# 2019-2020 Charter School Health Annual Report

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

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

### Contact information for the person preparing this report.

### Full Name:

### Job Title:

### Email Address:

### 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): |       |

#### 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, Contact information for nurse(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Full Name** | **Email Address** | **Number of hours per week** | **Hire Date (mm/yyyy)** |
| **Nurse 1** |       |       |       |       |
| **Nurse 2** |       |       |       |       |
| **Nurse 3** |       |       |       |       |

## The following questions are related to your compliance with [§ 115C-375.3](https://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-375.3.pdf). 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](https://www.ncga.state.nc.us/enactedlegislation/statutes/html/bysection/chapter_115c/gs_115c-375.2a.html). School supply of epinephrine auto-injectors

#### Were there at least two emergency epinephrine auto-injectors maintained on each campus during the 2016-2017 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](https://stateboard.ncpublicschools.gov/policy-manual/student-health-issues/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 2019-2020 school year:

[ ]  Onsite Consultation

[ ]  Virtual Meeting

[ ]  Regional Charter School Meeting

[ ]  Webinar

[ ]  School Health Conference (Pre-conference Sessions)

[ ]  Other, specify: