition for the following three questions

#### *Definition: Due to the public health issues related to opioid overdose deaths, a series of questions are included that ask about the availability and use of Naloxone in the school setting. Please indicate if Naloxone is provided on school grounds for use in the event of a possible opioid overdose through the School Resource Officer, or a school implemented Naloxone program. Please report the number of doses administered and by whom.*

#### Does your District/School provide Naloxone in schools for opioid overdose through a School Resource Officer (SRO) under local law enforcement agency protocol?

Yes

No

#### Does your District/School provide Naloxone in schools for opioid overdose through a Naloxone Program with school system policy and procedure?

Yes

No

#### ****If yes,**** y****ou must place a number in each category. Place a '0' (zero) in categories listed as N/A.****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Total number of doses administered** | **Number of doses administered by LPN** | **Number of doses administered by RN** | **Number of doses administered by 'other' school personnel** | **Number of doses administered by School Resource Officer (SRO)** |
| Naloxone |  |  |  |  |  |

#### Related to nursing practice, have any new medications been given this school year? *****Definition:******A new medication is one given this school year, is related to nursing practice and trends, and has not been administered in the school system in previous years. Generic medications with new trade names do not need to be listed if previously administered.*

Yes

No

**If yes, please list the new medications:**

#### Has there been a need in your District/School to provide one or more corrective actions in response to a medication variance discovered at any time this year? *****Definition:*** *Please report any deviation from the order as written or the medication policy such as a violation of the six rights or lack of documentation*.**

Yes

No

**Number of medication variances this year that required the need for additional medical intervention:**

**Nutrition Orders**

***Definition:*** *The number of Medical Statements the school nurse had direct involvement with (i.e., form reviewed by the school nurse for clarifications if needed or as part of an IEP/504 meeting or school nurse assisted with the implementation), not just the total number of medical statements on file in the school district.*

**How many provider-ordered Medical Statements for students with unique mealtime needs did a school nurse review or assist the Child Nutrition Program to implement?**

### ****Injuries Occurring at School****

### *****Definition:*** *An injury or incident is defined as those occurring on campus during the school day requiring EMS response or immediate care by a physician or dentist, and/or loss of ½ or more days of school. Enter the number of injuries or incidents, not the number of students.* *Example: one student may have head injury one day and arm fracture on another day- count as two injuries.* *Note: This definition does not include a student who has experienced a seizure but who is managed and remains at school. This student should not be counted on this chart. A seizure IS included if a student has a seizure and still meets one of the three criteria listed above.***

Number of injuries occurring **at school** that resulted in permanent disability:

Types of disability:

Number of injuries occurring **at school** that resulted in death:

Causes of death:

#### ****Table 10: Types of Injuries/Incidents**** *Definition: The numbers of injuries or incidents,* *****not numbers of students,***** *requiring EMS response or immediate care by a physician or dentist,* *****and/or***** *loss of ½ or more days of school. Please include all injuries reported by the school.* **If a numeric value is entered in the ‘Other location’ column, you will be asked to state the location for each injury type being counted in an open field box. Please type in all locations represented by the number entered. **You must place a number in each category. Place a '0' (zero) in categories indicated as "N/A".****

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Bus** | **Hall** | **Classroom** | **Playground** | **P.E.** | **Shop** | **Restroom** | **Lunch** | **Other Location**  **(number)** | **Name of Other Locations** |
| Abdominal/Internal Injuries |  |  |  |  |  |  |  |  |  |  |
| Anaphylaxis |  |  |  |  |  |  |  |  |  |  |
| Back or Neck Injuries |  |  |  |  |  |  |  |  |  |  |
| Dental Injury |  |  |  |  |  |  |  |  |  |  |
| Suspected Drug Overdose |  |  |  |  |  |  |  |  |  |  |
| Eye Injuries |  |  |  |  |  |  |  |  |  |  |
| Suspected Fracture |  |  |  |  |  |  |  |  |  |  |
| Head Injuries |  |  |  |  |  |  |  |  |  |  |
| Heat Related Emergency |  |  |  |  |  |  |  |  |  |  |
| Laceration |  |  |  |  |  |  |  |  |  |  |
| Psychiatric Emergency |  |  |  |  |  |  |  |  |  |  |
| Respiratory Emergency |  |  |  |  |  |  |  |  |  |  |
| Seizure |  |  |  |  |  |  |  |  |  |  |
| Sprain or Strain |  |  |  |  |  |  |  |  |  |  |

### ****Table 11: Identified Health Conditions****

**Total number of individual students with one or more identified health conditions**:

### *****Definition:*** *An identified health conditions is one which requires some degree of action at school: medication available, emergency and/or individual health care plan, health related accommodations, etc. Parental listing of a history of condition that is not addressed by services at school should not be included.***

#### *Table 11 Directions:*

#### *The following table is also available in a formatted Excel chart for individual nurse use.  Please record the number of individual students with one or more identified health conditions below.*

#### ***Fill in the types of health conditions present in identified students, with a number to indicate the specified health condition in each grade level. Include students who are diagnosed and for whom the condition is currently active. The list of conditions includes many chronic conditions found in students across the state. Please place students into these categories as best as possible. For example, allergies (severe) are only to include severe, life-threatening allergies, and no mild allergies such as hay fever, seasonal allergies, pet dander, and similar. Visually impaired (uncorrectable) does not include those whose vision is corrected by glasses or those who have other treatable eye disorders.***

#### ***Many students will have a form of health management plan and be on current medications or treatments. List the number of students with a health care plan for the corresponding diagnoses. Individual Health Care plans (IHP) and Emergency Action Plans (EAP) are considered sub-components of a nursing plan of care (POC) for a student. As a result, all health plans for an individual* ***student*** *related to the* ***same issue or diagnosis*** *should be counted together as one plan on this table.***

#### ***A 504 Plan is an education related plan and is therefore counted separately from health-related plans of care. Please list the number of conditions for which the Charter School completed a Section 504 Plan where the nurse provided input in the assessment and planning process and/or when the plan includes nursing services.***

#### *An individual student may have dual/multiple diagnoses, so the total number of diagnoses will be larger than the 'total number of students with chronic health conditions' indicated in the previous question. The totals in this table will not be the same as 'total number of students with chronic health conditions'.   Example: A student with a diabetes IHP, who also has an EAP for emergency needs related to diabetes, should have those health plans counted together as one since all are considered a component of the overall nursing care plan for that student. If the student has a 504 plan, this plan is counted separately.*

#### ****You must place a number in each category. Place a '0' (zero) in categories listed as N/A.****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Elementary (K-5)** | **Middle (6-8)** | **High (9-12)** | **Number of health-related plans of care** | **Number of health-related 504 plans** |
| ADD/ADHD |  |  |  |  |  |
| Allergies (severe) |  |  |  |  |  |
| Asthma |  |  |  |  |  |
| Autistic disorders (ASD) including Asperger’s Syndrome, PDD |  |  |  |  |  |
| Blood disorders not listed elsewhere: (e.g. chronic anemia, Thalassemia) |  |  |  |  |  |
| Cancer, including leukemia |  |  |  |  |  |
| Cardiac condition |  |  |  |  |  |
| Cerebral Palsy |  |  |  |  |  |
| Chromosomal/genetic conditions not otherwise listed including Down Syndrome, Fragile X, Trisomy 18 |  |  |  |  |  |
| Chronic encopresis |  |  |  |  |  |
| Chronic infectious diseases: including Toxoplasmosis, Cytomegalovirus, Hepatitis B, Hepatitis C, HIV, Tuberculosis |  |  |  |  |  |
| Concussion |  |  |  |  |  |
| Cystic Fibrosis |  |  |  |  |  |
| Diabetes Type I |  |  |  |  |  |
| Diabetes Type II |  |  |  |  |  |
| Eating Disorders (including anorexia, bulimia) |  |  |  |  |  |
| Emotional/behavior and/or psychiatric disorder not otherwise listed |  |  |  |  |  |
| Fetal Alcohol Syndrome |  |  |  |  |  |
| Gastrointestinal disorders (Crohn’s, celiac disease, IBS, gluten intolerance, etc.) |  |  |  |  |  |
| Hearing loss |  |  |  |  |  |
| Hemophilia |  |  |  |  |  |
| Hydrocephalus |  |  |  |  |  |
| Hypertension |  |  |  |  |  |
| Hypo/Hyperthyroidism |  |  |  |  |  |
| Immunocompromising conditions not otherwise specified (i.e. organ transplant) |  |  |  |  |  |
| Integumentary (skin) |  |  |  |  |  |
| Metabolic conditions or endocrine disorders not otherwise listed |  |  |  |  |  |
| Migraine headaches |  |  |  |  |  |
| Multiple Sclerosis |  |  |  |  |  |
| Muscular Dystrophy |  |  |  |  |  |
| Myalgic Encephalomyelitis/Chronic Fatigue Syndrome |  |  |  |  |  |
| Obesity (> 95th% BMI) |  |  |  |  |  |
| Orthopedic disability (permanent) |  |  |  |  |  |
| Other neurological condition not otherwise listed |  |  |  |  |  |
| Other neuromuscular condition not otherwise listed |  |  |  |  |  |
| Renal / Adrenal / Kidney condition including Addison's |  |  |  |  |  |
| Rheumatological conditions (including Lupus, JRA) |  |  |  |  |  |
| Seizure Disorder/Epilepsy |  |  |  |  |  |
| Sickle Cell Anemia |  |  |  |  |  |
| Sickle Cell Trait (only) |  |  |  |  |  |
| Spina Bifida (myelomeningocele) |  |  |  |  |  |
| Traumatic Brain Injury |  |  |  |  |  |
| Visually impaired (uncorrectable) |  |  |  |  |  |

### ****Table 12: Health Care Procedures****

### *****Definition:*** *This section indicates the number of students who have orders for a specialized health care procedure, not the number of times the procedure was performed at school. A single student may have multiple orders. Do not include ‘blood pressure’ in the category of “Other.” Vital signs, even when ordered, are not considered in the same category as other health care procedures.***

#### Please indicate the number of students in each grade category who have orders/plans for the following health care procedures at school. ****You must place a number in each category. Place a '0' (zero) in categories indicated as "not applicable".****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Elementary (K-5)** | **Middle (6-8)** | **High (9-12)** | **Total** |
| Blood Glucose Monitoring / Continuous Glucose Monitoring |  |  |  |  |  |
| Clean Intermittent Catheterization |  |  |  |  |  |
| Central Venous Line Monitoring |  |  |  |  |  |
| Dressing Change/Wound Care |  |  |  |  |  |
| Insulin Injection |  |  |  |  |  |
| Insulin Pump |  |  |  |  |  |
| Nebulizer Treatment |  |  |  |  |  |
| Oxygen Therapy |  |  |  |  |  |
| Peak Flow |  |  |  |  |  |
| Pulse Oximeter |  |  |  |  |  |
| Shunt Care |  |  |  |  |  |
| Suctioning Oral/Nasal |  |  |  |  |  |
| Tracheal Suction (to include tracheotomy care) |  |  |  |  |  |
| Stoma Care (other than tracheal) |  |  |  |  |  |
| Tube Feeding/Care |  |  |  |  |  |
| Reinsertion of Feeding Tube |  |  |  |  |  |
| Vagal Nerve Stimulator |  |  |  |  |  |
| Ventilator Care |  |  |  |  |  |

**List other healthcare procedures not included above:**      

### ****School Nurse Encounter Outcomes****

### *****Definition:*** *Each time a student is seen or evaluated by the nurse, the nurse should mark where the student was directed to go even if the student does something else (return to class, 911 called, or sent home). Encounters include medication administration, performing procedures, injury response, acute illness, etc. Sent home includes students whose parents were advised to see a physician.***

**Number of student encounters/health office visits, for any purpose, to the school nurse resulting in the student returning to class:**

**Number of student encounters/health office visits, for any purpose, to the school nurse resulting in 911 being called**:

**Number of student encounters/health office visits, for any purpose, to the school nurse resulting in the student being sent home:**

### ****School Health Advisory Council****

#### Is at least one school nurse a regular member of your local School Health Advisory Council (SHAC)?

Yes

No

#### Is there a physician on your local School Health Advisory Council (SHAC)?

Yes

No

**How many times did your SHAC meet during this school year?**

#### Please describe the successes and accomplishments of your School Health Program for this school year. Please include successes of your SHAC and other partners.

#### 

#### Please describe any specific goals or objectives for your School Health Program for *next* year.

**Thank you!**