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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? | | | | |  | |  | | | |