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| **2023-2024 UTAH SCHOOL HEALTH WORKLOAD REPORT** | |
| Please submit district/charter/private/parochial school year 2023-2024 data online by June 30th 2024. Contact [bhinkson@utah.gov](mailto:bhinkson@utah.gov) or call (801) 419-1078 with any questions. Data will be collected online. Use this document as a worksheet to collect the information. Remember: **This report is mandatory for all districts and charter schools per R277-415.**  [Link](https://utahgov.co1.qualtrics.com/jfe/form/SV_0TfI5crhIGhpEpg) will be open from May 1, 2024 through June 30, 2024. Link to submit data. (https://utahgov.co1.qualtrics.com/jfe/form/SV\_0TfI5crhIGhpEpg)  Instructions: please complete the School Health Workload Report below as *one per district, one per charter school, or one per private/parochial school.* It is recommended that this report be completed on a computer, and not on a mobile device.  DO NOT double count FTE. Please enter “0” for any data point not collected.  Yellow highlighted questions indicate new questions added this year. | |
| **LOCAL EDUCATION AGENCY (LEA) INFORMATION** | |
| 1. LEA Name: | |
| 1. District name |  |
| 1. **OR** charter/private/parochial school name: |  |
| 1. **OR** private/parochial school name: |  |
| 1. Person completing report: | |
| 1. Name |  |
| 1. Title |  |
| 1. Email address |  |
| 1. Are you a school nurse (defined as a registered nurse who is licensed in Utah, and whose primary role is the care of a defined group oof students enrolled in school)? | Yes No |
| 1. School nurses are hired by: | |
| 1. LEA (district/charter/private school) (specify): |  |
| 1. Local health department (specify): |  |
| 1. Other (specify): |  |
| 1. We don’t have a school nurse |  |
| 1. Students with certain medical impairments (see definitions on last page). | |
| 1. Total number of students with health concerns |  |
| 1. Total number of medically complex students: |  |
| 1. Total number of medically fragile students: |  |
| 1. Total number of nursing-dependent students: |  |
| 1. Model of Practice (select all that apply) | |
| 1. RN (with no UAP or LPN assistance) provides direct care to students on a daily basis (RN assigned to one building). |  |
| 1. RN + LPN or UAP team provides direct care to students on a daily basis (RN assigned to one building). |  |
| 1. RN provides direct care to students on a daily basis (RN assigned to more than one building with no LPN or UAP/Health Aide covering when the RN is not present). |  |
| 1. RN + LPN team provide direct care to students on a daily basis (RN assigned to more than one building). |  |
| 1. RN + UAP/Health Aide team assigned to the health office provide direct care to students on a daily basis (RN assigned to more than one building). |  |
| 1. RN trains UAP/Health Aide (including secretaries) to perform routine procedures needed in the schools (RN assigned to more than one building). |  |
| 1. Other (please specify): |  |
| 1. Credentials: please indicate the number of school nurses who have each level of education (indicate the highest level of education for each team member). | |
| 1. Doctorate in Nursing |  |
| 1. Doctorate in another field |  |
| 1. Master’s in Nursing (MSN) |  |
| 1. Master’s in Education (Med) |  |
| 1. Master’s in Public Health (MPH) |  |
| 1. Master’s in another field |  |
| 1. Bachelor’s in Nursing (BSN) |  |
| 1. Bachelor’s in another field |  |
| 1. Associate’s in Nursing (ADN) |  |
| 1. Associate’s in another field |  |
| 1. Diploma in Nursing |  |
| 1. Technical program/certificate |  |
| 1. High School Diploma/GED |  |
| 1. Please indicate the number of Nationally Certified School Nurses: |  |

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| **SCHOOL NURSE STAFFING** Please list ALL Health Room Staff in appropriate category (questions 8-19). Each person should be listed and counted ***only once*.** | | | |
| 1. List all **RNs** with assigned caseload providing direct services to this LEA (add lines as needed).   Do NOT list diabetes care/insulin nurses here. List them in #14 below. | | | |
| Name of **RN**: (add lines as needed) | Enter % of FTE  (i.e. 1 for full-time, .5 for half-time, etc.) | Credentials | Email |
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| 1. List **LPNs** with an assigned caseload providing direct services (DO NOT double count FTE) | | | |
| Name of **LPN** | Enter % of FTE  (i.e. 1 for full-time, .5 for half-time, etc.) | Credentials | Email |
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| 1. Total number of **health aids** (non RN, non LPN) with an assigned caseload providing direct health services (e.g. give medication, staff health office, perform specific health procedures). Do not count secretaries, teachers, or other staff who only provide health services at times. Enter zero if not applicable. DO NOT double count health aids entered elsewhere. | | |
| Number of **Health Aides** | Enter % of FTE | |
|  |  | |
| 1. Total number of **supplemental/float RN** permanently hired to provide nursing services (i.e. substitute nurses). DO NOT include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 or RN that provide diabetic services only. This count is in addition to the RNs identified in #7. Enter zero if not applicable. DO NOT double count RNs entered elsewhere. | | |
| Number of **supplemental/float RN** | Enter % of FTE | |
|  |  | |
| 1. Total number of **supplemental/float LPN** permanently hired to provide nursing services (i.e. substitute nurses). DO NOT include LPNs with 1:1, 1:2, 1:3, 1:4, 1:5 or LPNs that provide diabetic services only. This count is in addition to the LPNs identified in #8. Enter zero if not applicable. DO NOT double count LPNs entered elsewhere. | | |
| Number of **supplemental/float LPN** | Enter % of FTE | |
|  |  | |
| 1. Total number of **supplemental/float health aids** permanently hired to provide hired/contracted health aides (non-RN, non-LPN) FTE who provide supplemental/additional direct nursing services or specific procedures. DO NOT include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is in addition to the health aides identified #9. Enter zero if not applicable. DO NOT double count health aids entered elsewhere. | | |
| Number of **supplemental/float Health Aides** | Enter % of FTE | |
|  |  | |
| 1. Total number of **RN with special assignment**- Includes nurses working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPSDT. Count your diabetes care/insulin only RNs here. Enter zero if not applicable. DO NOT double count RNs entered elsewhere. | | |
| Number of **RN with special assignment** | Enter % of FTE | |
|  |  | |
| 1. Total number of **LPN with special assignment** - includes nurses working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5), or child find/EPSDT. Count your diabetes care/insulin only LPNs here. Enter zero if not applicable. DO NOT double count LPNs entered elsewhere. | | |
| Number of **LPN with special assignment** | Enter % of FTE | |
|  |  | |
| 1. Total number of **health aids with special assignment** - includes health aids working with limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5). Enter zero if not applicable. DO NOT double count health aids entered elsewhere. | | |
| Number of **Health Aides with special assignment** | Enter % of FTE | |
|  |  | |
| 1. Total number of **RN providing administrative or supervisory** school healthservices only (no student caseload). Count those RN providing management/clinical supervision to RNs, LPNs, or other health extenders, or conducting other administrative health services (not listed in #7). Enter zero if not applicable. DO NOT double count RNs entered elsewhere. | | |
| Name of **RN providing administrative or supervisory services** | Enter % of FTE | Credentials |
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| 1. Total number of **LPN providing administrative or supervisory** school health services only (no student caseload). Count those LPN providing management/clinical supervision to LPNs or other health extenders, or conducting other administrative health services not listed in #8. Enter zero if not applicable. DO NOT double count LPNs entered elsewhere. | | |
| Name of **LPN providing administrative or supervisory services** | Enter % of FTE | Credentials |
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| 1. Total number of **assistants** providing administrative support services to RNs or LPNs at this school(clerical assistance). Enter zero if not applicable. DO NOT count regular school secretaries, only those with main assignment of clerical service to school health/nursing staff. | | |
| Number of **assistants providing administrative support services to RN or LPN** | Enter % of FTE | |
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| **MEDICAL CONDITIONS** | | | | | | | |
| Please enter total number in each category. Enter zero if not applicable or not available. Note: one student may have more than one diagnosis. | | | | | | | |
|  | Asthma | Type 1 Diabetes | Type II Diabetes | Seizures (all types) | Anaphylaxis (to anything) | Mental Health Disorders (see last page for definitions) | ME/CFS (see last page for definition) |
| 1. Total diagnosed by healthcare provider: |  |  |  |  |  |  |  |
| 1. Of those counted above in (20) total students with this condition that have an IHP/EAP: |  |  |  |  |  |  |  |
| 1. Of those counted in (20) total students with this condition that have Section 504 plans: |  |  |  |  |  |  |  |
| 1. Of those counted above in (20) total students who were chronically absent (by diagnosis) – defined as missing more than 10% of school or more than 18 days in the school year (excused and unexcused). Please list a number, not a percentage. |  |  |  |  |  |  |  |
| 1. Total number of students who are chronically absent. Include those in #24 above and any other chronically absent students not counted in #24. See above for definition of ‘chronically absent’. Please list a number, not a percentage | | | | | | |  |
| 1. Total number of other IHP/EAP were written for conditions other than those listed above: | | | | | |  | |

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| **DISPOSITIONS** | | | |
| Enter number of all student encounters/health office visits, not just those due to specific conditions. Submit numbers as collected, whether for a day, week, month, or a year. | | | |
|  | Students returned to class or staying in school | 911 Called | Student sent home |
| 1. Number of student encounters/health **office visits to RN** resulting in: |  |  |  |
| 1. Number of student encounters/health **office visits to LPN** resulting in: |  |  |  |
| 1. Number of student encounters/health **office visits to health aid/clerk** (non-RN, non LPN) resulting in: |  |  |  |

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| **MEDICATIONS** | | | | | | | |
| **Naloxone** | | | | Yes | No | | Unk |
| 1. Does your district/school have a policy in place for administration of naloxone? | | | |  |  | |  |
| 1. Does your district/school carry stock naloxone? | | | |  |  | |  |
| 1. Total number of times naloxone was administered at school (by both lay staff and school nurses): | | | |  | | | |
| 1. Total number of staff members trained to administer naloxone: | | | |  | | | |
| **Epinephrine** | | | | Yes | No | | Unk |
| 1. Does your district/school have a policy in place for administration of epinephrine auto-injector? | | | |  |  | |  |
| 1. Does your district school carry stock epinephrine? | | | |  |  | |  |
| 1. Total number of individual orders in your district/school for epinephrine: | | | |  | | | |
| 1. Total number of staff members trained to administer epinephrine auto-injector (include general staff trained and student specific): | | | |  | | | |
| 1. Total number of times epinephrine was administered at school (by both lay staff and school nurses): | | | |  | | | |
| 1. If epinephrine was administered at school, please list: | | Injected with their own epinephrine: | | | Injected with stock epinephrine: | | |
| 1. Total number of students injected with epinephrine: | |  | | |  | | |
| 1. Total number of staff/visitors injected with epinephrine: | |  | | |  | | |
| **Glucagon** | | | | | | | |
| 1. Total number of individual orders do you have in your district/school for glucagon: | | | |  | | | |
| 1. Total number of times glucagon was administered at school (by both lay staff and school nurses): | | | |  | | | |
| 1. Total number of staff members trained to administer glucagon (student specific training): | | | |  | | | |
| **Seizure Rescue Medication** | | | | | | | |
| 1. Total number of orders for seizure rescue medication: | | | |  | | | |
| 1. Total number of times seizure rescue medication was administered the school nurse: | | | |  | | | |
| 1. Total number of times seizure rescue medication was administered by school employee volunteers: | | | |  | | | |
| 1. Total number of school employee volunteers trained to administer seizure rescue medication (student specific training): | | | |  | | | |
| **Asthma Rescue Medication** | | | | | | | |
| 1. Total number of students with orders for asthma rescue medication (student specific): | | | |  | | | |
| 1. Total number of times **student specific** asthma rescue medication was administered by school staff (non-nurse): | | | |  | | | |
| 1. Total number of times **student specific** asthma rescue medication was administered by school nurse: | | | |  | | | |
| 1. Total number of staff members trained to administer **student specific** asthma rescue medication: | | | |  | | | |
| 1. Total number of schools that carry **stock** albuterol: | | | |  | | | |
| 1. Total number of staff trained to administer **stock** albuterol: | | | |  | | | |
| 1. Total number of times students received **stock** albuterol administered or assisted by lay staff (non-nurse): | | | |  | | | |
| 1. Total number of times students received **stock** albuterol administered or assisted by school nurse: | | | |  | | | |
|  | 1. Students returned to class or staying in school | | 1. EMS Called | | | 1. Student Sent Home | |
| 1. Total number of students receiving **stock** albuterol resulting in: |  | |  | | |  | |
| 1. Total number of students receiving their own **student specific** asthma rescue medication resulting in: |  | |  | | |  | |
| 1. Total number of students who needed asthma medication but did not have access to it (either stock or student specific). |  | |  | | |  | |
| 1. From above question (#57) - students returned to class or staying in school) | Total number of students who had their personal medication brought to them at school: | | | Total number of students whose needs resolved without medication: | | | |
| 1. If your school carries **stock** albuterol, in what form: | Total number of schools carrying stock albuterol for administration via **inhaler**: | | | Total number of schools carrying stock albuterol for administration via **nebulizer**: | | | |
|  | | |  | | | |
| **Other medication** | | | | | | | |
| 1. Total number of daily scheduled medication orders were on file during the school year: | | | |  | | | |
| 1. Total number of staff members trained to administer daily scheduled medications: | | | |  | | | |
| 1. Total number of PRN (as needed) medication orders were on file during the school year not including naloxone, epinephrine, glucagon, asthma, and seizure rescue medication (counted separately, above): | | | |  | | | |
| 1. Total number of staff members trained to administer PRN medications: | | | |  | | | |
| 1. Total number of **medication errors** (definition on last page) your district/school had during this school year: | | | |  | | | |
| 1. If you had **medication errors**, enter number of errors by the school nurse: | | | |  | | | |
| 1. If you had **medication errors**, enter number of errors by other school staff: | | | |  | | | |

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| **SCREENINGS** | |
| **Vision Screening** -If school nurse please complete #67-76  -*If not a school nurse please complete 67 – 70 only* | |
| 1. *Total number of students receiving tier 1 vision screening:* |  |
| 1. *Total number of students from #66* ***referred*** *to eye care professional following a tier 1 vision screening:* |  |
| 1. *Total number of students from #67* ***seen by*** *eye care professional following a tier 1 vision screening:* |  |
| 1. *Total number of students from #68* ***receiving treatment*** *(including RX for glasses/contacts):* |  |
| 1. Total number of “Vision Symptoms Questionnaires” submitted to the school nurse for evaluation of a tier 2 vision screening: |  |
| 1. Total number of students from #70 **referred** to an eye care professional following a tier 2 vision screening by a school nurse: |  |
| 1. *Total number of students from #70* ***referred automatically*** *to eye care professional in lieu of tier 2 vision screening:* |  |
| 1. Total number of students from #71 and #72 **seen by** eye care professional following a tier 2 vision screening: |  |
| 1. Total number of students from #71 and #72 **receiving treatment** (including RX for glasses/contacts): |  |
| 1. Total number of students **receiving financial assistance** for glasses or exam with eye care professional (e.g. VSP, Sight for Students, Friends for Sight, Lion’s Club): |  |
| **Dental/oral Screening** | |
| 1. Total number of students receiving oral screening (through any school-sponsored program): |  |
| 1. Total number of students receiving dental varnishing: |  |
| 1. Total number of students receiving restorative services through any school sponsored program: |  |
| 1. Total number of students seen by the school nurse with a dental emergency: |  |
| **Hearing Screening** | |
| 1. Who provides hearing screening for students in your district/charter/private school? 2. School nurse 3. Speech pathologist 4. Audiologist 5. Other(specify) 6. We don’t provide hearing screening |  |
| 1. If you (the nurse), Total number of students screened for hearing: |  |
| 1. Total number of students referred to a hearing professional: |  |
| 1. Total number of students referred who received treatment: |  |

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| **TRAINING** | |
| 1. Enter the number of district/school staff receiving training *from the school nurse* on the daily management and emergency care needs of students with (please include student-specific and general staff training): | |
| 1. Asthma |  |
| 1. Diabetes |  |
| 1. Seizures |  |
| 1. Anaphylaxis (to anything) |  |
| 1. Enter the number of students *taught by the school nurse* about: | |
| 1. Maturation |  |
| 1. Hand washing |  |
| 1. Hygiene |  |
| 1. Dental care |  |
| 1. Asthma |  |
| 1. Other (specify) |  |
| 1. Total number of schools with AEDs: |  |
| 1. Total number of school nurses that are CPR/1st Aid instructors: |  |
| 1. Total number of school staff trained/certified by school nurse in CPR/1st aid: |  |
| 1. Total number of students trained/certified by school nurse in CPR/1st aid: |  |

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| **OTHER:** | |
| **TELEHEALTH** | |
| 1. Do you utilize telehealth |  |
| 1. Yes – school to school nurse |  |
| 1. Yes – school to health care provider |  |
| c. Yes – school nurse to health care provider |  |
| 1. No |  |
| 1. Other (specify): |  |
| 1. If not currently utilizing telehealth: | |
| 1. Are you interested in having access to telehealth between the school and the school nurse? |  |
| 1. Are you interested in having access to telehealth between the school and a healthcare provider? |  |
| **HEAD INJURIES** | |
| 1. Please enter the number of Concussion: Signs and Symptoms Checklist forms completed in your school(s) during this past school year. |  |
| **DATA COLLECTION** | |
| 1. Are you currently using student health data to identify the impact of school nurse interventions on student health and educational outcomes (i.e., improved attendance, test scores, grades, graduation rates)? Specify: |  |
| **PERIOD PRODUCTS** | |
| 1. Period products are now required in all schools with students in 1st – 12th grade female/unisex restrooms free of charge.    1. How many schools are in your LEA (district or charter/private school)    2. How many schools in your LEA are compliant?    3. How many schools in your LEA are not compliant?    4. How many schools in your LEA are in the process of becoming compliant? |  |
| **MEDICAID** | |
| 1. Are any of your nurses (including yourself) paid for by Medicaid (e.g., 1:1 nurses)? | Yes or no |
| 1. Does your LEA use Medicaid to bill for school nurses? | Yes or no |
| 1. Does your school have a school-based health clinic that bills any insurance for services? | Yes or no |
| **POLICIES** | |
| 1. Does your district or school have a health and wellness policy? | Yes or no |
| 1. Does your district or school have a medication policy? | Yes or no |
| 100. Comments? | |

## **DEFINITIONS**

EAP: Emergency Action Plan  
This is written by the nurse – for other school staff, with input from the family and healthcare provider. This document is usually in the “if you see this – do this” format for lay staff to follow. The nurse and parent should sign this document. Provider signature is only required if provider orders are included in the same document (i.e. medication, procedure order).

Health Concerns  
This student’s physical and/or social emotional condition is currently uncomplicated and predictable. Occasional monitoring by the school nurse varies from biweekly to annually. These students may or may not require an individualized healthcare plan or emergency action plan.

Examples of chronic health conditions these students may have include attention deficit disorder (ADD) or attention deficit with hyperactivity disorder (ADHD), mild asthma, mild allergies, or a condition which requires administration of medication.

IHP: Individualized Healthcare PlanThe Nurse Practice Act rules define this as “*a written document that outlines the provision of student healthcare services intended to achieve specific student outcomes, and includes a confirmed medical diagnosis by a licensed health care provider*”. This plan is written by the nurse – for the nurse, with input from the family and healthcare provider. The nurse should sign this document, but provider signature is not required.

Medically Complex Students  
The students who are medically complex are defined as those who may have an unstable health condition and who may require daily professional nursing services. Students in this category have a health condition which require a licensed registered nurse to do an assessment, write an individualized healthcare plan (IHP) and/or emergency action plan (EAP), and teach and oversee tasks delegated to UAP who work directly with the student.

An example of a student in this category would be one who has medically stable epilepsy or moderate asthma. The school nurse will access medical orders, assess the student, write an IHP or EAP, teach UAP or other school staff how to recognize a problem, and assist the student in the event of an acute incident.  
  
Medically Fragile Students  
The are students who are medically fragile are those students who may have a life-threatening health condition and who may require immediate professional nursing services. Students in this category have a health condition which requires frequent (often daily) one-on-one intervention. An example of this would be a six year old student newly diagnosed with type I diabetes. Intervention is required on a daily basis to check blood status, configure correct insulin doses, and administer insulin. As this student’s medical condition becomes more stable and the student matures, the student’s category may change to one which requires less intense school health services (i.e. medically complex).  
  
Medication Errors  
Medication errors include missed dose (only include missed doses when medication was at school - do not include days when parent did not have medication at school), wrong student, wrong medication, wrong dose, wrong time, wrong route, expired medication, etc.

Mental HealthMental health issues (question 19) include ADD/ADHD, depression, anxiety disorders, oppositional-defiant disorder, mood disorders, schizophrenia, autism spectrum disorder, bipolar disorder, borderline personality disorder, dissociative identity disorder, obsessive-compulsive disorder, post-traumatic stress disorder, separation anxiety disorder, social phobia, Tourette’s disorder, eating disorders, just to name a few.

Myalgic Encephalomyelitis/chronic fatigue syndrome (ME/CFS)  
ME/CFS is a complex and disabling disease that affects many parts of the body, including the brain and muscles, digestive, immune and cardiac systems. It is a crippling fatigue lasting 6 months or longer. The condition is also sometimes called chronic fatigue syndrome.

Nursing-Dependent Students  
Students who are nursing dependent are those who may have an unstable or life-threatening health condition and who may require daily, direct, and continuous professional nursing services. These students require direct one-on-one services by a licensed nurse so that they are medically safe in the school setting. An example of a nursing-dependent student would be one with impaired breathing who has a tracheostomy which requires frequent suction.

Unlicensed Assistive Personnel (UAP)  
These are lay staff whose main assignment is health related duties (exclude secretaries, teachers, or principals who only address health issues at times).