# 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: