



ESD		
For Official Use Only		

2017-2018

## ASSESSMENT OF DISTRICT STUDENT HEALTH SERVICES

PERSON COMPLETING FORM	TITLE	CONTACT NUMBER
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Please use 2017-2018 Assessment of District Student Health Services Instructions when completing document

### SECTION 1 - SCHOOL DISTRICT

1. District Name: \_\_\_\_\_
2. District Class: Class I \_\_\_\_\_ or Class II \_\_\_\_\_
3. Number of students: \_\_\_\_\_
4. Number of schools: \_\_\_\_\_
5. How does your district fund nursing services? Check all that apply.
 

_____ Basic education	_____ Grants	_____ School Nurse Corps (SNC)
_____ Migrant	_____ Special education	_____ Levies
_____ Medicaid Administrative Claiming		
_____ Other: Identify _____		

### SECTION 2 - HEALTH SERVICES

1. How many total licensed nursing hours (including any contract, agency, or SNC hours) per week did the district have this school year?  
**Indicate each category based upon job classification.**

a. Certificated Registered Nurse	_____ hrs/wk
b. Classified Registered Nurse	_____ hrs/wk
c. Other Registered Nurse	_____ hrs/wk
d. Licensed Practical Nurse	_____ hrs/wk

 How many of the above hours per week of Registered Nurse (RN) service were **given** by the SNC program this year?  
 \_\_\_\_\_ hrs/wk      \_\_\_\_\_ No SNC hours
2. Is your district purchasing or contracting any **additional hours** through the SNC?  
 How many hours per week? \_\_\_\_\_ hrs/wk      \_\_\_\_\_ No additional hours
3. How many licensed nursing hours per week were 1:1 hours of care this school year?  
**Indicate each category based upon job classification.**

a. Certificated Registered Nurse	_____ hrs/wk
b. Classified Registered Nurse	_____ hrs/wk
c. Other Registered Nurse	_____ hrs/wk
d. Licensed Practical Nurse	_____ hrs/wk
4. How many hours per week did the district have for dedicated health room assistants performing health room activities this year?  
 \_\_\_\_\_ hrs/wk
5. Indicate the highest level of education for each Registered Nurse (RN). Enter the total number of RNs in each category.
 

a. Associates Degree in Nursing	_____
b. Diploma Degree	_____
c. Bachelor's Degree in Nursing	_____
d. Master's Degree	_____
e. Doctorate Degree	_____
6. Enter the number of RNs in each category who have certifications.
 

a. Washington Educational Staff Associate (ESA) Certification	_____
b. National Certification for School Nursing (NCSN)	_____
7. Check each service your SNC Nurse Administrator provided for your district this school year:
 

a. Direct Nursing Services		d. Technical Assistance/Consultation	
b. Program Management		e. Training/Professional Development	
c. Resources		f. Mentoring/Orientation	

8. Please indicate the quantity of medications, treatments, and vision and hearing referrals made by your district.

Medications	Treatments	Referrals	
		Vision	Hearing

9. Check if your district provides:

- a. Medication training, delegation, and ongoing RN supervision
- b. Medical treatment training, delegation, and ongoing RN supervision
- c. Mandated screening (vision and hearing) programs
- d. Compliance with immunization laws including exclusion
- e. Stock epinephrine


10. Does your district have:

- a. Stock epinephrine for students with diagnosed anaphylaxis
- b. Stock epinephrine for students with undiagnosed anaphylaxis

Yes	No

11. How many anaphylactic events occurred in students during school and school sponsored activities?

- Number of events in student with diagnosed anaphylactic condition
- Number of events in students without previously diagnosed anaphylactic condition


Yes	No

12. Does your district have a policy allowing the delegation of nasal midazolam?

Yes	No

13. Please indicate the number of students with orders for each of the following medications and the number of times each of these medications were administered at school.

	Epinephrine	Diastat	Midazolam	Glucagon
# of orders				
# administered by RN/LPN				
# administered by PDA				
# administered by unlicensed staff				
# student self-administered				

**SECTION 3 - STUDENT HEALTH AND RELATED STAFFING NEEDS**

1. Indicate the number of students identified in each of the following levels.

Level A: Nursing Dependent	Level B: Medically Fragile	Level C: Medically Complex	Level D: Health Concerns

2. Indicate the number of diagnoses in each category listed below.

Chronic Health Conditions (Standardized Codes)	Known Cases	Life Threatening per Law RCW 28A.210.320	Number of Care Plans
ADHD / ADD			
Anaphylaxis (severe allergy)			
Asthma			
Cardio-vascular			
Developmental Conditions (DD; Asperger's; Autism; Downs)			
Diabetes, Insulin Dependent (IDDM)			
Diabetes, Non-Insulin Dependent (NIDDM), Obesity			
Hematological			
Mental / Behavioral Health			
Neurologic			
Oncological			
Seizures			
Traumatic Brain Injury			
Vision/hearing deficits (not corrective lenses)			
Number of conditions not noted above (do not list)			
<b>Total</b>			

3. Please calculate how many RN hours per week would be needed using the OSPI/DOH Staff Model for Delivery of School Health Services for the entire school district. Do not include any LPN hours in this chart. Worksheet available.

a. Enter the total number of sites (or groups of buildings in close proximity in the district). A site may include multiple schools or school buildings with a relatively small number of students in close proximity (2-3 minute walk). Please remember to use your nursing judgment.

b. Total number of students in the district. (from Section 1.3)

c. Total number of level Bs for the district. B = Medically Fragile (from Section 3)

d. Total number of level Cs for the district. C = Medically Complex (from Section 3)

e. Number of RN hours required based upon a 1:1500 nurse to student ratio. (b x 40/1500)

f. Enter the total number of nursing hours required based upon the number of level Bs and Cs.

g. Enter the total number of RN hours needed for the district based upon e and f above and your nursing judgment considering the answers in columns E (1:1500 ratio) and F (number of Level B and C students). Often times the staffing needed for severity levels adequately meets the need for the 1:1500 ratio as well, however, this is not always the case. Your nursing judgment is required.

h. Total number of RN hours (excluding 1:1 hours) currently assigned. (Section 2.1 a, b and c minus Section 2.3 a, b and c)

i. Difference of RN hour of need based upon OSPI/DOH staff model (g- h).


**SECTION 4 - DATA**

1. Data Collection

a. Are you currently using a computer program(s) designed to collect health data?

Yes	No

b. Name of program(s):

Aspen  
Excel  
School Master  
Tyler SIS  
WA-IIS


E-School Plus  
Power School  
Skyward  
Synergy


Name of other program used to collect health data: \_\_\_\_\_

c. Check the components of the student information system program you are currently using:

<input type="checkbox"/> Correspondence	<input type="checkbox"/> Daily Log - Health Room Visits
<input type="checkbox"/> Immunization	<input type="checkbox"/> Individual Health Care Plans
<input type="checkbox"/> Student Information	<input type="checkbox"/> Student Reports
<input type="checkbox"/> Emergency Care Plans	<input type="checkbox"/> Health Card
<input type="checkbox"/> Medication Records	<input type="checkbox"/> Screenings

d. Are you using Washington State School Nurse Data Codes?

Yes	No

e. Are you collecting student health room visit disposition information in any of your schools?

If yes, how many student visits, seen by the RN, were:

Returned to school activities	Released to EMS	Released from school

If yes, how many student visits, seen by other staff (not RN), were:

Returned to school activities	Released to EMS	Released from school

2. Are you currently using student health data to identify the impact of school nurse interventions on student health and educational outcomes (for example: improved attendance, test scores, grades, graduation rates)?

Yes	No

If yes, please briefly describe: \_\_\_\_\_

**SECTION 5 - TO BE REVIEWED WITH SCHOOL ADMINISTRATOR**

Name of Administrator \_\_\_\_\_

1. School Nurse Impact, the school nurse has contributed to school health services in the following areas:

	Yes	No
a. Student assessment, health problem identification, referral and follow-up		
b. Consultation to school personnel on educational impact of health concerns		
c. Health counseling and crisis intervention		
d. Direct nursing service and emergency service as needed		
e. Health education to staff		
f. Health education to students		
g. Development of individualized educational plans (IEPs)		
h. Development of Section 504 accommodation plans		
i. Identification of school safety and environmental health needs		
j. Improved attendance for students with health concerns		
k. Increased protection from liability		
l. Increased compliance with school and health regulations		
m. Computerized health data installation, collection, or training		

2. Provide at least one anecdotal story about how your nursing assessment and interventions have positively impacted a student or staff member? (Use additional paper if necessary)

3. Unmet Needs

Rank your district's **unmet needs** for health services. Mark an X in the appropriate box to indicate high need, medium need, low need, or no need:

	High	Med	Low	None
a. Direct nursing service time.				
b. Medication policy, training, delegation, and ongoing supervision.				
c. Care plan development, training, delegation and ongoing supervision.				
d. Mandated screening programs.				
e. Compliance with immunization regulations.				
f. Student health services management software program.				
g. Health education classes and/or presentations.				
h. Individual health education/counseling.				
i. Behavioral health assessment and intervention.				
j. Policy/procedure development.				
k. Communicable disease control.				
l. Other (specify): _____				

**SECTION 6 - OTHER INFORMATION**

Please attach any additional data or anecdotal information you are willing to share. \_\_\_\_\_

Return to ESD SNC Nurse Administrator.