

2017 UTAH SCHOOL HEALTH WORKLOAD CENSUS

Please submit District/Charter/Private/Parochial School Year 2016-2017 Data online by June 1st 2017. Contact bhinkson@utah.gov or call (801) 419-1078 with any questions. Data will be collected online at https://healthutah.co1.qualtrics.com/SE/?SID=SV_4Oebb2xWiq4Ke4R or [Utah School Health Workload Census 2016-2017](#) Link opens on May 1, 2017 and closes June 1, 2017.

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 zero or 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. Student **enrollment:**
 a. Official October enrollment district/charter/private/parochial:
 b. Total number of preschool (PK) students (both special education (SpEd) and typical students):
 c. Total number of SpEd students in self-contained building (do not include PK):
 d. Total number of SpEd students with IEP (both self-contained building and in regular schools. Do not include PK students):

7. 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

8. List **RN FTE** with assigned caseload providing 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** SN
 P = Preschool **ONLY** SN

Name: (add lines as needed)	# of FTE	# schools assigned	# students assigned	T/S/P	Email:

9. List **LPN FTE** providing direct services (do NOT double count FTE)

Name: (add lines as needed)	# FTE	# schools assigned	# students assigned	T/S/P	Email

<p>10. 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>11. 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>12. 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>13. 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>14. 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>15. 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>16. 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>17. 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>18. 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>

19. 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.

a. Total number: (#)

b. Total FTE: (#)

MEDICAL CONDITIONS

20. 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)	Anaphylax is to food	Anaphylaxis to anything (including food)	Autism Spectrum Disorder
A. Total diagnosed by healthcare provider							
B. Of those counted above in (A) please give total students with diagnosis <u>that have an individualized healthcare plan (IHP) or emergency action plan (EAP)</u>							
C. Total students with diagnosis without IHP or EAP that have <u>other health related plans</u> (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							

DISPOSITIONS

21. Enter number of all student encounters/health office visits, not just those due to specific conditions. Please submit numbers for entire school year, or specify number of weeks' data was collected. A full school year = 36 weeks.
Any data point not collected may be left blank.

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

MEDICATIONS IN THE SCHOOL SETTING

22. **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?			

23. 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:			
If yes, number of staff/visitors injected with epinephrine:			

24. Diabetes medication (insulin, glucagon)		
Insulin	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		

25. Enter number of times glucagon injection was administered:										
26. Seizure Management – if 'other' is selected, please indicate number of orders and name of medication	Intranasal		Rectal		Oral			Feeding Tube		
	Midazolam	Other	Diazepam	Other	Lorazepam	Midazolam	Other	Lorazepam	Midazolam	Other
Enter number of ORDERS for seizure rescue medication										
Enter number of times seizure rescue medication was administered										
27. Enter number of school employee volunteers trained to administer seizure rescue medication:										
Enter number of students with a Vagus Nerve Stimulator (VNS) for seizure management at school:										

ABSENCES (if data point not collected, enter zero)

28. How many schools in your District identify and track absences in <u>students with chronic conditions</u> :				
29. Absences:	Asthma	Diabetes	Seizures	Anaphylaxis
Enter total number of absences for students with these conditions (<u>absent for any reason</u> , not just due to specified condition)				
Enter total number of absences <u>DUE TO</u> these conditions				
30. Enter total number of absences in students <u>due to dental pain</u> :				

SCREENINGS

31. Vision Screening:	
Enter number of students receiving distance vision screening:	
Enter number of above students receiving distance vision referral to a specialist:	
Enter number of students receiving near vision screening:	
Enter number of above students receiving near vision referral to a spec:	
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:	
32. Hearing Screening (count only those done by school nurse):	

Enter number of students receiving hearing:	
Enter number of above students receiving hearing referral to a specialist:	
33. 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:	

34. 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

35. 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)	

36. 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)	

37. Enter number of **STUDENTS** participating in American Lung Association’s Open Airways for Schools (enter zero if not applicable):

OTHER

38. 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?			

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

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

40. What other information do you suggest be collected at the state level that isn’t listed above?

41. Comments:

STUDENTS WITH CERTAIN MEDICAL IMPAIRMENTS

Use the definitions below for question #7

Level 1: No/minimal occasional healthcare concerns: The student's physical and/or social-emotional condition is stable and sees the Nurse at least once a year for screening and occasionally as needed.

Level 2: Health Concerns: The student's physical and/or social emotional condition is currently uncomplicated and predictable. Occasional monitoring varies from biweekly to annually. These students may require an Individualized Healthcare Plan (IHP) or Emergency Action Plan (EAP). Examples include, but are not limited to:

- ADD/ADHD
- Mild asthma (without inhaler)
- Mild allergies (without epinephrine)
- Routine medication administration

Level 3 – Medically complex. The medically complex student has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments and close monitoring. These students should have an IHP or EAP. Examples include, but are not limited to:

- Anaphylaxis potential (with epinephrine)
- Cancer
- Diabetes without complication
- Moderate to severe asthma (with inhaler)
- Mild to moderate seizure disorder (may or may not have seizure rescue medication)
- Spina Bifida who self-catheterize
- Students requiring less than 15 minutes daily care (catheterizing, supervising diabetes care, tube feeding)

Level 4 – Medically Fragile. Students with the daily possibility of a life-threatening emergency. These students must have an IHP.

Examples include, but are not limited to:

- Unstable or newly diagnosed diabetes (needs supervision)
- Spina bifida that require assistance with catheterization
- Frequent severe seizure disorder requiring emergency seizure rescue medication
- Students requiring more than 15 minutes daily care (catheterizing, supervising diabetes, tube feeding)

Level 5 – Nursing Dependent. Nursing dependent students require 24 hours/day, frequently on-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing. These students must have an IHP. Examples include, but are not limited to:

- Students with a trach requiring suctioning

MORE INFORMATION

Some questions are to be collected at one point in time – can be any time during the year. These questions are 1-20, 24, 28, 38-41.

Other questions are to be collected at the end of the school year, or after May 1st. These questions are 21-23, 25-27, 29-37.

Please contact BettySue Hinkson with any questions, (801) 419-1078 or bhinkson@utah.gov. Data to be submitted online after May 1, 2017.