**Report due no later than June 20, 2021.**

Thank you for completing this survey each school year. The worksheets and forms are in Word® and in Excel® programs. Open each document, and then save to your computer **as it is titled** with your district name added to the beginning of the file name. You can begin using these documents at any time. The forms are available on the School Health Services Resources webpage. Please note that an Excel® *School Health Data Workbook* is also available under Additional Resources at the bottom of the webpage that provides tools for desktop collection and recording of data by individual school nurses for each school served.

This report is expected from all public school districts (LEAs) in North Carolina. A public school district (LEA) completing this form should not count data from a charter school in their county.

Most of the reporting form is self-explanatory. Changes since last year are reflected in this document and sent out through the School Health Nurse Consultants. Following the definitions helps to ensure accurate data collection and reporting. In some questions, the choices are listed in a format that asks you to choose one or more, or fill in the blank if “other” is chosen. Please contact your regional consultant for assistance or further clarification as needed.

We will provide reminders in November and in May of upcoming due dates. We suggest closing data collection on May 31st, 2021 to allow time to complete forms. Contact your Regional School Health Nurse Consultant if your school year ends after June 20, 2021.

# **Definitions and Directions**

**Person Preparing the Report:** Insert the name, telephone number, e-mail address and **summer contact information** of the person completing this report. The Regional School Health Nurse Consultant may need to contact this person to complete any omissions or to clarify components of this report.

**Form A revision:** Revisions of Form A should only be submitted at the end of the school year if there has been an increase or decrease in the number of positions or hours only, that have occurred since Form A was completed in December.

For VACANT positions list VACANT as the ‘Nurse Name’ in column A, leaving columns B and C blank.  Insert the name of the nurse that resigned/retired in column D ‘Name of nurse replaced since last submission’ with the date that the nurse resigned/retired in column E. Leave blank the columns ‘Highest Degree Earned’, ‘Certification Status’, ‘If Certified, Renewal Year’, and ‘School Health Program Manual Review’ (H, I, J, V).  Please COMPLETE all other columns (shaded in green) related to that position on Form A. Refer to Form A D&D for more information.

**End-of-year Staffing:** Includes questions regarding turnover in positions and long-term vacancies (> 6 months). Please indicate the reason for any position vacancies of six months or longer in the space provided. Since a given position can have more than one turnover a year, please count each time a position was resigned or retired.

**Health Education Presentations/Programs:** Other than asthma, medication, and first aid that are captured elsewhere in the report, what are other health education topics that were covered in group presentations given by the school nurse? Enter the number of health education presentations/teaching sessions given by a school nurse to a group. *Do not enter individual student encounters*. Example: A session on tobacco may be repeated 12 times to different groups of students. Therefore, the number listed here would be 12, regardless of number of students in each session. All varieties and topics are to be added together here for a grand total. If two nurses co-teach the class, count that class as one for each time it is co-presented. Please do not include COVID 19 related presentations on this report. Information related to COVID will be reported on the COVID -19 Supplemental Survey, June Report. For more information, the school nurse role in Health Education is reviewed in the [NC School Health Program Manual](https://publichealth.nc.gov/wch/cy/schoolnurses/manual.htm).

**Vaccination Clinics**: The Division of Public Health is supportive of school-located vaccination clinics. The School Health Unit is interested in obtaining data on types of vaccines administered, how many school districts participated, how many were vaccinated, and partners engaged in the process. Please provide this data to the best of your ability.

**Asthma Education:** Asthma Education for staff involves having a standardized curriculum/outline/PowerPoint that is consistently covered with all school staff, not just those staff that serve students with a known diagnosis of asthma. This education has a preventative focus.

**Diabetes Education:**  The answers to these questions will be used to assure compliance with requirements regarding care of students with diabetes.  See NCGS 115C-12(31) and 115C-375.3, for more information contact your Regional School Health Nurse Consultant.

**First Responders:** “First Responder” can be a formal title held by LEA staff members formally assigned and trained to respond to health-related emergencies at school. **It can also be a staff member who serves the purpose as first responder, as “point person” in case of emergencies.** This section is addressing how the staff members who are assigned to coordinate such emergency activities are trained and to what extent during the school day they are able to respond and care for students or staff with significant injuries or sudden and severe illnesses that occur at school.

**Table 1 - Student Issues Known to School Nurse: Stakeholders frequently ask for information on the following topics.** Indicate total number of these student issues known to the school nurse in each category for elementary, middle and high school.

**Table 2 - Health Counseling:** This section refers to the school nurse’s role as health counselor working with students on a one-to-one, confidential basis. *A one-to-one counseling session is defined as a formal discussion with the student or person, regarding a health issue that requires documentation (not every encounter for an issue is likely to meet the definition of health counseling).* The numbers of counseling sessions are being requested in this table. (Example: one person may receive four health-counseling sessions on the same topic. Enter the number “4" beside topic.) *This section does not include the nurse’s work in group and classroom education on these topics.*

For more information on the school nurse role in health counseling please see the [NC School Health Manual](https://publichealth.nc.gov/wch/cy/schoolnurses/manual.htm).

**Outcomes for Students with Chronic and/or Complex Health Care Needs:** Six common health conditions for which many school nurses provide intervention are listed. The outcomes chosen are measurable when operationalized for individual students and require an initial assessment by the school nurse when work is begun with a student. That initial assessment data is then compared to periodic and/or final assessments during the school year or at the end of the year to measure change. The student numbers listed here should be **based on these measurements** and not on anecdotal or opinion-based information. *Number of students with demonstrated improvement in outcomes cannot exceed number of students for whom this outcome was selected*. *In other words, the number of students in the measured outcome table should be equal to or greater than the number in the demonstrating improvements table.* All students will not have all outcomes as a part of their care – only mark those that were actually assessed and included for any given student. Enter a “0” for those categories for which outcomes were not measured as there must be a numerical value entered into each box in order to proceed when completing the electronic portion of the report.

**School Nurse Case Management Questions:** Before completing this section, please read these components and definitions regarding a school nurse case management program for students with chronic/complex health care needs.

School Nurse Case Management of Chronic Health Conditions in schools is the intentional use and documentation of the steps of the nursing process in a manner that achieves individualized health and educational goals.

**Components and definitions:** A nurse-managed program for students with chronic/complex health conditions involves more than occasional contacts with the student, family, teacher, and/or care provider. It also includes a written plan of care for each student selected that follows the nursing process. That plan of care should include the following:

* **Assessment:** In order to demonstrate improvement, baseline and evaluation data must be measured. In an education setting baseline data should include both health information and education information. It can also be important to establish how well the student is coping, which can be assessed by adding an evidence-based assessment tool such as a quality of life survey. Parent and teacher surveys can also be valuable.
* **Planning:** Nursing care must be based on a nursing plan of care that includes specific interventions with **achievable goals, measurable outcomes, and regular evaluations**. Again, these should be applicable to both the student’s health and educational success. The number of measured outcomes will be equal to or less than the number of students measured.
* **Interventions:** These are results oriented nursing actions based on specific needs of the student and evaluated to assess their impact on the student. Interventions are designed to meet the established goals and may be changed as the student’s condition and response changes. Interventions should be selected based on input and collaboration with all those involved in the student’s care and success at school.
* **Evaluation:** Periodic measurement of student progress and measurement at the end of care, or of the school year, allows the nurse to compare the current conditions to the goal or outcome desired. School nurse case management services may then be discontinued when related goals are met or amended for future intervention if the student will continue in the case management program.

Each LEA may obtain assistance from the Regional School Health Nurse Consultant. Please visit the [DPH School Nursing Support](https://publichealth.nc.gov/wch/cy/schoolnurses/chronic.htm) webpage for more information. School nurse case management of chronic conditions, and use of the nursing process in developing plans of care, is also reviewed in the [NC School Health Program Manual](https://publichealth.nc.gov/wch/cy/schoolnurses/).

**Student Medications:**

Medications administered during the regular school day should be reported in the corresponding category below. Medications given outside the regular school day, i.e. overnight field trips should not be included.

When collecting data for the number of students known to self-carry, enter the number of students, by grade level, known to ***independently*** keep and manage their emergency medications as a result of completing the required assessment process described below:

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

**Simply keeping the medication with the student, or in close proximity, IS NOT ‘self-carry’ by definition.**The number entered is a duplicated count – in other words, these same students will be included in the emergency medication section also. **Medications not addressed by state statute should not be self-carried and should not be listed in the self-carry section**.

**Table 9 - Medication Administration:** This section includes questions about how often some emergency medications were given, and by whom they were administered (i.e. whether by licensed or unlicensed personnel). Please complete the first column, “*Number of orders*”, with the total number of orders on file that were present for the listed medications. This information is used to guide consultation and not intended to endorse the administration of any listed medications.

**Naloxone**: Due to the public health issues related to opioid overdose deaths, a series of questions are included that ask about the availability and use of Naloxone in the school setting. Please indicate if Naloxone is provided on school grounds for use in the event of a possible opioid overdose whether through the School Resource Officer or a school implemented Naloxone program. Please report how many times it was administered and by whom.

**New Medication:** Please list any new medications administered to students during the school year. Related to school nursing practice, have any new medications been given this school year?

**Medication Variances**- Please report any deviation from the order as written or the medication policy such as a violation of the six rights or lack of documentation.

More information on all aspects of medication administration in schools may be found in the [NC School Health Program Manual](https://publichealth.nc.gov/wch/cy/schoolnurses/manual.htm).

**Nutrition Orders: How many provider-ordered Medical Statements did a school nurse review or assist the Child Nutrition Program to implement?** Include ONLY the number of Medical Statements the school nurse had direct involvement with (i.e. form reviewed by the school nurse for clarifications if needed or as part of an IEP/504 meeting or school nurse assisted with the implementation), not just the total number of medical statements on file in the school district.

**Table 10 - Types of Injuries/Incidents:** For purposes of this report, an injury or incident is defined as those injuries or incidents occurring while at school requiring EMS response or immediate care by a physician or dentist, and/or loss of ½ or more days of school. Enter the number of injuries or incidents, ***not*** the number of students. Example: one student may have head injury one day and arm fracture on another day - count as two injuries. 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.

Note: A student who experiences a seizure, but who is managed and remains at school, should not be counted on this chart. Seizure is included if a student has a seizure and still meets one of the three criteria listed above.

**Table 11 - Identified Health Conditions:** Please complete this grid as thoroughly as possible.

1. Record the number of individual students with one or more identified health conditions. *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.**
2. Fill in the types of health conditions present in identified students, with a number to indicate the specified health condition in each grade level. Include students who are diagnosed and for whom the condition is currently active. The list of conditions includes many chronic conditions found in students across the state. **Fit students into these categories if possible**. For example, allergies (severe) are only to include severe, life-threatening allergies, and not mild allergies such as hay fever, seasonal allergies, pet dander, and similar. Visually impaired (uncorrectable) does not include those whose vision is corrected by glasses or those who have other treatable eye disorders.
3. Many students will have a form of health management plan and be on current medications or treatments. List the number of students with a health care plan for the corresponding diagnoses. Individual Health Care Plans (IHP) and Emergency Action Plans (EAP) are considered sub-components of a nursing plan of care (POC) for a student. As a result, all plans related to the same issue or diagnosis for the same student should be counted together as one plan on this table. A 504 Plan is an education related plan and is therefore counted separately from health-related plans of care. Please list the number of conditions for which the LEA completed a Section 504 Plan where the nurse provided input in the assessment and planning process and/or when the plan includes nursing services.

**Table 12 - Health Care Procedures:** This is the number of students who have orders for a specialized care procedure, **not** the number of times the procedure was performed at school. A single student may have multiple orders. Do not include ‘blood pressure’ in the category of “Other”. Vital signs, even when ordered, are not considered in the same category as other healthcare procedures.

**School Nurse Encounter Outcomes:** Every time an RN sees a student the disposition of that student should be counted. When a student is seen (for any reason including medication administration, to do a procedure, injury response, acute illness, etc.) the nurse should mark where that student was directed to go, even if the student ultimately chose to do something else; return to class, 911 called, or sent home. Sent home includes students whose parent was advised to see a physician.

Thank you.