

# 2021-22 Annual Charter School Health Services Report Worksheet

County: A drop-down menu is provided during the report survey

Charter School: A drop-down menu is provided during the report survey

## Charter School Regions

☐ Districts 1 – 4 (East)-Annette Richardson

☐ Districts 5 – 8 (West)-Amy Johnson

## Contact information for the person preparing this report.

- a. Full Name:
- b. Job Title:
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- d. Phone Number:

## Charter School Health Data

Grade levels admitted to your school (e.g., K-12; 6-8):

**Student Population:** Total number of students, during this school year, receiving assistance at school for the following diagnosed chronic health conditions:

	Number of students:
Asthma:	
Diabetes:	
Seizure Disorder:	
Life threatening allergy (anaphylactic reaction):	
Concussion (during school/outside of school):	

The following questions are related to your compliance with [§ 115C-375.3](#). Care of Students with Diabetes. This page is only applicable if one or more students with diabetes were indicated in question #5.

*Number of students receiving assistance at school related to diabetes:*

(This should match your response to question # 6 – Diabetes)

If you have students receiving assistance at school related to diabetes, does your school offer generalized diabetes training to all school staff who provide education or care for students with diabetes?

☐ Yes ☐ No

If 'No', what prevented training from being completed?

If you have students receiving assistance at school related to diabetes, does your school have at least 2 staff persons who are *intensively trained* on diabetes care, for the specific student(s) with diabetes?

☐ Yes ☐ No

If 'No', what prevented training from being completed?

Number of students with diabetes who, upon notification and/or parental request, had a written plan of care completed by a school nurse or other recognized medical professional (Medical Doctor, Advanced Practice Nurse, Physician Assistant) this school year:

The following questions are related to your compliance with [§ 115C-375.2A](#). School supply of epinephrine auto-injectors

Were there at least two emergency epinephrine auto-injectors maintained on each campus during the 2021-2022 school year?

☐ Yes ☐ No

If 'No', why were you unable to maintain emergency epinephrine auto-injectors in your school?

Did at least one person receive training in the use of emergency epinephrine?

☐ Yes ☐ No

If answered 'No' to the questions regarding Epinephrine training or CPR certification, what prevented training from being completed?

If yes, who provided the required training?

	Full Name	Job Title	Employing Agency
Trainer 1			
Trainer 2			

Does the same person who received training in the use of emergency epinephrine possess a current certification card in Cardiopulmonary Resuscitation (CPR)?

☐ Yes ☐ No

If yes, what is the expiration year of the current CPR certification?

Was epinephrine administered to any undiagnosed persons during this school year?

☐ Yes ☐ No

If yes, please indicate the number of times epinephrine was administered.

The following questions are related to [State Board of Education Policy SHLT-001 Return-to-Learn After Concussion](#). Responses provide the Division of Public Health with a better understanding of implementation successes and challenges.

Pursuant SBE Policy SHLT-001: Has your school developed a plan for addressing the needs of students, of any grade level (preschool through twelfth grade), suffering concussions?

☐ Yes ☐ No

If 'No', what prevented the development of a plan?

Which of the following components are included in the plan? (Select all that apply)

- ☐ Guidelines for removal of a student from physical and mental activity when there is a suspicion of concussion
- ☐ Notification procedure to education staff regarding removal from learn(ing) or play
- ☐ Expectations regarding annual medical care update from parents, medical care plan/school accommodations in the event of concussion
- ☐ Delineation of requirements for safe return-to-learn or play following concussion
- ☐ None of the Above

Does your school have an appointed team of people responsible for identifying the return-to-learn or play needs of a student who has suffered a concussion?

☐ Yes ☐ No

Does your school provide information and staff development on an annual basis to all teachers and other school personnel in order to support and assist students who have sustained a concussion in accordance with their learning and behavioral needs?

☐ Yes ☐ No

Does your school include in its annual student health history and emergency medical information update a question related to any head injury/concussion a student may have incurred during the past year?

☐ Yes ☐ No

The following question is related to your schools' Health Program needs:

**Planning is underway to better meet charter school health needs. Please complete the following to inform the process:**

**List any school health related questions/concerns your school would like specific consultation regarding: (Please enter "N/A" if there are no health-related questions/concerns at this time)**

**Please indicate any of the following you would be interested in during the 2022-2023 school year:**

- ☐ **Onsite Consultation**
- ☐ **Virtual Meeting**
- ☐ **Regional Charter School Meeting**
- ☐ **Webinar**
- ☐ **School Health Conference (Pre-conference Sessions)**
- ☐ **Other, specify:**

### **Nursing Services**

**Does your school employ the services of a school nurse who is available to serve the entire student population?**

☐ **Yes**    ☐ **No**

**If yes, is the nurse a Registered Nurse (RN) licensed in North Carolina?**

☐ **Yes**    ☐ **No**

**If not a Registered Nurse (RN), please list credentials:**

**If yes, please complete the following questions related to nursing services.**

<b>Full Name</b>		<b>Email Address</b>	<b>Number of hours per week</b>	<b>Hire Date (mm/yyyy)</b>
<b>Nurse 1</b>				
<b>Nurse 2</b>				
<b>Nurse 3</b>				

## **Health Education and Presentations/Programs. See D&D page 2.**

\*Please do not include COVID 19 related presentations in this report.

**Number of times presentations were given by the school nurse for groups of students, parents, and/or school staff.** Please include presentations given more than once:

**Other than asthma, medication and first aid, what other health education topics were covered in group presentations given by the school nurse? Please check all that apply.**

- ☐ Alcohol and drug abuse
- ☐ Tobacco/e-cigarettes
- ☐ Allergies (other than medication training)
- ☐ Blood borne pathogens (BBP - OSHA)
- ☐ Cancer prevention (sun safety, other cancer prevention if not included in other categories)
- ☐ Diabetes management
- ☐ Reproductive health (includes sex education, HIV/STD's, puberty education, etc.)
- ☐ Violence prevention (includes safe dating, bullying, etc.)
- ☐ Dental health
- ☐ Health careers
- ☐ Infection prevention & control, other than STD, including hand washing, flu prevention, immunizations, MRSA prevention
- ☐ Pest prevention & control (pediculosis, mosquitoes, ticks)
- ☐ Nutrition (including bone health, weight control, eating disorders)
- ☐ Physical activity (including cardiac health)
- ☐ Personal hygiene (if not covered under reproductive health)
- ☐ Injury prevention (seatbelt safety, safe bicycling, helmet use, school bus safety, pedestrian safety)

## **Vaccination Clinics. See D&D page 2.**

**Did your School/System host school-located seasonal influenza clinics this fall/winter?**

- ☐ Yes
- ☐ No

What agency did you collaborate with to provide this clinic?

How many individual students were immunized for seasonal flu?

How many individual adults were immunized for seasonal flu?

Did your School/System host school-located vaccination clinics other than influenza?

☐ Yes

☐ No

If yes, what vaccinations did you provide?

If yes, what agency did you collaborate with to provide clinics?

If yes, how many individual students were immunized?

If yes, how many individual adults were immunized?

**Asthma Education. See D&D page 2.**

**Does your school/system offer generalized asthma training to school staff system-wide?**

☐ Yes

☐ No

**During this school year, did you have students enrolled in asthma education program?**

☐ Yes

☐ No

**If yes, what curriculum is used?**

☐ Managing Asthma Triggers

☐ Open Airways

☐ Other Curriculum

If yes, what is the number of students in the asthma education program(s)?

**Diabetes Education. See D&D page 2.**

**Does your school/system offer generalized diabetes training to school staff system-wide?**

☐ Yes

☐ No

**Did your school/system have at least 2 staff persons who were intensively trained on diabetes care, in each school where students with diabetes are, or were, enrolled this school year?**

☐ Yes

☐ No

## First Aid

Were the following classes provided in your school district?

	Yes	No
First aid classes	<input type="checkbox"/>	<input type="checkbox"/>
Certified CPR classes	<input type="checkbox"/>	<input type="checkbox"/>

**First responders** (a staff member identified as a point person in emergency vs. someone who handles first aid instead of/or in addition to the nurse). See D&D page 2.

Are available daily on each school campus:

- ☐ Yes  
☐ No

Are available daily in each school building:

- ☐ Yes  
☐ No

What agency trains first responders? (Select all that apply)

- ☐ Local EMS staff  
☐ American Red Cross (ARC) staff  
☐ American Heart Association (AHA) staff  
☐ Community College Emergency Training Staff  
☐ School Nurse ARC instructor  
☐ School Nurse AHA instructor  
☐ None  
☐ Other agency (please specify):

## Use of Automated External Defibrillators (AEDs) in schools

Does your school/system have one or more AEDs in any of your school buildings?

- ☐ Yes  
☐ No

**If yes, are they available in all schools?**

☐ Yes

☐ No

How many times was one of those AEDs used this year on a Student?

**What was the outcome of that usage? (If the AED was used multiple times, select all that apply)**

☐ Survival

☐ Death

☐ Unknown

How many times was one of those AEDs used this year on a Staff member?

**What was the outcome of that usage? (If the AED was used multiple times, select all that apply)**

☐ Survival

☐ Death

☐ Unknown

How many times was one of those AEDs used this year on a Visitor?

**What was the outcome of that usage? (If the AED was used multiple times, select all that apply)**

☐ Survival

☐ Death

☐ Unknown

## **Home Visits**

Number of home visits made by the School Nurses:

**Reasons for home visits (please indicate all that apply):**

☐ Assessment

☐ Absenteeism

☐ Chronic Illness

☐ IHP development

☐ Infestations

☐ Parent/Family education

☐ Other - Write In (Required):



**Table 1: Student Issues Known to School Nurse. See D&D page 2.**

**Stakeholders frequently ask for data directed information regarding the following topics. Please indicate the number of students in grade categories with the following student issues known to the school nurse.**

You must place a number in each category. Place a '0' (zero) in categories indicated as N/A.

	<b>Elementary (K-5)</b>	<b>Middle (6-8)</b>	<b>High (9-12)</b>
Pregnancy			
Substance abuse – alcohol			
Substance abuse – drugs			
Substance abuse - tobacco e-cigarettes			
Suicide attempt			
Death from suicide			
Suicide occurring at school			
Death from homicide			
Homicide occurring at school			
Other student deaths (from injury, illness, etc.) regardless of location of death			
How many student deaths from other causes occurred at school? (and are not listed above)			

**Table 2: Health Counseling. See D&D pages 2-3.**

**Please indicate the number of one-on-one health counseling sessions provided by the School Nurses on the following topics in each grade category. *A one-to-one counseling session is defined as a formal discussion with the student or person regarding a health issue that requires documentation of the encounter.* (Sessions that include parent and student or staff and the student may also be counted). Do not include group presentations or encounters with students counted elsewhere in this report.**

You must place a number in each category. Place a '0' (zero) in categories indicated as N/A.

	<b>Elementary (K-5)</b>	<b>Middle (6-8)</b>	<b>High (9-12)</b>
ADD/ADHD			
Asthma			
Child abuse/neglect			
Chronic illness (not otherwise listed)			
Depression (situational or chronic)			
Diabetes			
Hygiene			
Illness/injury recovery			
Mental health issues (not otherwise listed)			
Nutrition			
Pregnancy			
Puberty/reproductive health			
Relationships (dating/parents/friends)			
Seizure disorders			
Severe allergies			
Substance abuse including tobacco use, prescription abuse, etc.			
Suicidal ideation			
Violence/bullying			

## School Nurse Case Management Outcomes for Students with Chronic and/or Complex Health Care Needs

Please read page 3 of Definitions and Directions before completing this section.

A district wide standards-based program for the management of chronic health conditions in schools is the goal for NC school health programs. Even when a district wide program does not exist, individual nurses often intentionally use and document the steps of the nursing process in a manner that achieves individualized health and education goals for students. This includes completion of a nursing assessment and development of a plan of care with specific student goals that improve with targeted interventions. The following tables should be completed for students whose care and measured outcomes fit this description, regardless of the status of a district wide program.

You must place a number in each category. Place a '0' (zero) in categories listed as N/A. Please complete the following tables for **ALL** students that fit the description in the Definitions and Directions just reviewed.

**Table 3: Asthma Outcomes**

	Number of students for whom this was a measured outcome E (K-5)	Number of students demonstrating improvement in this outcome E (K-5)	Number of students for whom this was a measured outcome M (6-8)	Number of students demonstrating improvement in this outcome M (6-8)	Number of students for whom this was a measured outcome H (9-12)	Number of students demonstrating improvement in this outcome H (9-12)
A1. Consistently verbalized accurate knowledge of the pathophysiology of their condition						
A2. Consistently demonstrated correct use of asthma inhaler and/or spacer						
A3. Accurately listed his/her asthma triggers						
A4. Remained within peak flow/pulse oximeter plan goals						
A5. Improved amount and/or quality of regular physical activity						
A6. Improved grades						
A7. Decreased number of absences						

**Table 4: Diabetes Outcomes**

	<b>Number of students for whom this was a measured outcome E (K-5)</b>	<b>Number of students demonstrating improvement in this outcome E (K-5)</b>	<b>Number of students for whom this was a measured outcome M (6-8)</b>	<b>Number of students demonstrating improvement in this outcome M (6-8)</b>	<b>Number of students for whom this was a measured outcome H (9-12)</b>	<b>Number of students demonstrating improvement in this outcome H (9-12)</b>
D1. Consistently verbalized an accurate knowledge of the pathophysiology of their condition						
D2. Demonstrated improvement in the ability to correctly count carbohydrates						
D3. Improved skill in testing own blood sugar.						
D4. Showed improvement in HgA1C (if measured and available.)						
D5. Consistently (90% of time) calculated accurate insulin dose						
D6. Improved ability to deliver insulin dose						
D7. Improved grades						
D8. Decreased number of absences						

**Table 5: Weight Management Outcomes**

	<b>Number of students for whom this was a measured outcome E (K-5)</b>	<b>Number of students demonstrating improvement in this outcome E (K-5)</b>	<b>Number of students for whom this was a measured outcome M (6-8)</b>	<b>Number of students demonstrating improvement in this outcome M (6-8)</b>	<b>Number of students for whom this was a measured outcome H (9-12)</b>	<b>Number of students demonstrating improvement in this outcome H (9-12)</b>
W1. Consistently verbalized accurate knowledge of relationship of food and activity to weight						
W2. Kept a daily food diary as planned						
W3. Increased physical activity (PE or after school)						
W4. Improved frequency of healthy food choices						
W5. Consistently able to identify appropriate portion sizes						
W6. Improved BMI						
W7. Improved grades						
W8. Decreased number of absences						

**Table 6: Seizure Disorder Outcomes**

	<b>Number of students for whom this was a measured outcome E (K-5)</b>	<b>Number of students demonstrating improvement in this outcome E (K-5)</b>	<b>Number of students for whom this was a measured outcome M (6-8)</b>	<b>Number of students demonstrating improvement in this outcome M (6-8)</b>	<b>Number of students for whom this was a measured outcome H (9-12)</b>	<b>Number of students demonstrating improvement in this outcome H (9-12)</b>
SD1.Consistently verbalized accurate knowledge of the pathophysiology of his/her condition						
SD2. Consistently recognized seizure triggers						
SD3. Reduced side effects of seizure medications						
SD4. Avoided complications from seizure activity						
SD5. Reduced number of seizures						
SD6. Improved grades						
SD7. Decreased number of absences						

**Table 7: Severe Allergy Outcomes**

	<b>Number of students for whom this was a measured outcome E (K-5)</b>	<b>Number of students demonstrating improvement in this outcome E (K-5)</b>	<b>Number of students for whom this was a measured outcome M (6-8)</b>	<b>Number of students demonstrating improvement in this outcome M (6-8)</b>	<b>Number of students for whom this was a measured outcome H (9-12)</b>	<b>Number of students demonstrating improvement in this outcome H (9-12)</b>
SA1.Consistently verbalized accurate knowledge of the pathophysiology of his/her condition						
SA2. Consistently avoided allergy triggers						
SA3. Improved skill in recognizing hidden sources of allergen						
SA4. Improved skill in epinephrine administration						
SA5. Reduced episodes of severe allergic reactions						
SA6. Improved grades						
SA7. Decreased number of absences						

**Table 8: Mental/Behavioral Health Outcomes**

	<b>Number of students for whom this was a measured outcome E (K-5)</b>	<b>Number of students demonstrating improvement in this outcome E (K-5)</b>	<b>Number of students for whom this was a measured outcome M (6-8)</b>	<b>Number of students demonstrating improvement in this outcome M (6-8)</b>	<b>Number of students for whom this was a measured outcome H (9-12)</b>	<b>Number of students demonstrating improvement in this outcome H (9-12)</b>
MH1.Consistently verbalized recognition of feelings, behaviors, and/or physical complaints associated with diagnosis/condition						
MH2. Consistently documented compliance, or improved compliance, with provider treatment plan						
MH3. Regularly reported examples of increased quality of life and/or enjoyable activities						
MH4. Regularly reported examples of perceived increased ability to function satisfactorily at school						
MH5. Improved grades						
MH6. Decreased number of absences						



**School Nurse Case Management Questions. See D&D pages 3-4.**

**Has your school health program incorporated a structured approach to school nurse management of students with chronic and/or complex health care needs as defined in the Section Two D&D document on pages 3-4.**

- ☐ Yes
- ☐ No

**If No, what do you think are the barriers to beginning a program? Please check all that apply.**

- ☐ Lack of data collection system or plan
- ☐ Lack of someone to move a program forward
- ☐ We don't understand the value of a program
- ☐ Locally high nurse/student ratio

**If Yes, which of these components are included in your program? Please check all that apply.**

- ☐ Assessment with baseline health data
- ☐ Assessment with baseline educational data
- ☐ Identified health goals
- ☐ Identified educational goals
- ☐ Development of nursing care plan
- ☐ Collaboration with health care providers and community resources
- ☐ Collaboration with families (parents, siblings, extended family)
- ☐ Measurement of goal progress over time
- ☐ Documentation
- ☐ Evaluation

**If Yes, what is the **total** number of students with one or more chronic and/or complex health care needs that received structured case management by the school nurse(s) this school year?**

**System-wide, on average, when such management is provided, how often do the interventions occur?**

- ☐ Daily
- ☐ 2-3 times per week
- ☐ Weekly
- ☐ Every other week
- ☐ Monthly

## Student Medications. See D&D page 4.

Number of students on **long term medications** (more than 3 weeks):

Number of students on **short term medications** (less than 3 weeks):

Number of students on **PRN (non-emergency) medications**:

Number of students on **emergency medications**:

## Self-Carry Medications.

**Indicate the number of students known to self-carry the medications listed below. Please only include students that fit the self-carry definition. See D&D page 4.**

**Self-carry - *Known to independently keep and manage the medications listed below per state statute as a result of completion of the recommended process:***

- **physician documentation of ability**
- **parental request, and**
- **school nurse assessment of sufficient ability and maturity.**

**Simply keeping the medication with the student IS NOT self-carry by definition and should not be included.**

You must place a number in each category. Place a '0' (zero) in categories listed as N/A.

	Elementary (K-5)	Middle (6-8)	High (9-12)
Epinephrine auto injectors			
Diabetes medication			
Asthma inhalers			

**Table 9: Medication Administration. See D&D page 4.**

You must place a number in each category. Place a '0' (zero) in categories indicated as "not applicable".

**Please indicate the number of orders and times administered for the following medications.**

	<b>Number of orders</b>	<b>Number of times administered by LPN</b>	<b>Number of times administered by RN</b>	<b>Number of times administered by 'other' school personnel</b>	<b>Number of times 'self-administered'</b>
Glucagon					
Diazepam					
Epinephrine					
Midazolam					
Solu-Cortef					

**Does your school system provide epinephrine in schools for undiagnosed anaphylactic reactions consistent with §115C-375.2A?**

☐ Yes

☐ No

**Who provided the training? (Select all)**

☐ School Nurse

☐ Qualified Health Department Professional

☐ Medical Doctor

**Did someone in your school district use "stock" epinephrine to treat an anaphylactic reaction during this school year?**

☐ Yes

☐ No

If yes, please enter the number of doses administered to an undiagnosed person. (N/A = 0):

If yes, please enter the number of doses administered to a diagnosed person. (N/A = 0):

**Does your school system provide Naloxone in schools for opioid overdose through a School Resource Officer (SRO) under local law enforcement agency protocol? See D&D page 4.**

☐ Yes

☐ No

**Does your school system provide Naloxone in schools for opioid overdose through a Naloxone Program with school system policy and procedure?**

☐ Yes

☐ No

If yes, you must place a number in each category. Place a '0' (zero) in categories listed as N/A.

	<b>Total number of times administered</b>	<b>Number of times administered by LPN</b>	<b>Number of times administered by RN</b>	<b>Number of times administered by 'other' school personnel</b>	<b>Number of times administered by School Resource Officer (SRO)</b>
Naloxone					

**Related to nursing practice, have any new medications been given this school year? See D&D page 4.**

☐ Yes

☐ No

If yes, please list the new medications:

**Has there been a need in your school to provide one or more corrective actions in response to a medication variance discovered at any time this year? See D&D page 5.**

☐ Yes

☐ No

Number of medication variances this year that required the need for additional medical intervention:

**Nutrition Orders. See D&D page 5.**

How many provider-ordered Medical Statements for students with unique mealtime needs did a school nurse review or assist the Child Nutrition Program to implement?

## Injuries Occurring at School

Number of injuries occurring **at school** that resulted in permanent disability:

### Types of disability:

Number of injuries occurring **at school** that resulted in death:

Causes of death:

### Table 10: Types of Injuries/Incidents

**Please indicate the numbers of injuries or incidents, not numbers of students, requiring EMS response or immediate care by a physician or dentist, and/or loss of ½ or more days of school.**

If a numeric value is entered in the 'Other location' column, you will be asked to state the location for each injury type being counted in an open field box. Please type in all locations represented by the number entered. **You must place a number in each category. Place a '0' (zero) in categories indicated as "not applicable".**

[illegible]

**Table 11: Identified Health Conditions. See D&D page 5-6.**

Total number of individual students with one or more identified health conditions:

**The following table is also available in a formatted Excel chart for individual nurse use. Please record the number of individual students with one or more identified health conditions below. An identified health condition is one which requires some degree of action at school:**

- **medication available**
- **emergency and/or individual health care plan**
- **health-related accommodations, etc.**

Parental listing of a history of a condition that is not addressed by services at school should not be included.

**An individual student may have dual/multiple diagnoses, so the total number of diagnoses will be larger than the 'total number of students with chronic health conditions' indicated in the previous question. Additionally, please list the number of conditions for which the charter school completed a Section 504 Plan where the nurse provided input in the assessment and planning process and/or when the plan includes nursing services. A 504 Plan is an education-related plan and is therefore counted separately. A care plan or 504 may not be necessary for each student. The totals in this table will not be the same as 'total number of students with chronic health conditions'.**

**All plans related to the same diagnosis for an individual student should be counted together.**

- **Example: A student with a diabetes IHP, who also has an EAP for emergency needs related to diabetes, should have those plans counted together as one since all are considered a component of the overall nursing care plan for that student.**

You must place a number in each category. Place a '0' (zero) in categories listed as N/A.

	<b>Elementary (K-5)</b>	<b>Middle (6-8)</b>	<b>High (9-12)</b>	<b>Number of health- related plans of care</b>	<b>Number of health- related 504 plans</b>
ADD/ADHD					
Allergies (severe)					
Asthma					
Autistic disorders (ASD) including Asperger's Syndrome, PDD					

Blood disorders not listed elsewhere: (e.g. chronic anemia, Thalassemia)					
Cancer, including leukemia					
Cardiac condition					
Cerebral Palsy					
Chromosomal/genetic conditions not otherwise listed including Down Syndrome, Fragile X, Trisomy 18					
Chronic encopresis					
Chronic infectious diseases: including Toxoplasmosis, Cytomegalovirus, Hepatitis B, Hepatitis C, HIV, Tuberculosis					
Concussion					
Cystic Fibrosis					
Diabetes Type I					
Diabetes Type II					
Eating Disorders (including anorexia, bulimia)					
Emotional/behavior and/or psychiatric disorder not otherwise listed					
Fetal Alcohol Syndrome					
Gastrointestinal disorders (Crohn's, celiac disease, IBS, gluten intolerance, etc.)					
Hearing loss					
Hemophilia					

Hydrocephalus					
Hypertension					
Hypo/Hyperthyroidism					
Immunocompromising conditions not otherwise specified (i.e. organ transplant)					
Integumentary (skin)					
Metabolic conditions or endocrine disorders not otherwise listed					
Migraine headaches					
Multiple Sclerosis					
Muscular Dystrophy					
Obesity (> 95th% BMI)					
Orthopedic disability (permanent)					
Other neurological condition not otherwise listed					
Other neuromuscular condition not otherwise listed					
Renal / Adrenal / Kidney condition including Addison's					
Rheumatological conditions (including Lupus, JRA)					
Seizure Disorder/Epilepsy					
Sickle Cell Anemia					
Sickle Cell Trait (only)					
Spina Bifida (myelomeningocele)					



Traumatic Brain Injury					
Visually impaired (uncorrectable)					

**Table 12: Health Care Procedures. See D&D page 6.**

You must place a number in each category. Place a '0' (zero) in categories indicated as "not applicable"

**Please indicate the number of students in each grade category who have orders/plans for the following health care procedures at school:**

	<b>Elementary (K-5)</b>	<b>Middle (6-8)</b>	<b>High (9-12)</b>	<b>Total</b>
Blood Glucose Monitoring / Continuous Glucose Monitoring				
Clean Intermittent Catheterization				
Central Venous Line Monitoring				
Dressing Change/Wound Care				
Insulin Injection				
Insulin Pump				
Nebulizer Treatment				
Oxygen Therapy				
Peak Flow				
Pulse Oximeter				
Shunt Care				
Suctioning Oral/Nasal				
Tracheal Suction (to include tracheotomy care)				

Stoma Care (other than tracheal)				
Tube Feeding/Care				
Reinsertion of Feeding Tube				
Vagal Nerve Stimulator				
Ventilator Care				

List other healthcare procedures not included above:

*\*Do not include 'blood pressure' as a health care procedure as vital signs are not considered in the same category as other ordered procedures.*

**Screening, Referrals and Secured Care: *Refer to Screening Form B definitions and directions***

**Please complete the Screening Form B provided at on the School Health Services Resource page and save it to your computer. Submit via the report survey link placing your Charter School's name at the beginning of the file name. Notify your regional consultant if you have questions.**

**File name example: Burke\_202122ScreeningFormB.xlsx**

### **School Nurse Encounter Outcomes. See D&D page 6.**

Number of student encounters/health office visits, for any purpose, to the school nurse resulting in the student returning to class:

Number of student encounters/health office visits, for any purpose, to the school nurse resulting in 911 being called:

Number of student encounters/health office visits, for any purpose, to the school nurse resulting in the student being sent home:

### **School Health Advisory Council.**

**Is at least one school nurse a regular member of your local School Health Advisory Council (SHAC)?**

☐ Yes

☐ No

**Is there a physician on your local School Health Advisory Council (SHAC)?**

☐ Yes

☐ No

How many times did your SHAC meet during 2021-22?

## **Successes and Goals**

**Please describe the successes and accomplishments of your School Health Program for the 2021-22 school year. Please include successes of your SHAC and other partners.**

**Please describe any specific goals or objectives for your School Health Program for *next* year (2022-23).**

**If your charter school hired additional staff using ELC funding this school year (2021-22), please describe the impact of this funding on your school health program.**

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**Thank you!**