

2018 UTAH SCHOOL HEALTH WORKLOAD CENSUS

Please submit District/Charter/Private/Parochial School Year 2017-2018 Data online by June 1st 2018. Contact schoolnurseconsultant@utah.gov or call (801) 419-1078 with any questions. Data will be collected online. Link opens on May 1, 2018 and closes June 1, 2018.

Instructions: Please complete the School Health Survey below as one per district, one per charter school, or one per private/parochial school. **DO NOT** double count FTE. *Please enter NA if data point is not collected.*

LEA INFORMATION

1. **District:**
2. **Charter/Private/Parochial:**
3. **Person** completing report:
 - a. Name:
 - b. Title:
 - c. Email address:
4. Are you **a school nurse?** (yes/no)
5. School Nurses are **hired by:**
 - a. LEA (District/Charter/Private/Parochial school):
 - b. Local Health Department (specify): (if b is selected please list)
 - c. Other (specify): (if c is selected please list)
 - d. We don't have a school nurse
6. Students with **certain medical impairments** (see definitions on last page)
 - a. Total number of students with health concerns
 - b. Total number of medically complex students
 - c. Total number of medically fragile students
 - d. Total number of nursing-dependent students

SCHOOL NURSE STAFFING

7. List all **RNs** with assigned caseload providing school nursing (SN) services to this LEA (add lines as needed).

For **T/S/P** (below) use these codes:
T = Typical school nurse - most school nurses fall into this category-may serve in schools where there are typical, special education, and preschool students
S = Special Education ONLY school nurses
P = PreK ONLY school nurses

Name: (add lines as needed)	Hours worked per week as SN	# of schools assigned	# of students assigned	T/S/P	Credentials (ADN, BSN, MSN, etc)	Email (@ _____):

8. List **LPNs** providing direct services (do NOT double count FTE)

Name: (add lines as needed)	Hours worked per week as SN	# of schools assigned	# of students assigned	T/S/P	Email

<p>9. Total number of health aids providing direct services to the general population – do not count secretaries, teachers, or other staff who only provide health services at times. Enter zero if not applicable. DO NOT double count health aids entered elsewhere.</p> <p>a. Total number :</p> <p>b. Total FTE:</p>
<p>10. Total number of supplemental/float RN permanently hired to provide nursing services (i.e. substitute nurses). DO NOT include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 or RN that provide diabetic services only. This count is in addition to the RNs identified in #7. Enter zero if not applicable. DO NOT double count RNs entered elsewhere.</p> <p>a. Total number : (#)</p> <p>b. Total FTE: (#)</p>
<p>11. Total number of supplemental/float LPN permanently hired to provide nursing services (i.e. substitute nurses). DO NOT include LPNs with 1:1, 1:2, 1:3, 1:4, 1:5 or LPNs that provide diabetic services only. This count is in addition to the LPNs identified in #8. Enter zero if not applicable. DO NOT double count LPNs entered elsewhere.</p> <p>a. Total number : (#)</p> <p>b. Total FTE: (#)</p>
<p>12. Total number of supplemental/float health aids permanently hired to provide hired/contracted health aides (non-RN, non-LPN) FTE who provide supplemental/additional direct nursing services or specific procedures. DO NOT include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the health aides identified #9. Enter zero if not applicable. DO NOT double count health aids entered elsewhere.</p> <p>a. Total number : (#)</p> <p>b. Total FTE: (#)</p>
<p>13. Total number of RN with special assignment- Includes nurses working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPST. <u>Count your diabetes care/insulin only RNs here.</u> Enter zero if not applicable. DO NOT double count RNs entered elsewhere.</p> <p>a. Total number: (#)</p> <p>b. Total FTE: (#)</p>
<p>14. Total number of LPN with special assignment - includes nurses working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPST. <u>Count your diabetes care/insulin only LPNs here.</u> Enter zero if not applicable. DO NOT double count LPNs entered elsewhere.</p> <p>a. Total number: (#)</p> <p>b. Total FTE: (#)</p>
<p>15. Total number of health aids with special assignment - includes health aids working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5). Enter zero if not applicable. DO NOT double count health aids entered elsewhere.</p> <p>a. Total number: (#)</p> <p>b. Total FTE: (#)</p>
<p>16. Total number of RN providing administrative or supervisory school health services <u>only</u> (no student caseload). Count those RN providing management/clinical supervision to RNs, LPNs, or other health extenders, or conducting other administrative health services (not listed in #7). Enter zero if not applicable. DO NOT double count RNs entered elsewhere.</p> <p>a. Total number: (#)</p> <p>b. Total FTE: (#)</p>
<p>17. Total number of LPN providing administrative or supervisory school health services <u>only</u> (no student caseload). Count those LPN providing management/clinical supervision to LPNs or other health extenders, or conducting other administrative health services not listed in #8. Enter zero if not applicable. DO NOT double count LPNs entered elsewhere.</p> <p>a. Total number: (#)</p> <p>b. Total FTE: (#)</p>
<p>18. Total number of assistants providing administrative support services to RNs or LPNs at this school (clerical assistance). Enter zero if not applicable. DO NOT count regular school secretaries, only those with main assignment of clerical service to school health/nursing staff.</p> <p>a. Total number: (#)</p> <p>b. Total FTE: (#)</p>

MEDICAL CONDITIONS

19. Please enter total number in each category. Enter zero if not applicable, or if data point not collected.

Note: one student may have more than one diagnosis.

	Asthma	Type I Diabetes	Type II Diabetes	Seizures (all types)	Anaphylaxis to food	Anaphylaxis to anything (including food)	Mental Health Disorders (see last page for definitions)
A. Total diagnosed by healthcare provider							
B. Of those counted above in (B) please give total students with diagnosis that have an individualized healthcare plan (IHP) or emergency care plan (ECP)							
C. Total students with diagnosis without IHP or ECP that have other health related plans (504/IEP/medication authorization). DO NOT double count students in both B and C.							
D. Total students that have insurance of any kind, including CHIP/Medicaid							
E. Total number of staff trained on administering medication (PRN and scheduled) for these conditions							

20. How many other IHP/ECPs were written for conditions *other than those listed above*?

DISPOSITIONS

21. If so, please enter number of all student encounters/health office visits, not just those due to specific conditions. Submit numbers for entire school year, or specify number of weeks' data was collected. A full school year = 36 weeks.

Please enter zero for any data point not collected.

	Students returning to class or staying in school	911 called	Student being sent home	Number of weeks data was collected
a. Number of student encounters/health office visits to RN resulting in:				
b. Number of student encounters/health office visits to LPN resulting in:				
c. Number of student encounter/health office visits to health aid /unlicensed assistive personnel (UAP) (non-RN, non-LPN) resulting in:				

22. Number of schools collecting disposition data: _____

Number of school nurses collecting disposition data: _____

MEDICATIONS IN THE SCHOOL SETTING

23. Naloxone (Narcan)	Yes	No	Not Sure
Does your district/school have a policy in place for administration of naloxone (Narcan)?			
Does your district/school carry stock naloxone (Narcan)?			
Was naloxone (Narcan) administered at school?			
If naloxone (Narcan) was administered at school, how many times was it administered?			
24. Epinephrine	Yes	No	Not Sure
Does your district/school have a policy in place for administration of epinephrine?			
Does your district/school carry stock epinephrine?			
Was epinephrine administered at school?			
If yes, number of students injected with epinephrine:	# injected with their own epi:	# injected with stock epi:	
If yes, number of staff/visitors injected with epinephrine:	# injected with their own epi:	# injected with stock epi:	

25. Diabetes medication (insulin, glucagon)					Yes	No
Does your district/school ONLY allow nurses, students, or parents to administer insulin?						
Does your district/school hire 'insulin' or 'diabetes care' only nurses?						
If yes, which type of nurse does your district/school hire						
a. RN only b. LPN only c. Either d. Both						
26. Enter number of times glucagon injection was administered:						
27. Seizure Management (If 'other' is selected, please indicate number of orders and name of medication)		Intranasal	Rectal	Oral	Feeding Tube	Other
		Midazolam	Diazepam	Specify Medication:	Specify Medication:	Specify Medication:
Enter number of ORDERS for seizure rescue medication						
Enter number of times seizure rescue medication was administered						
28. (a) Enter number of school employee volunteers trained to administer seizure rescue medication:						
(b) Enter number of students with a Vagus Nerve Stimulator (VNS) for seizure management at school:						
29. How many daily scheduled medications were administered during the school year?						
30. How many PRN medications were administered during the school year (not including naloxone, epinephrine, glucagon, seizure rescue medication)?						
ABSENCES (if data point not collected, enter zero)						
31. Absences:		Asthma	Diabetes	Seizures	Anaphylaxis	
a. Enter total number of absences for students with these conditions (<u>absent for any reason</u> , not just due to specified condition)						
b. Enter total number of absences DUE TO these conditions						
32. How many schools in your LEA (district/charter/private school) identify and track reasons for absences?						
33. Enter total number of absences in students <u>due to dental pain</u> :						
SCREENINGS						
34. Vision Screening:						
Enter number of students receiving vision screening:						
Enter number of above students receiving vision referral to a specialist:						
Enter number of referred students that received vision follow-up exams with a specialist:						
Enter number of referred students that needed treatment (glasses, contacts, etc.)						
Enter number of referred student offered financial assistance for vision follow-up exams (VSP certificates, Lions Club, etc.):						
Enter number of above students that used financial assistance for vision follow-up exams:						
35. Spinal/postural (Scoliosis) screenings:						
Enter number of students receiving spinal/postural screening:						
Enter number of above students receiving a spinal/postural referral to a specialist:						
Enter number of referred students that received follow-up exams with a specialist:						
Enter number of referred students that needed treatment:						
Enter number of students that received printed information on scoliosis or spinal/postural screening in lieu of actual hands-on screening:						
36. Dental/Oral Screenings:						
Enter number of students receiving oral screening (through any school-sponsored program):						
Enter number of students receiving dental varnishing:						
Enter number of students receiving restorative services through any school sponsored program:						

TRAINING

37. Enter number of **DISTRICT/SCHOOL STAFF** receiving training (**from the school nurse**) on the daily management and emergency care needs of students with (enter zero if not applicable):

Professional Development (PD) is formal training given to groups – Technical Assistance (TA) is more specific training given through phone, email, 1:1 – 1:10.	Total number of staff receiving PD and/or TA by school nurse
Asthma	
Diabetes (type I and type II)	
Seizures	
Anaphylaxis (to anything)	

38. Enter number of **STUDENTS** taught by school nurse about (enter zero if not applicable):

Maturation	
Hand washing	
Hygiene	
Dental care	
Asthma (any education, i.e. awareness, triggers, inhaler use)	

39. Number of schools with AEDs:

40. Number of school nurses that are CPR/1st Aid Instructors:

41. Number of school staff trained/certified by school nurse in 1st aid/CPR:

42. Number of students trained/certified by school nurse in 1st Aid/CPR:

DATA COLLECTION

43. Are you currently using a computer program(s) designed to collect health data?	Yes	No					
44. Name of program:	Aspire	Power School	Skyward	CareDox	Excel	USIIS	Other (specify)

45. Are you currently using student health data to identify the impact of school nurse interventions on student health and educational outcomes (for example: improved attendance, test scores, grades, graduation rates)?

OTHER

46. Does your district/school:

Provide information on CHIP/Medicaid either in the office as a hard-copy, via the school website, or by any other means?	Yes	No	Not Sure
Have someone identified to locate students without insurance to provide information on CHIP/Medicaid?			
Have a policy on staff immunization requirements?			

47. Who at your district/school is responsible for tracking/following up on student immunization records?

- School nurse
- Secretary or other office staff
- Both a and b
- Other

48. Number of schools in your LEA (district/charter/private school) that are represented in this report:

49. Comments

STUDENTS WITH CERTAIN MEDICAL IMPAIRMENTS

Use the definitions below for question #7

Medically complex students

Medically complex students are defined as those who may have an unstable health condition and who may require daily professional nursing services. Students in this category have health conditions which require a licensed registered nurse to do an assessment, write an individualized healthcare plan (IHP) and/or emergency action plan (EAP), and teach and oversee tasks delegated to UAP who work directly with the student.

An example of a student in this category would be one who has medically stable epilepsy or asthma. The school nurse will access medical orders, assess the student, write an IHP or EAP, teach UAP or other school staff how to recognize a problem, and assist the student in the event of an acute incident.

Medically Fragile Students

Medically fragile students are those students who may have a life-threatening health condition and who may require immediate professional nursing services. Students in this category have a health condition which requires frequent (often daily) one-on-one intervention. An example of this would be a six year old student newly diagnosed with type I diabetes. Intervention is required on a daily basis to check blood status, configure correct insulin doses, and administer insulin. As this student's medical condition becomes more stable and the student matures, the student's category may change to one which requires less intense school health services (i.e. medically complex).

Nursing-Dependent Students

Nursing dependent students are those students who may have an unstable or life-threatening health condition and who may require daily, direct, and continuous professional nursing services. These students require direct one-on-one services by a licensed nurse so that they are medically safe in the school setting. An example of a nursing-dependent student would be one with impaired breathing who has a tracheostomy which requires frequent suction.

Mental Health

Mental health issues (question 20) include ADD/ADHD, depression, anxiety disorders, oppositional-defiant disorder, mood disorders, schizophrenia, autism spectrum disorder, bipolar disorder, borderline personality disorder, dissociative identity disorder, obsessive-compulsive disorder, post-traumatic stress disorder, separation anxiety disorder, social phobia, Tourette's disorder, eating disorders, just to name a few.

MORE INFORMATION

Some questions are to be collected at one point in time – can be any time during the year (questions 1-20, and 43-49).

Other questions are to be collected at the end of the school year (questions 21-42), or after May 1st.

Please contact BettySue Hinkson with any questions, (801) 419-1078 or schoolnurseconsultant@utah.gov. Data to be submitted online after May 1, 2018.