School Health Services

Chronic Conditions 2014-2015 Report

School Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Emergency Management Plans | | | | | | | | | | | | | **Number of times Emergency Medication was administered:** | | | **911 Calls** |
| # Of Students  With Food Allergies |  | # Of Students With  Emergency Action Plans (EAP)  For Food Allergies | | | |  | | # Of School Staff Trained  On Food Allergy EAP | | | |  | Epinephrine |  | |  |
| #Of Students  With Diabetes |  | # Of Students With  Emergency Action Plans (EAP)  For Diabetes | | | |  | | # Of School Staff Trained  On Diabetes EAP | | | |  | Glucagon |  | |  |
| # Of Students  With Asthma |  | # Of Students With  Emergency Action Plans (EAP) For Asthma | | | |  | | # Of School Staff Trained  On Asthma EAP | | | |  | Albuterol by Nebulizer |  | |  |
| # Of Students  With Seizures |  | # Of Students With  Emergency Action Plans (EAP) For Seizures | | | |  | | # Of School Staff Trained On Seizure EAP | | | |  | Diastat |  | |  |
| Access to Insurance | | | | | | | | | |  | | | | |  | |
| # Of Students With  Chronic Condition(s) With Insurance | | |  | | #Of Students With Chronic Condition(s) With Unknown Insurance Status | | |  | | # Of Uninsured Referrals | |  | # Of Referral Completions | | |  |
| Care Coordination | | | | | | | | | | |  | | | | |  |
| # Of Student Absences Related To Chronic Health Condition(s) (includes being sent home from school) | | | | | |  | | # Of Students With Medical Home | | | | | | | |  |
|  | | | **Professional Development (By Lead Nurse Only)** | | | | | | | | | | | | | |
| # of health service staff trained by lead nurse on Insurance Referrals | | |  | | # of health service staff trained by lead nurse on Assessment, Counseling and Referrals to  Community-based Medical Care Providers for Activity, Diet, and Weight Related Conditions | | | | | | | | | | |  |
| **Number of school staff trained in:** | | | |  | **Professional Development (By All Health Services Staff)** | | | | | | | | | | | |
| Epinephrine Administration | | |  | | Food Allergy Response | |  | | Healthy Eating | | |  | Managing Chronic Conditions | | |  |
| Glucagon Administration | | |  | | Diabetes Response | |  | | Weight Control | | |  | Accessing Healthcare | | |  |
| Diastat  Administration | | |  | | Seizure Response | |  | | Healthy Snacks | | |  | Managing Hypertension | | |  |
| Albuterol by Nebulizer  Administration | | |  | | AsthmaResponse | |  | | Asthma Triggers | | |  |  | | |  |

Revision Date (03/25/2014)

**Data Collection Explanations**

1. Data collected for this form, will be for specific chronic conditions of interest for the specific school year.

2014-2015 collection year will only focus on food allergies and diabetes. Notifications and updated forms with opened data collection fields will be sent as new conditions are included to be tracked.

1. Training on Emergency Action Plans (EAP) in the upper portion of the form is for staff that has been trained on a specific child’s plan. The Professional Development Training on the bottom portion refers to general topic training to other staff in the school (e.g. cafeteria staff, teachers, bus drivers etc.).
2. Please retain sign in sheets and copies of handouts used for all trainings conducted including the topic of training and role of staff being trained.

**1305 Grant Definitions**

A **chronic condition** is a health condition that requires more than routine health services and may include, or increase the risk for, ongoing physical, developmental, behavioral, and/or emotional conditions. While states have the freedom to address any chronic condition affecting children in their jurisdiction, the intent of the FOA is to focus on at least one of the following conditions (in no particular order): asthma, diabetes, epilepsy or seizure disorder, food allergies, hypertension/high blood pressure, or obesity.

**Daily Management of Chronic Conditions in School Settings** refers to a set of activities, actions, and protocols that collectively provide a safe and supportive environment in which the risk for an exacerbation of the chronic condition is reduced and/or eliminated. For example, establishing protocols for ensuring that daily, preventive, and/or quick-relief medications are available at school, when appropriate, and are taken as prescribed by a physician; educating students with a chronic condition about their condition and how to recognize and monitor symptoms; and providing appropriate modifications to the environment to reduce or eliminate exposure to substances that may initiate an exacerbation.

**Emergency Response to Chronic Conditions in School Settings** refers to a set of activities, actions, and protocols that collectively provide a safe and supportive environment in which all parties are aware of the signs and symptoms of a worsening episode/exacerbation of a chronic condition that requires taking immediate action. For example, developing a system to immediately notify the appropriate training individual(s) in the school who will respond to emergencies that may require medical support (e.g. school nurse, or nursing assistant); providing training to school staff on recognizing the signs and symptoms of a worsening episode ( increased wheezing during an asthma exacerbation or observing an external change in behavior due to an abnormal decrease in blood glucose levels); and establishing protocols within the school/school district regarding the process for when and how to engage community-based emergency response support (e.g. emergency medical technicians/ambulance).

**Professional development (PD)** refers to a set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least 3 hours) and may include curriculum and other training, workshops, and on-line or distance learning courses.

**Medical home** refers to a team-based healthcare delivery mode. Skilled and knowledgeable health care professionals who, acting as a team with the student, and the parent or legal guardian, continuously monitor the child’s health status over time and their medical and non-medical care needs. For the purposes of this performance measure, the identification of a primary care provider (e.g. physician, nurse practitioner, physician assistant) in and ***Individualized health plan*** or other health-related, education-related or condition specific plan, such as a Diabetes Medical Management Plan, Asthma Action Plan, a Food Allergy Management Plan, 504 Plans, individualized education program, and medication authorizations, may serve as a proxy for a medical home.

**Individualized Health Plan (IHP)** refers to a plan developed by school (or district) health services staff that ensures the health and educational needs of students who may require health management in the school setting are being met. This includes students with chronic conditions. Ideally, this health plan is aligned with, and compliments the management plan developed by the student’s primary care provider (e.g. physician, nurse practitioner, physician assistant) and is regularly updated through close communication among the student, parent or legal guardian, school, and primary care provider.