Monthly Activities Report

**2019-2020 School Year**

Comprehensive School Health Services Program

**This document is only a worksheet for planning purposes and cannot be used to submit program data. Program data must be submitted using our online data collection tool. The online tool will be available starting in late August 2019 at:**

[**https://mdph.checkboxonline.com/MonthlyReport-FY20.survey**](https://mdph.checkboxonline.com/MonthlyReport-FY20.survey)

**1.** **Month in which these health encounters occurred**: \_\_\_\_\_\_/\_\_\_\_ **District**:

month year

**2**. **Name of Person Completing Report**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Number of STUDENT encounters for nursing services this month**:

**Note**: This number is used to calculate the return to class rate which is the number of students returning to class divided by the total number of encounters. Each student visit to the health office or nursing assessment/intervention occurring outside health office (i.e. classroom, playground, cafeteria, etc.) counts as a SINGLE encounter, regardless of the number of procedures done or medications administered during that visit. Mandated screenings DO NOT count as visits. Students’ seen more than once during the school day would be counted as a new encounter for every new visit.

**Example**: If a student with Type 1 diabetes is seen at 10 am for blood glucose testing, carbohydrate count and insulin administration, that is ONE encounter for nursing services. If that same student falls at recess and suffers an injury requiring first aid, that is another encounter, i.e. one student, two encounters.

# 4. Disposition of Students & Staff Utilizing Nursing Services (all encounter types)\*

Number of dispositions that occurred during the month.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Students** | **Staff** |
| 1 | Returned to class |  |  |
| 2 | Dismissed from school due to illness: |  |  |
|  | 1. Non-emergency dismissal |  |  |
|  | 1. 911 emergency dismissal |  |  |
| 3 | Dismissed from school due to injury: |  |  |
|  | 1. Non-emergency dismissal |  |  |
|  | 1. 911 emergency dismissal |  |  |
| 4 | Dismissed from school due to behavioral health: |  |  |
|  | 1. Emergency Mobile Crisis Unit dismissal |  |  |
|  | 1. 911 emergency dismissal |  |  |
| 5 | Other disposition: |  |  |
|  | 1. Stayed in health room |  |  |
|  | 1. Referred to the counselor’s office |  |  |
|  | 1. Sent home to return later that day |  |  |
|  | 1. Other |  |  |
|  | TOTAL |  |  |

\*EVERY encounter to access nursing services should result in ONE disposition only.

1. **Incident Reports Involving an Injury** ***Number this month***

|  |  |  |  |
| --- | --- | --- | --- |
| Injury Reports filed this month by the school nurse | | **Students** | **Staff** |
| A. A. | Unintentional |  |  |
| B. | Intentional |  |  |
| C. | Intent unknown |  |  |

Do not count minor injuries or injuries requiring minor first aid, only major injuries in which a report was filed.

1. **Number of Diagnosed Concussions**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Students** | **Staff** |
| A. | Occurring during school-sponsored activities |  |  |
| B. | Occurring during out-of-school activities |  |  |

1. **Emergency Medication Management**

Number of Emergency Medication Administrations to:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Type of Emergency Medications** | **Students** | **Staff** | **Visitors** |
| 1. | Epinephrine |  |  |  |
| 2. | Glucagon |  |  |  |
| 3. | Naloxone (Narcan) |  |  |  |

**8. Comments concerning public health problems:**

Please provide information related to illness outbreaks that occurred this month, unusual screenings that had to be conducted this month, or other significant public health occurrences: