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| **‘13-14 End of Year (EOY) TOTALS SCHOOL NURSE WORK LOAD SURVEY**  |
| **Please submit as district or charter school totals by end of June, 2014 to csparks@utah.gov** |
| **Name of district/charter** | **# of schools in district/charter** | **# K-12 students**  | **# of preschool students** |
| **# of RN school nurses employed FULL TIME by your district (Include Special Education, 504 and preschool SN )** |   |
| **# of RN school nurses employed PART TIME by your district**  |   | **Total of all part time School Nurses FTEs** |   |
| **# of LPN school nurses employed FULL TIME by your district (Include Special Education, and preschool SN)** |  |
| **# of LPN school nurses employed PART TIME by your district** |  | **Total of all part time LPN School Nurses FTEs** |  |
| **# of nurses hired for support services such as; Insulin administration or field trip coverage** |   | **Total of FTE** |   |
| **# of one on one private care nurse (1:1)**  |   |  |
| **Student Health Conditions / Health Care Plans / Access to Care / Absenteeism** |
| **Medical Condition** | **# of identified students with condition**  | **# of Identified students with Emergency medication orders** | **# of identified students with care plans/action plans in place** | **# of Identified students who have a Primary Health Care Provider** | **# of identified students with medical conditions listed below without insurance**  | **# identified without insurance provided with information on Utah CHIP/Medicaid program** | **# of days absent due to this medical condition** |  |  |
| **Asthma** |   |   |   |   |   |   |   |   |   |
| **Anaphylaxis**  |   |   |   |   |   |   |   |   |   |
| **Diabetes** |   |   |   |   |   |   |   |   |   |
| **Diabetes: Glucagon**  |   |   |   |   |   |   | For conditions counted below: Name(s) emergency medications |
| **Diabetes: Insulin** |   |   |   |   |   |   |    |
| **Seizures (all forms, not including febrile)** |  Seizure information will be requested beginning fall 2014  |
| **other medical conditions** |   |   |   |   |   |   |
| **Current # of Spinal conditions under tx** |  |     |
| **Student Health Screenings / Referral Process** | **Epinephrine use current SY** |
| **# of students that received vision distance screening** |   | **# of students that received a Spinal Screening this SY** |   | **# of students injected with their own Individual Epinephrine** |   |
| **# of above students sent an initial vision referral** |  |
| **# of students offered vision financial assistance (i.e. vouchers/referral to Lions Club, other)** |   | **# of students that received a referral due to Spinal Screening findings this SY** |  | **# of students injected with Stock Epinephrine** |  |
| **# of students that used above offered financial assistance for correction of vision deficiency** |   | **# of referred above students placed under treatment for spinal conditions this SY** |   |  **# of others injected with stock Epinephrine** |   |

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| **Name of District or Charter School:** | **Name & title of person filling out form:** |
| **Medications in school setting during School Year** |
| **# of daily medication orders** |  | **# of as-needed medication orders. Do not count emergency medications already listed**  |  |
| **District Totals for School Nurse Training and Education Programs (report on entire year)** |
|  |   |   | **#staff** |   | **#students** |
| **Number of staff trained in district by SN during SY to administer Stock Epinephrine** |   | **Number of SN hours spent serving on school committees i.e. Wellness, Emergency Preparedness, Policy Development, Other** |  |
| **Number of staff trained by SN during SY to administer Individual Epinephrine** |   | **Number of SN hours spent as preceptor to nursing or medical students, politicians, other.** |   |
| **Number of staff trained by SN during SY for diabetic management** |   | **Number of 5th grade students receiving SN led Maturation classes** |   |
| **Number of 5th grade students receiving Maturation via other source/ did school nurse organize the presentation?** |  | Y |
| **Number of staff trained by SN during SY for seizure awareness/management** |   | **Number of 6th grade students receiving SN led Maturation** |   |
| **Number of 6th grade students receiving Maturation via other source/ did school nurse organize the presentation?** |  | Y |
| **Number of staff trained by SN during SY to administer daily/as needed medication** |   | **Number of students receiving SN led Hand Washing (prevention) classes** |   |
| **Number of staff trained by SN /other during SY on Asthma/ Air quality** |   | **Number of students receiving SN led Personal Hygiene classes (also count 1:1)** |   |
| **Number of staff/students trained by SN during SY on CMV** |   | **Number of students receiving SN led Dental Hygiene classes** |   |
| **Number of staff trained by SN during SY in CPR** |   | **Number of students receiving SN Asthma training (any type of education i.e. awareness, triggers or proper use of inhaler)** |   |
| **Number of schools in your district providing information on CHIP insurance visibly to parents** |   | **Number of students receiving SN led CPR classes** |   |
|   | **Number of students receiving SN led "other" classroom education. Please List topics:** |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
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| **State added Questions** | **Yes** | **No** |
| Does your district have a wellness policy for school personnel? |  |  |
| Does your district have a policy that asks parents to report their student’s medical conditions that may impair their school day? |  |  |
| Do you have a policy that requires schools to keep physician information for students on file?  |  |  |
| Do you have a policy that requires schools to provide CHIP information online or as available brochures |  |  |
| Does your district have policies that establish standards for all competitive foods available during the day? |  |  |
| Does your district prohibit all forms of advertising and promotion of less nutritious foods and beverages on school property? |  |  |