

2019 School Health Annual Report

Start of Block: Introduction & School Information

In accordance with Department of Education Chapter 45 Rule for Vision and Hearing Screening in Maine Schools, each administrative unit and approved private school shall provide an annual report to the Department summarizing hearing and vision screenings completed. This report should reflect the number of students screened by type, the number of students referred, and the number of referred findings that were confirmed. This form is to be used to make this annual report. In accordance with Department of Education Chapter 40 Rule for Medication Administration in Maine Schools, each school administrative unit and approved private school shall provide an annual report to the Department summarizing all the incidents of epinephrine administration. This form is to be used to make this annual report. It is also encouraged to submit to the Department a report of each incident involving a severe allergic reaction or the administration of an epinephrine autoinjector. The additional (optional section) reporting materials is an effort for all school nurses around the country to collect specific data points the same way, which will allow the data to be aggregated across the nation. This data collection will help to demonstrate the unique and critical contributions to the health of school-age children. We have the opportunity to improve the well-being of our students through the collection and reporting of children's health data. The purpose of the data sets is for ALL school nurses to collect data in the same way - so there is uniformity and it can be compared. Following the definitions of each data set is critical for this to be successful. School Health Work Force, identifies the number of school health staff providing DIRECT SERVICES in the school as well as determine an RN caseload. Children's Chronic Health Diagnoses which represents some of the most common chronic conditions such as, Asthma, Type I and Type 2 Diabetes, Seizures and Life-Threatening Allergies. These are students with a diagnosis from a health care provider Disposition of the Student after Health Office Visit is being collected to better understand the outcome of school health office visits.

District and School:

District (1)

School (3)

▼ DROPDOWN MENU

Person Completing Form:

Title: _____

Phone: _____

End of Block: Introduction & School Information

Start of Block: Vision & Hearing

Vision Screenings

Distance Visual Acuity Screening- Please enter the number of students screened for each grade level:

Definition: Number of students screened using **optotype based screening** (i.e. LEA Symbols, Sloan, HOTV chart).

PreK: _____

Kindergarten: _____

1st Grade: _____

3rd Grade: _____

5th Grade: _____

7th Grade: _____

9th Grade: _____

Total: _____

Near Visual Acuity Screening- Please enter the number of students screened for each grade level:

Definition: Number of students screened using **optotype based screening** (i.e. LEA Symbols, Sloan, HOTV chart).

1st Grade: _____

3rd Grade: _____

Total: _____

Number of students referred for further evaluation due to vision screening concerns:

Definition: Include the number of students referred for further evaluation based on results of using **optotype based screening**.

PreK: _____

Kindergarten: _____

1st Grade: _____

3rd Grade: _____

5th Grade: _____

7th Grade: _____

9th Grade: _____

Total: _____

Please enter the total number of vision referrals that were returned confirming the deficit:

Definition: Include the number of students known by the school nurse to have received follow up care, or

returned a referral form confirming the deficit following an **optotype based screening**.

Pre K: _____
Kindergarten: _____
1st Grade: _____
3rd Grade: _____
5th Grade: _____
7th Grade: _____
9th Grade: _____
Total: _____

Number of students for each grade that were screened using an **Instrument-based screening** tool. (for example, SPOT Screener)

PreK: _____
Kindergarten: _____
1st Grade: _____
3rd Grade: _____
5th Grade: _____
7th Grade: _____
9th Grade: _____
Total: _____

Total number of students for all grades referred as a result of using **Instrument-based screening** tools:

Definition: Include the total number for all grades, of students referred for follow up care based on results of **instrument based screening**.

Total number of students that received follow up care as a result of the referral based on **instrument based screening**, confirming the deficit:

Definition: Include the number of students known by the school nurse to have received follow up care, or returned a referral form confirming the deficit.

Total number of students bypassing screening based on school nurse judgement:

Definition: Include the number of students referred directly to a specialist for a comprehensive exam based on school nurse's judgement and review of past medical history.

Hearing Screenings

Please enter the number of students screened at each grade level:

Definition: Number of students screened using audiometer, Pure Tone testing.

PreK: _____
Kindergarten: _____
1st Grade: _____
3rd Grade: _____
5th Grade: _____
Total: _____

Number of students referred for further evaluation due to hearing screening concerns:

Definition: Number of student referred, based on results of screening.

PreK: _____
Kindergarten: _____
1st Grade: _____
3rd Grade: _____
5th Grade: _____
Total: _____

Please enter the total number of hearing referrals that were returned confirming the deficit:

Definition: Include the number of students receiving follow up care, confirming the deficit.

PreK: _____
Kindergarten: _____
1st Grade: _____
3rd Grade: _____
5th Grade: _____
Total: _____

End of Block: Vision & Hearing

Start of Block: Epinephrine Administration

Epinephrine Administration Summary

Does the district have a collaborative practice agreement that allows unlicensed staff to administer epinephrine after completing training to a student with a previously unknown allergy suffering from anaphylaxis?

Yes

No

Please enter the total numbers for the school year of epinephrine administrations:

To students: _____

To staff: _____

To visitor: _____

Total: _____

How many doses were administered to:

Female: _____

Male: _____

Total: _____

How many doses were administered to someone with:

Known allergy diagnosis: _____

Unknown diagnosis: _____

Total: _____

How many doses given for each potential allergen, if known:

Peanut: _____

Tree nut: _____

Fish: _____

Egg: _____

Milk: _____

Medication: _____

Insect sting: _____

Other: _____

Unknown: _____

Total: _____

Number of doses administered by:

RN: _____

LPN: _____

Trained unlicensed person: _____

Administered to self: _____

Total: _____

Number of times EMS (911) was called following epinephrine administration:

This number should be less than or equal to the total number of epinephrine administrations

Please list any steps that were taken to improve the district's protocol/process based on individual cases that occurred:

End of Block: Epinephrine Administration

Start of Block: Optional Reporting Section

Health Office Staff

A full-time equivalent (FTE) is based on a teacher FTE. Please do not double count any person. One FTE may provide services at more than one school within your school system, this person is only counted once.

Please indicate the number of Full-time Equivalent (FTE) Registered Nurses in the district providing direct services in the health office:

Definition: *Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case*

management. Include long term substitute (but not the substitute RN list for short term needs) and exclude nurses working with medically fragile students.

RN Full-time Equivalent: _____

Total: _____

Please indicate the number of FTE Licensed Practical Nurses (LPNs) in the district providing direct services in the health office (not special assignment or private duty):

Definition: Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Include long term substitute (but not the substitute LPN list for short term needs) and exclude LPNs working with medically fragile students.

LPN Full-time Equivalent: _____

Total: _____

Please indicate the number of FTE Health Aides in the district providing services in the health office (not special assignment or private duty):

Definition: This number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides IF it is included as a specific part of their responsibility (i.e. cover health office regularly).

Health Aide Full-time Equivalent: _____

Total: _____

Please indicate the number of FTE Registered Nurses in the district with special assignments, such as working with a limited caseload providing direct services to one or group of medically fragile students:

Definition: Include RNs working with a limited caseload providing direct services such as medically fragile students.

RN Special Assignment FTE: _____

Total: _____

Please indicate the number of FTE LPNs in the district with special assignments, such as working with a limited caseload providing direct services to one or group of medically fragile students:

Definition: Include LPNs working with a limited caseload providing direct services such as medically fragile students.

LPN Special Assignment FTE: _____

Total: _____

Please indicate the number of FTE Health Aides in the district with special assignments, such as working with a limited caseload providing direct services to one or group of medically fragile students:

Definition: Include health aides (non-RN, non-LPNs) working with a limited caseload providing direct services such as medically fragile students.

Health Aide Special Assignment FTE: _____

Total: _____

End of Block: Optional Reporting Section

Start of Block: Chronic Conditions

Please enter the number of students in the district with a diagnosis from a health care provider:

Include only those with a diagnosis from a health care provider.

Asthma: _____

Type 1 Diabetes: _____

Type 2 Diabetes: _____

Seizure Disorder: _____

Life Threatening Allergy: _____

Total: _____

End of Block: Chronic Conditions

Start of Block: Health Office Visits

The following questions are optional about Health Office visits and ending disposition (returned to class, sent home, or called 911).

Health office visits are documented in our schools using what format?

- Handwritten records
 - School Information System that has a health module (e.g. Powerschool, Web2School)
 - School health electronic system (e.g. SNAP, SchoolDoc, CareDox). Please specify what system you are using: _____
-

Did the district collect information about Health Office visits and ending dispositions (returned to class, sent home, or called 911)?

Yes

No

Display This Question:

If Did the district collect information about Health Office visits and ending dispositions (returned... = Yes

Please enter the number of health office visits resulting in student **returning to class or staying in school**:

Seen face to face by RN: _____

Seen face to face by LPN: _____

Seen face to face by Health Aide: _____

Total: _____

Display This Question:

If Did the district collect information about Health Office visits and ending dispositions (returned... = Yes

Please enter the number of health office visits resulting in student **being sent home**:

Include students sent home with recommendations to see a health care provider.

Seen face to face by RN: _____

Seen face to face by LPN: _____

Seen face to face by Health Aide: _____

Total: _____

Display This Question:

If Did the district collect information about Health Office visits and ending dispositions (returned... = Yes

Please enter the number of health office visits resulting in a **911 call** and transport:

Seen face to face by RN: _____

Seen face to face by LPN: _____

Seen face to face by Health Aide: _____

Total: _____

End of Block: Health Office Visits
