Annual Status Report Guidance
Comprehensive School Health Services Program
2019-2020 School Year (Rev 7/23/2019)

Please complete this report with data current as of THE LAST DAY OF THE SCHOOL YEAR. Students who have transferred out of the district as of the last day of the school year should not be included in this report, even if they were included in other monthly reports.

1. A. Name of person completing report: _____   B. Position:_____

2. Phone Number

3. Email Address

4. Type of School or District

5. Name of District or non-public school (submit one report per district, do not submit reports for individual public schools)

6. If the data is from a school district, identify which schools in your district are included in the data and which schools, if any, are excluded: If this report is for a school district but does not include data for all the schools in the district, please provide the name of the school or schools that are included in this report, followed by a list of the schools that are excluded from this report.

Included schools:

Excluded schools:

7. If data is from a School Union, please identify all districts included in the School Union data

8. If the data you are submitting is from a non-public/private school, please provide the school address

Street Address:	
City/Town:	

9. Comments: Please identify if there is anything unusual about the scope of data. If this is a local or regional school district report and you are including data from Horace Mann charter schools, please list the charter schools included. If this report is a correction to a previously submitted report, please explain here.

This document is provided for planning purposes only and cannot be used to submit a report. All report submissions must be done using our online form. The online tool will be available starting in early 2020 at: https://mdph.checkboxonline.com/SchoolHealth2020.survey

NO PAPER FORMS, FAXES OR ELECTRONIC FILES WILL BE ACCEPTED. NO EXCEPTIONS. PLEASE INCLUDE ALL THE SCHOOLS IN YOUR DISTRICT IN YOUR DATA. INCOMPLETE DATA SETS WILL NOT BE ACCEPTED.

For questions that pertain to <u>descriptors</u> or characteristics of:

> **a) the students in your district (number of students with asthma, for example) or**

> **b) the staff in your district (educational degrees, credentials, etc.), or**

> **c) the features of your district (number of schools with AEDs, for example),**

answer questions with information that is current as of June 2020. Those data should be a <u>current snapshot</u> of your district, it is not cumulative (For example, do not count staff that worked for half the school year but are no longer working in your district, and do not count students if they transferred out of your district before the end of the school year).

 For questions that ask for a tally of <u>events </u>(number of procedures, screenings, office visits, etc.), include only data for those students that were enrolled at the end of the school year (If the student transferred out of the district, do not include their data.) For these students, the count should be cumulative for the entire school year: count events from the first day of the school year to the last day of the school year. Do not include events that occurred during the summer break.

Submit to DPH only ONE summary report for the entire district (Do not separate reports for each school, please).

Section I: Annual Data

Special Health Care Needs

Special health care needs: Children who have or are at risk for, a chronic physical, developmental, behavioral, or emotional condition.   These children have conditions which:

- cause limitation in function, activity, or social role, or,
- cause dependency on medication, special diet, medical technology, assistive device or personal assistance, or,
- *require health and related services of a type or amount beyond those required by children generally*. - Definition from the Federal Bureau of Maternal and Child Health
  Examples: Peanut allergies; insect allergies requiring medication, migraine headaches, severe vision impairment.
  Do not count: Regular (non-migraine) headaches, students who wear eyeglasses.

10. Number of students with a diagnosis in each *special health care needs (SHCN)* category below.
Please try to count ALL of the SHCN students in your district so that the data will fairly represent your district

11. Number of visits from each diagnosis: **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. A student who is seen more than once during the school day for nursing services 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. These encounters would both be included.

12. The number of incidents of case management by the school nurse to students' parent/guardian, school staff, healthcare team, or community agencies by diagnostic category. Please include home visits or attendance at a student's PCP or Specialist MD appointment.

	10. Number of Diagnosed Students	11. Number of Visits from Diagnosed Students	12. Number of incidents of case management by the school nurse to student's parent/guardian, school staff, healthcare team or community agencies. Including home visits or attendance at a student's PCP or Specialist MD appointment.
Bee Sting Allergies			
Latex Allergies			
Food Allergies			
Anemia (all types)			
Hemophilia			
Sickle Cell			
Von Willibrand			
Idiopathic thrombocytopenic purpura (ITP)			
AIDS			
Other Blood Dyscrasias			
Cancer			
Cardiac Conditions			
Celiac Disease			
Cystic Fibrosis			

	10. Number of Diagnosed Students	11. Number of Visits from Diagnosed Students	12. Number of incidents of case management by the school nurse to students parent/guardian, school staff, healthcare team or community agencies. Including home visits or attendance at a student's PCP or Specialist MD appointment.
Diabetes type I			
Diabetes Type II			
Inflammatory Bowel Disease (IBS, Crohn's, etc.)			
Migraine Headaches			
Lead Poisoning			
Cerebral Palsy			
Spina Bifida			
Seizure Disorder			
Neuromuscular Degenerative Disorder			
Neurological Conditions: Other			
Lupus			
Arthritis			
Other Autoimmune disorders			
Asthma			
Pulmonary hypertension			
COPD			
Other respiratory disorders			
Other Physical/ Developmental conditions			
ADHD/ADD			
Anxiety (GAD, School Phobia, etc.)			
Autism Spectrum Disorder			
Depression			
Eating Disorders			
Encopresis			
PTSD/ Trauma History			
Other Behavioral/Emotional conditions			

13. Additional Data on students with special health care needs:

    1. The total number of students with ***special health care needs:***   _____

        Count students with multiple "special health care needs" only once.

    2. The total number of students with Individualized Healthcare Plans (IHPs):   _____

    3. The number of students with 504 plans on file: _____

    4. The number of students with *asthma action plans* on file: _____

    5. The number of students with do-not-resuscitate (DNR) orders on file: _____

    6. The number of students with ventilators: _____

    7. The number of students with tracheostomies: _____

    8. The number of students with a feeding tube: _____

9. The number of students with a colostomy bag: _____

10. The number of students with an Urostomy bag(s): _____

11. The number of students using a permanent wheelchair: _____

12. Then number of students using a permanent assistive device to ambulate: _____

13. The number of students with an implanted port: _____

Student Demographics

14. Health services utilization.

For each demographic subgroup, enter
a) the number of students enrolled,
b) the number of **individuals** who visited the health room during the year (Do not count any student more than once), and
c) the number of health office **visits** during the year.
These numbers are used to calculate the % of the student population that used health services. **Do not include students who visited only for routine screenings.**
d) Pick the number 1 physical diagnosis for each of the stated races or categories.
e) Pick the number 1 mental health diagnosis for each of the stated races or categories.

Race/Ethnicity	a) Student enrollment	b) Number of **individuals** who visited the health room at least once this school year	c) Number of **visits** to health room this year	d) Top physical diagnosis of category	e) Top mental health diagnosis of category
1. African-American/Black, non-Hispanic					
2. Native American/Alaskan Native					
3. Asian					
4. Hispanic/Latino/Latina					
5. Native Hawaiian/Pacific Islander					
6. White, non-Hispanic					
7. Multi-race, non-Hispanic					
All students (Total)					
Other Demographic Categories					
8. English language learners (ELL)					
9. Homeless or Marginally Housed					

15. Number of students with the following types of health insurance (Please do not leave any data spaces *blank.*):

	Private	Public*	No Insurance	Unknown
# of Students				

* E.g., Mass Health, Children's Medical Security Plan.

The type of primary health coverage should reflect the individual's/family's major or primary source if they have several forms of insurance. If individuals/families have any Medicaid coverage, they should be counted under that column, regardless of whether Medicaid paid for the particular service.

16. Preschool Vision Screening
1. How many students entered kindergarten this year?
2. How many kindergarten students provided documentation of having received a Preschool Vision Screening prior to entry into kindergarten by Pediatrician or Primary Care Provider?
3. How many initial screens were performed by the school nurse?
4. How many referrals were made by the school nurse from the initial screens?

17. Number of student health screenings conducted during the *just-completed* school year for all students in the district. For SBIRT, also remember to also complete and return the SBIRT Data Collection Tool to DPH.

TYPE OF SCREENING	Initial Screens	Re-Screens	Referrals	Completed Referrals
A. BMI				
B. Hearing				
C. Postural				
D. SBIRT				
F. Vision				
G. Oral Screening				

17. Oral health treatments in school

Number of students who had dental sealants applied in school	
Number of students who had fluoride rinse treatment in school	

Body Mass Index (BMI) Percentiles*

- Enter the <u>number of students</u> in each weight category, using the table below.
- To determine the BMI percentile, use the proper BMI-for-age charts designed for children 2-18. Do not use the method designed for determining adult BMI percentiles, as that will produce invalid results.
- Only include <u>current</u> BMI data in the table (i.e., use heights & weights obtained during the just-completed school year).
- Please try to include ALL of the students in a given grade level so that the data will fairly represent the students in that grade (You should obtain current data for at least 70-75% of students in each grade).

BMI Category	Definition	Grade 1 Males	Grade 1 Females
Underweight	< 5th percentile		
Normal	≥ 5th percentile and < 85th percentile		
Overweight	≥ 85th percentile but < 95th percentile		
Obese	≥ 95th percentile		
Enrollment			

BMI Category	Definition	Grade 4 Males	Grade 4 Females
Underweight	< 5th percentile		
Normal	≥ 5th percentile and < 85th percentile		
Overweight	≥ 85th percentile but < 95th percentile		
Obese	≥ 95th percentile		
Enrollment			

BMI Category	Definition	Grade 7 Males	Grade 7 Females
Underweight	< 5th percentile		
Normal	≥ 5th percentile and < 85th percentile		
Overweight	≥ 85th percentile but < 95th percentile		
Obese	≥ 95th percentile		
Enrollment			

BMI Category	Definition	Grade 10 Males	Grade 10 Females
Underweight	< 5th percentile		
Normal	≥ 5th percentile and < 85th percentile		
Overweight	≥ 85th percentile but < 95th percentile		
Obese	≥ 95th percentile		
Enrollment			

* BMI percentiles for adolescents are based on age and gender, using standards established by CDC.

22. The number of students whose parents "opted out" of the BMI screening

23. Comment's regarding BMI "opt out" can be entered here (optional).

24. What is the primary method you use to calculate BMI and BMI percentiles for each student? Choose from one of the selections.
1. HealthOffice software (HealthMaster Holdings LLC)
2. SNAP software (Professional Software for Nurses)
3. Aspen X2
4. School Brains
5. BMI calculator provided on a web site (please also check "Other" below and specify the web site used in the box)
6. Microsoft Excel - Group BMI calculator
7. Look up BMI values in a table

8. Calculate BMI "by hand" (using a hand calculator or paper-and-pencil)
9. Plot data (by hand) on BMI-for-age growth charts
10. Use records provided by the student's primary care provider
11. Other (Specify):

25. Did any of the following change this school year (compared to the prior school year)? Select *Yes, No* or *Don't Know* for each of the choices listed.
- Software program used to compute BMI or BMI percentiles
- Person doing the height and weight measurements
- Person entering measurement data into the computer
- Person compiling aggregate BMI data for the district

26. Does your district keep backup copies (or computer files) of individual BMI records for prior years? Choose from *Yes, No* or *Don't Know*.

27. Do you (or school administrators) have any questions or concerns about BMI data collection initiative? Choose from *Yes, No* or *Don't Know*.

28. Please include any concerns you (or your administrators) have on this initiative in this comment box.

29. Please provide the name of another person in the district we can contact about BMI if you are not available: Fill in the name in the box.

30. Number of school buildings in your district:
        a) <u>without any</u> on-site Automated External Defibrillators (AEDs):   _____
        b) with <u>one</u> on-site AED: _____
        c) with <u>more than one</u> on-site AED: _____
        d) with an <u>unknown</u> number of on-site AEDs: _____
        e) total number of school buildings in the district: _____
Please do not overlook any buildings. The total of a, b, c, and d above should equal e, the total number of school buildings in your district.

31. Number of Unlicensed School Personnel Trained by School Nurses in:

Training Topic	Total Number of School Staff
Epinephrine via an autoinjector	
Medication Administration	
CPR/AED use	
Naloxone/Narcan	
Tube feeding	
Vagus nerve stimulant	

32.Nursing Assessments/ Interventions/ Procedures/Treatments
School nurses must document all student encounters according to the nursing assessment of the presenting complaint or concern of the student. This is contrary to how some nurses have previously documented the visits to the school nurse's office. For example, when a student complains to the school nurse of a "headache", the school nurse must make a nursing assessment prior to any intervention. If the assessment reveals that the headache is due to lack of adequate nutrition or hydration, this should be documented as a visit for nutritional need. If the assessment reveals the headache is due to anxiety related to concerns for family issues, this would be documented as a behavioral health visit. If the headache is related to chronic

migraines, this should be documented as a neurological concern. Of course, the resulting intervention, whether it is rest, hydration, nutritional snack, or medication administration, etc., should also be well-documented along with the outcome and evaluation of the intervention.

Number of procedures performed on students and staff this year.

	Student Procedures	Staff Procedures
A. Behavioral Health		
1. Behavioral Health Assessment		
2. Anti-Bullying Interventions by District Protocol		
3. Coping Enhancement / Reassurance Check-in / Self-Calming		
4. Restraint/Seclusion Assessment and/or Monitoring		
5. Stress/Anxiety Reduction / De-escalation		
6. Monitor for Self-Harm / Suicide Ideation		
7. Social Skills Support		
8. Relationship Guidance		
9. Substance Abuse Assessment		
10. Grief Counseling		
11. Other Behavioral Health Interventions		
B. Cardiovascular		
1. Blood Pressure Measurement		
2. IV Line Assessment		
3. Central Line Maintenance		
4. Apical Pulse Assessment and Intervention as needed		
5. Cardiac Device Monitoring		
C. Emergency		
1. CPR		
2. AED Use		
3. Injury 911 / Ambulance Call		
4. Illness 911 / Ambulance Call		
5. Behavioral Health 911 / Ambulance Call		
6. Mobile Crisis Unit Call		
7. Other Referrals for Emergency Health Services		
D. Endocrine		
1. Blood Glucose Testing		
2. Diabetes Equipment Monitoring and Maintenance		
3. Carbohydrate/Insulin Calculation		
4. Check Ketones		
5. Diabetes Management Skills / Education		
6. Nutritional Assessment / Intervention		
7. Nutrition Education related to Diabetes		
E. Gastrointestinal/Genitourinary		
1. Nasogastric, Gastrostomy, or Other Feeding Tube Care/Usage		

	2. Ostomy Care (Colostomy/Ileostomy/Urostomy)		
	3. Catheterization or Catheter Care		
	4. Toileting Protocol for Encopresis		
	5. Weight measurement for a medical condition not related to screening		
	6. Nausea and/or vomiting		
F.	**Musculoskeletal**		
	1. Orthotic or Prosthetic Device Adjustment; Wheelchair Assistance; Crutch Walking Instruction		
	2. Physical Therapy (Range of Motion Exercises, etc.)		
	3. Musculoskeletal Assessment		
G.	**Neurological**		
	1. Neurological Assessment Acute		
	2. Neurological Assessment Chronic		
H.	**Referrals**		
	1. PCP		
	2. Dental		
	3. Behavioral Health		
	4. Other Healthcare Providers		
	5. Referred For Health Insurance Coverage		
I.	**Reproductive**		
	1. Reproductive Health Interventions		
	2. Referred for Follow-Up for Reproductive Concerns		
	3. Number of Females Who Gave Birth		
J.	**Respiratory**		
	1. Peak Flow Monitoring		
	2. Nebulizer Treatment		
	3. Pulse Oximetry		
	4. Oxygen Administration		
	5. Suctioning		
	6. Tracheostomy: Care, Cleaning, Tube Replacement		
	7. Auscultate Lungs		
	8. Chest PT		
	9. Inhaler Technique Instruction / Demonstration		
	10. ENT Assessment		
K.	**Other**		
	1. Major Wound Care		
	2. Head Checks for Pediculosis		
	3. Eye Assessment and Care		
	4. Skin Integrity Assessment		
	5. Nutritional Assessment / Intervention		
	6. Oral Health Assessment		
	Total		

These assessments/interventions/procedures/treatments, grouped by body systems in alphabetical order, often refer to activities provided for a pre-existing condition, or episodic care and often are an indicator of skilled nursing care. Note the total number of assessments, procedures, interventions or treatments completed and **not** the number of students who have these needs.

A. Behavioral Health (includes mental, social, emotional health concerns)
1. **Behavioral Health Assessment**: include all assessments in which a behavioral health issue is identified
2. **Anti-Bullying Interventions by District Protocol**: include all interventions to prevent, reduce or eliminate incidents of bullying as defined by school district policy
3. **Coping Enhancement/Reassurance Check-in/Self-Calming**: interventions where anticipatory guidance, self-monitoring, and other interventions are used to assist the student manage stressors, changes or other concerns that interfere with meeting school and life demands. Include "touching base" with students who are dealing with stress, or other difficulties – either in the nurse's office or outside nurse's office; also include all inventions that promote a "relaxation response" such as patterned breathing, providing alternative activities or respite from stressful situations
4. **Restraint/Seclusion Assessment and/or Monitoring**: include all interventions provided by school nurses when a student is restrained or secluded as defined by school district policy
5. **Stress/Anxiety Reduction /De-Escalation:** include inventions that allow the student to discuss anxious or worrisome feelings especially when a situation cannot be altered such as verbalization, supportive listening, etc.). Also, include allowing a student a "time out" to recompose self or to discuss concerns. Include interventions that are provided to reduce angry or out-of-control behaviors
6. **Monitor for Self-Harm /Suicide Ideation**: include monitoring for self-injury, substance abuse, suicidal ideation, etc.
7. **Social Skills Support**: include interventions by the school nurse that promotes self-advocacy, goal-directed behaviors, socially appropriate and successful interactions, such as those often needed by students with ADHD or Autism Spectrum Disorder
8. **Relationship Guidance**: include providing guidance to promote healthy social, peer, family, romantic, sexual relationships
9. **Substance Abuse Assessment**: include any and all assessments, regardless of the outcome, to determine if an individual is under the influence of a substance. Include alcohol, drugs, inhalants, tobacco or other unknown substances
10. **Grief Counseling**: include both individual and group interventions that assist in coping with grief and loss
11. **Other Behavioral Health Interventions**: Please include all follow-up interventions after SBIRT and other behavioral health screenings

B. Cardiovascular
1. **Blood Pressure Measurement**: self-explanatory
2. **IV Line Assessment**: include assessments for the integrity of any line, including pump, used to infuse fluids or medications
3. **Central Line Maintenance**: include any treatment and management of central lines
4. **Apical Pulse Assessment**: include apical pulse assessment only
5. **Cardiac Monitoring Device**: LOOP, Holter monitor use, etc.

C. Emergency
1. **CPR**: self-explanatory
2. **AED Use**: each time an AED is utilized for emergency care of an individual
3. **Medical 911/Ambulance Call**: include only calls made for emergent physical health issues
4. **Behavioral Health 911/ Ambulance Call**: include only calls made for emergent behavioral/ mental health issues
5. **Mobile Crisis Unit Call**: include calls to local mobile crisis unit for urgent behavioral health issues

6. **Other Referrals for Emergency Health Services**: include calls made to parents or other responsible adults for referral for emergent health issues (via personal motor vehicle, not ambulance service)

D. **Endocrine**
   1. **Blood Glucose Testing**: Glucometer, Continuous Glucose Monitoring Device, etc.
   2. **Diabetes Equipment Maintenance**: include assessment of device and management (include change) of an insulin pump, continuous glucose monitoring devices, etc.
   3. **Carbohydrate/Insulin Calculation**: self-explanatory
   4. **Check Ketones**: self-explanatory
   5. **Diabetes Management Skills/Education**: include any interventions spent on assisting and teaching individual self-care of diabetes management
   6. **Diabetes Nutritional Assessment/Intervention**: include hunger management assessment and provision of snack or other nutritional supplements; this includes snacks/beverages for the management of diabetes
   7. **Nutrition Education**: include any teaching or discussions related to nutrition and healthy eating

E. **GI/ GU (Gastrointestinal and Genitourinary)**
   1. **Nasogastric, Gastrostomy, or Other Feeding Tube Care or Usage:** includes interventions for assessment, feeding, and maintenance of tubes, include mixing medications for administration via tube
   2. **Ostomy Care (Colostomy/Ileostomy/Urostomy)**: includes interventions for assessment, care, and maintenance of ostomies
   3. **Catheterization or Catheter Care**: includes interventions for assessment, care, and maintenance of catheters, include any assistance that may be needed
   4. **Toileting Protocol**: includes any toileting assist or interventions to promote either urinary and/ or fecal continence, encopresis, include the development of protocols and implementation
   5. **Weight Measurement**: for a chronic or acute medical condition not related to screening

F. **Musculoskeletal**
   1. **Orthotic or Prosthetic Device Adjustment; Wheelchair Assistance; Crutch Walking Instruction**: include adjustment of crutches or braces or other assistive devices
   2. **Physical Therapy:** Range of Motion Exercises, etc.
   3. **Musculoskeletal Assessment**: include assessment for factures, sprains, range of motion post-injury, cast application, etc.

G. **Neurological**
   1. **Neurological Assessment Acute**: an assessment following an acute head injury, seizure activity etc. when an individual presents with an immediate (possible life-threatening condition)
   2. **Neurological Assessment Chronic**: follow-up assessment for an ongoing physical condition that requires continued monitoring and/or management to control symptoms e.g., post-concussion, migraine, seizures, ImPACT® etc.

H. **Referrals:** indicates an actual appointment or visit that has been set up by the school nurse, parent, or student over 18 years, with the selected provider or agency (dentist, nurse practitioner, primary care physician of record, new primary care or mental health care provider, outside of the school) for a specific condition as a result of an encounter. Note: it does not include 'follow-up with your physician if you don't feel better."
   1. **PCP**: primary care provider
   2. **Dental**: self-explanatory

3. **Behavioral Health**: out-of-school provider
4. **Other Healthcare Providers**: specialists, etc.
5. **Referred For Health Insurance Coverage**: self-explanatory

I. Reproductive
1. **Reproductive Health Interventions**: include counseling, support, education and other interventions related to reproductive health, condom distribution, breastfeeding, etc.
2. **Referred for Follow-Up for Reproductive Concerns**: self-explanatory
3. **Number of Females Who Gave Birth**: include both students and staff

J. Respiratory
1. **Peak Flow Monitoring**: self-explanatory
2. **Nebulizer Treatment**: self-explanatory
3. **Pulse Oximetry**: self-explanatory
4. **Oxygen Administration**: self-explanatory
5. **Suctioning**: self-explanatory
6. **Tracheostomy**: Care, Cleaning, Tube Replacement
7. **Auscultate Lungs**: self-explanatory
8. **Chest PT**: include vibrating vest utilization
9. **Inhaler Technique Instruction/Demonstration**: any teaching asthma management
10. **ENT Assessment**: include the use of an otoscope to visualize ears

K. Other
1. **Major Wound Care**: include major wound cleansing and care, not "skinned knee" and application of Band-Aids   Examples: delayed wound healing in which the wound is being packed, ulcer care, major injury requiring cleansing and application of butterfly strips or bulky dressing to prevent further bleeding for a severe injury
2. **Head Checks for Pediculosis**: count every individual screened this month
3. **Administer Immunizations**: refers to any immunizations/vaccinations administered to individuals, Hep, flu, Tdap, etc.
4. **Eye Assessment and Care**: include foreign body removal, assessment of conjunctivitis
5. **Skin Integrity Assessment**: assessment of skin abrasion, rashes, burns, etc., include suture care and removal
6. **Nutritional Assessment/Intervention**: include hunger management, number of times student provided with nourishment to satiate hunger due to lack of access, for whatever reason (not related to management of diabetes)
7. **Oral Health Assessment**: include interventions related to loose teeth, braces, etc.

33. Medication Management

A. Number of daily and PRN *prescriptions* kept on file:

Type of Medication Prescriptions on File	Number of Scheduled Prescriptions[1]	Number of PRN Prescriptions
1. Analgesics		
2. Antibiotics		
3. Anticonvulsants		

4.	Antihypertensives		
5.	Antihistamines		
6.	Asthma		
7.	Epinephrine (non-asthma related)		
8.	Glucagon		
9.	Insulin		
10.	Naloxone (Narcan)		
11.	Psychotropic		
12.	Other Prescriptions		
	Total		

B. Number of *doses* administered or supervised by school nurses, for each of the following types of medication, *based on usage:*

Type of Medication Administered	Students		Staff	
	Scheduled Doses Administered[1]	PRN Doses Administered	Scheduled Doses Administered [1]	PRN Doses Administered
1. Analgesics				
2. Antibiotics				
3. Anticonvulsants				
4. Antihypertensives				
5. Antihistamines				
6. Asthma				
7. Epinephrine (non-asthma related)				
8. Glucagon				
9. Insulin				
10. Naloxone (Narcan)				
11. Psychotropic				
12. Other Prescription Medication				
13. OTC[2] (please list below) _____ _____				
Total				

[1]Scheduled medications are those that are ordered to be given on a scheduled basis (QD, bid, q4h, etc.).

[2]OTC: Count over the counter medications that do not fall into one of the above medication categories

34. Educational Forums / Group Activities offered by School Nurses:

The number of educational forums offered by the school nurse this month:

Educational Forums / Group Activity	Number of Programs Offered to Prek-5th grade	Number of Programs Offered to 6th-8th grade	Number of Programs Offered to 9th-12th grade
Alcohol or Substance Abuse			
Anger/Conflict/Violence			
Asthma			
Blood Borne Pathogens			
CPR/AED Programs			

Crisis Management				
Diabetes				
Emergency Preparedness				
Emotional / Psychosocial Support				
Environmental Health				
Food Allergy				
Gay/Bisexual/Lesbian/Transgender				
Growth/Development				
Health Care Careers				
Life-Threatening Allergies				
Mental Health/Wellness				
Nutrition				
Oral Health/Hygiene				
Peer Leadership				
Physical Activity				
Tobacco Cessation / Prevention				
Support groups for students				
Healthy Parenting				
Teen Pregnancy Support				
Bridge/Re-entry Program				
List/Define other programs_____				

Educational forums/group activities offered by school nurses: the number of meetings, group activities, and educational forums offered by the school nurse this year. This could include educational offerings to students, staff, parents or stakeholders.

Section II: Health Services Staff

34. Number of *currently filled* Full-Time Equivalents (FTEs) by "type of position" and "funding source."

- *Count FTEs, not individuals in columns a, b, c, and d*. Include part-time positions as fractional FTEs (i.e., add ".5" for a half-time or ".25" for a quarter-time position) when calculating the FTE total. For *per diem* staff, estimate the FTEs the staff represents.
- If there is a *full-time* Nurse Leader, allocate 1 FTE to the "School Nurse Manager" row. Do not count in other rows.
- For positions *funded by 2 or more sources*, split the FTEs according to the proportion of funding supplied by each source For example, if a School Nurse FTE is funded ¾ by the School Budget and ¼ by the CSHS Program, in the "School Nurse" row one would allocate ".75" to "School Budget" and ".25" to "CSHS Contract".
- Do not count health educators or volunteers. Provide information on physicians on the following page.
- For columns e, f and g count individuals, not FTE's.

Type of Position	Number of Currently Filled FTEs Funded By:						
	a) School Budget	b) CSHS Contract	c) Local Board of Health	d) Other (list below)	e) DESE Licensed School Nurse	f) NSNC	g) DESE Director/ Supervisor License
Registered Nurses	(Just enter the total number of FTEs, i.e.: "5.5")						
A. School Nurse Manager							
B. School Nurse (RN's only)							
C. Nursing Supervisor (Reports to School Nurse Manager)							
D. Care Coordinator RN							
E. "Float" Nurse							

G. Special Education Nurse (1:1 RN)							
H Other RNs: _____							
Nursing Support Staff (not RNs)							
I. Licensed Practical Nurse (LPN)							
J. Licensed Practical Nurse (1:1							
K. Health Aide							
L. Other: _____							
Administrative Support							
M. Admin. Assistant or Secretary							
N. Data Entry Staff							

d) Other_____

35. Comments on FTE numbers can be entered here _____

36. Approximately how many *hours of service per year* do school physicians provide to your district? _____Hours

If the district does not have a School Physician, write "0" hours

37. Provide the Name, email and phone number of your school physician: _____

38. Who funds your school physician?
- ❏ Board of Health   ❏ School Budget
- ❏ Volunteer Position   ❏ CSHS Grant

39. Does your district have a School Nurse Manager?

40. School Nurse Manager's Education and Credentials:

41. Educational Level of RN School Nurses and the School Nurse Manager:
- Include only school nurses *licensed as RNs* in this section (no LPNs, etc.).
- Include each school nurse for only the *highest* educational credential earned – only enter each school nurse once.
- The total at the bottom should equal the total number of RN's working in the district.

Highest Educational Degree	**Total number in the district**

Diploma or Associate Degree		
1	Diploma RN	
2	AD, AA or other Associates degree	
Bachelor's Degree		
4	BSN	
5	BS, BA or other Bachelor's degree	
Advanced Degree		
6	MSN	
7	MPH	
8	MEd	
9	MS, MA, or other Master's degree	
10	Doctoral (DNS, DNP, EdD, PhD or other)	
Other		
11	(specify:_____)	
12	**TOTAL:**	

42. Comments on staffing issues can be entered here_____

Section III: Performance Measures

Current status of RFR outcomes, targets, and performance measures. Please refer to the RFR for more information about each of the Performance Measures Outcomes and Targets, and refer to the last page of this report for guidelines on completing this section. (Please do not write explanatory comments *inside* the data boxes as any comments there will not be recorded; add comments only in the *Comments* areas).

Outcome 1: Chronic Absenteeism Across The District (Target – 3% Decrease Annually)

RFR Performance Measure	Target Met	Target Not Met
a) Chronic Absenteeism Rate _____ b) Average of the Last Three Year's Chronic Absenteeism Rate _____ *(example: 2015=12.1%; 2016=12.0%; 2017=14.0%; average=12.7%)*		

Comments:_____

Outcome 2: Percent of ELL Students Seen Annually by the School Nurse (Target – 90% Seen Annually, Not Including Screenings)

RFR Performance Measure	Target Met	Target Not Met

| a) Number of ELL Students _____ <br> b) Number of ELL Students Seen by the School Nurse Annually _____ <br> c) Percent of ELL Students Seen by the School Nurse Annually _____ | | |

The answer to **a** and **b** can be found in the Student Demographics question: #23-8a & #23-8b

Comments:_____

Outcome 3: Percent of Students who are Overweight or Obese (Target – 1% Annual Decrease)

RFR Performance Measure	Target Met	Target Not Met
a) Percent of Students that are Overweight or Obese _____ b) Average percent from the Previous Three Years _____ *(example: 2015=24.3%; 2016=22.4%; 2017=23.7%; average=23.5%)*		

Comments:_____

Outcome 4: Percent of Students who are Identified as Experiencing Depression, Anxiety, and/or Suicidal Ideation Receive Mental Health Services from the School Nurse (Target – 90% Receive Mental Health Services)

RFR Performance Measure	Target Met	Target Not Met
a) Number of Students who are Diagnosed as having Anxiety, depression or Suicidal Ideation _____ b) Percent of Students who are identified as experiencing depression, anxiety, and/or suicidal ideation receive mental health services from the school nurse _____		

The answer to **a** can be found in the Special Health Care Needs question in section II, Behavioral/Emotional Conditions

Comments:_____

Outcome 5: Percent of Students who are Identified as Homeless or Marginally Housed will Receive School Nurse Services, Including a Comprehensive Assessment of Mental and Physical Health Needs, Including Referrals and Follow-Ups, at Least Twice Every School Year (Target – 100% Receiving Services)

RFR Performance Measure	Target Met	Target Not Met
a) Number of Students Identified as Homeless or Marginally Housed b) Percent Of Students Who Are Identified As Homeless Or Marginally Housed Will Receive School Nurse Services, Including A Comprehensive Assessment Of Mental And Physical Health Needs, Including Referrals And Follow-Ups, At Least Twice Every School Year _____		

The answer to **a** can be found in the Students Demographics question: #23-9a

Definition of Homeless and Marginally Housed children and youths from DESE: individuals who lack a fixed, regular, and adequate nighttime residence. It includes:

1. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals.
2. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

3. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
4. Migratory children (as defined in section 1309 of the Elementary and Secondary Education Act of 1965, as amended) who qualify as homeless because they are living in circumstances described above.

Comments:_____

Outcome 6: Percent of Students Who Report Being Victims of Bullying or Violence Receive Mental Health Assessments, at Least Monthly, by the School Nurse (Target – 100% Receive Mental Health Assessment)

RFR Performance Measure	Target Met	Target Not Met
a) Number of Students who report as Being the Victims of Bullying or Violence_____ b) Percent of Students whom Report Being Victims of Bullying or Violence Receive Mental Health Assessments, at Least Monthly, by the School Nurse _____		

Comments:_____

Outcome 7: Percent of Students who have Special Healthcare Needs *(e.g. asthma, autism, ADHD, diabetes, life-threatening allergies, seizure disorders, diagnosed mental health disorder)* **will have an Individualized Healthcare Plan Developed** (Target – 100% IHP's Developed)

RFR Performance Measure	Target Met	Target Not Met
a) Number of Students with Special Healthcare Needs _____ b) Number of Students with Special Healthcare Needs w/ an IHP ____ c) Percent of Students who have Special Healthcare Needs will have an Individualized Healthcare Plan Developed_____		

The answer to **a** and **b** can found in answer #22-1 and #22-2, respectively.

Comments:_____

Outcome 8: Percent of Students who Fail a Mandated Screening with a Completed Referral (Target – 85% Referrals Completed)

RFR Performance Measure	Target Met	Target Not Met
a) Number of Students who Failed a Screening _____ b) Number of Students with Referrals Made Due To Failed Screening_____ c) Percent of Students who Failed Screenings with a Completed Referral _____		

Comments:_____

Outcome 9: Percent of Students who Report having at least One Adult at School that they can Talk to if they have a Problem (Target – 10% Increase Annually)

RFR Performance Measure	Target Met	Target Not Met
a) Total Number of Students in District _____ b) Number of Students who Report having at least One Adult at School that they can Talk to if they have a Problem _____ c) Percent of students who Report having at least One Adult at School that they can Talk to if they have a Problem _____		

Comments:_____

General Comments (Optional)

9. Comments about your data and/or current health services activities that we should know about (including *unexpected* successes and barriers to implementation). Attach additional paper if needed._____

_____

_____

General Guidelines

Submit only ONE report for the entire school district (Do not submit a separate report for each school). This report should summarize the status of ALL the schools in the "district" funded through the CSHS grant. In most cases, this would include all schools in your Local Public School System and no others. Please add together numbers for all schools where necessary (Section I, for example) and enter only the district-wide totals.

Except where noted, please answer all questions with information that is current as of the END of the school year (June).

To ensure the accuracy and validity of your data, we *strongly recommend that all school staff involved in the collection process maintain a program log for documenting information pertinent to this report*, including updates in policies and procedures, numbers of students surveyed, etc.

The deadline for submitting completed Status Reports to MDPH is July 15.

RFR Performance Measure Definitions

Indicate the status of each RFR measure using the following definitions:

Target Met: The reported data met or exceeds the stated target goal

Target Not Met: The reported data met or exceeds the stated target goal

If the target is not met please write in a plan for improvement in the comments section below the outcome measure box. The plan should explain how the district will meet the target next year.

Please refer to the RFR for more information about the various Outcome Measures described on the form.