

Introduction & School Information

In accordance with Department of Education Chapter Rules 40 and 45, each administrative unit and approved private school shall provide an annual report to the Department summarizing epinephrine administration and hearing and vision screenings completed. This form is to be used to make this annual report.

The final (**optional**) section represents Maine's work to promote nationwide school health data collection. Data helps build bridges that connect school nursing services to the rest of the health care system. This data collection will help to demonstrate the unique and critical contributions to the health of school-age children. Following the definitions of each data set is critical for this to be successful.

*School Health Work Force, identifies the number of school health staff providing DIRECT SERVICES in the school as well as determine an RN caseload.

*Children's Chronic Health Diagnoses which represents some of the most common chronic conditions such as, Asthma, Type I and Type 2 Diabetes, Seizures and Life Threatening Allergies. These are students with a diagnosis from a health care provider

*Disposition of the Student after Health Office Visit is being collected to better understand the outcome of school health office visits.

Select your school administrative unit/district

District

In case we need to contact you after submission please provide your contact information.

Person Completing Form

Title

Phone number

Email address

Vision & Hearing

Vision Screenings

What percentage of screenings (both hearing and vision) do you estimate were NOT completed due to the COVID19 pandemic workload or limitations of in-person student days?

- 0-25%
- 25-75%
- More than 75%

Distance Visual Acuity Screening- Number of students screened for each grade level:

Definition: Number of students screened using **optotype based screening** (i.e. LEA Symbols, Sloan, HOTV chart).

Pre K	0
Kindergarten	0
1st Grade	0
3rd Grade	0
5th Grade	0
7th Grade	0
9th Grade	0
Total	0

Near Visual Acuity Screening- Number of students screened for each grade level:

Definition: Number of students screened using **optotype based screening** (i.e. LEA Symbols, Sloan, HOTV chart).

1st Grade	<input type="text" value="0"/>
3rd Grade	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Number of students referred for further evaluation due to vision screening concerns:

Definition: Include the number of students referred for further evaluation based on results of using **optotype based screening** .

Pre K	<input type="text" value="0"/>
Kindergarten	<input type="text" value="0"/>
1st Grade	<input type="text" value="0"/>
3rd Grade	<input type="text" value="0"/>
5th Grade	<input type="text" value="0"/>
7th Grade	<input type="text" value="0"/>
9th Grade	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Total number of vision referrals that were returned confirming the deficit:

Definition: Include the number of students known by the school nurse to have received follow up care, or returned a referral form confirming the deficit following an **optotype based screening**.

Pre K	<input type="text" value="0"/>
Kindergarten	<input type="text" value="0"/>
1st Grade	<input type="text" value="0"/>
3rd Grade	<input type="text" value="0"/>
5th Grade	<input type="text" value="0"/>
7th Grade	<input type="text" value="0"/>
9th Grade	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Number of students for each grade that were screened using an **Instrument-based screening** tool. (for example, SPOT Screener)

Pre K	<input type="text" value="0"/>
Kindergarten	<input type="text" value="0"/>
1st Grade	<input type="text" value="0"/>
3rd Grade	<input type="text" value="0"/>
5th Grade	<input type="text" value="0"/>
7th Grade	<input type="text" value="0"/>
9th Grade	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Total number of students for all grades referred as a result of using **Instrument-based screening** tools:

Definition: Include the total number for all grades, of students referred for follow up care based on results of **instrument based screening**.

Total referred following instrument based screening

Total

0

Total number of students that received follow up care as a result of the referral based on **instrument based screening**, confirming the deficit:

Definition: *Include the number of students known by the school nurse to have received follow up care, or returned a referral form confirming the deficit.*

Confirmed referrals for instrument based screening

0

Total

0

Total number of students bypassing screening based on school nurse judgement:

Definition: *Include the number of students referred directly to a specialist for a comprehensive exam based on school nurse's judgement and review of past medical history.*

Bypassed screening

0

Total

0

Hearing Screenings

Please enter the number of students screened at each grade level:

Definition: *Number of students screened using audiometer, Pure Tone testing.*

Pre K

0

Kindergarten

0

1st Grade

0

3rd Grade

0

5th Grade

0

Total

0

Number of students referred for further evaluation due to hearing screening concerns:

Definition: Number of student referred, based on results of screening.

Pre K	<input type="text" value="0"/>
Kindergarten	<input type="text" value="0"/>
1st Grade	<input type="text" value="0"/>
3rd Grade	<input type="text" value="0"/>
5th Grade	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Please enter the total number of hearing referrals that were returned confirming the deficit:

Definition: Include the number of students receiving follow up care, confirming the deficit.

Pre K	<input type="text" value="0"/>
Kindergarten	<input type="text" value="0"/>
1st Grade	<input type="text" value="0"/>
3rd Grade	<input type="text" value="0"/>
5th Grade	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Epinephrine Administration

Epinephrine Administration Summary

Does the district have a collaborative practice agreement that allows unlicensed staff to administer epinephrine after completing training to a student with a previously unknown allergy suffering from anaphylaxis?

- Yes
 No

Please enter the total numbers for the school year of epinephrine administrations:

To students	<input type="text" value="0"/>
To staff	<input type="text" value="0"/>
To visitor	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

How many doses were administered to:

Female	<input type="text" value="0"/>
Male	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

How many doses were administered to someone with:

Known allergy diagnosis	<input type="text" value="0"/>
Unknown diagnosis	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

How many doses given for each potential allergen, if known:

Peanut	<input type="text" value="0"/>
Tree nut	<input type="text" value="0"/>

Fish	<input type="text" value="0"/>
Egg	<input type="text" value="0"/>
Milk	<input type="text" value="0"/>
Medication	<input type="text" value="0"/>
Insect sting	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
Unknown	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Number of doses administered by:

RN	<input type="text" value="0"/>
LPN	<input type="text" value="0"/>
Trained unlicensed person	<input type="text" value="0"/>
Administered to self	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Number of times EMS (911) was called following epinephrine administration:

This number should be less than or equal to the total number of epinephrine administrations

EMS Called	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

Please list any steps that were taken to improve the district's protocol/process based on individual cases that occurred:



Optional Reporting Section

Health Office Staff

A full-time equivalent (FTE) is based on a teacher FTE. Please do **not double count any person**. One FTE may provide services at more than one school within your school system, this person is only counted once.

Please indicate the number of Full-time Equivalent (FTE) Registered Nurses in the district providing direct services in the health office:

Definition: Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Include long term substitute (but not the substitute RN list for short term needs) and exclude nurses working with medically fragile students.

RN Full-time Equivalent

Total

Please indicate the number of FTE Licensed Practical Nurses (LPNs) in the district providing direct services in the health office (not special assignment or private duty):

Definition: Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Include long term substitute (but not the

substitute LPN list for short term needs) and exclude LPNs working with medically fragile students.

LPN Full-time Equivalent

Total

Please indicate the number of FTE Health Aides in the district providing services in the health office (not special assignment or private duty):

Definition: *This number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides IF it is included as a specific part of their responsibility (i.e. cover health office regularly).*

Health Aide Full-time Equivalent

Total

Please indicate the number of FTE Registered Nurses in the district with special assignments, such as working with a limited caseload providing direct services to one or group of medically fragile students:

Definition: *Include RNs working with a limited caseload providing direct services such as medically fragile students.*

RN Special Assignment FTE

Total

Please indicate the number of FTE LPNs in the district with special assignments, such as working with a limited caseload providing direct services to one or group of medically fragile students:

Definition: *Include LPNs working with a limited caseload providing direct services such as medically fragile students.*

LPN Special Assignment FTE

Total

Please indicate the number of FTE Health Aides in the district with special assignments, such as working with a limited caseload providing direct services to one or group of medically fragile students:

Definition: *Include health aides (non-RN, non-LPNs) working with a limited caseload providing direct services such as medically fragile students.*

Health Aide Special Assignment FTE

Total

Total number of **RN FTEs** providing administrative or supervisory school health services:

Definition: *RN's providing management/clinical supervision to RNs, LPNs, or other health aids or conducting other administrative health services, e.g. case management. Do not double count any person. This count is in addition to any other RNs already counted in previous questions.*

RN Supervisor/Administrator

Total

Total number of **LPN FTEs** providing administrative or supervisory school health services:

Definition: *LPNs providing management/clinical supervision to LPNs, or other health aids or conducting other administrative health services. Do not double count any person. This count is in addition to any other LPNs already counted in previous questions.*

LPN Administrator

Total

Total number of **Assistant FTEs** providing administrative support services to RNs or LPNs:

Definition: Assistants providing administrative support services to RNs or LPN, e.g. clerical assistance.

Assistants

Total

Chronic Conditions

Please enter the number of students in the district with a diagnosis from a health care provider:

Include only those with a diagnosis from a health care provider.

Asthma

Type 1 Diabetes

Type 2 Diabetes

Seizure Disorder

Life Threatening Allergy

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)

Total

Health Office Visits

The following questions are optional about Health Office visits and ending disposition (returned to class, sent home, or called 911).

Health office visits are documented in our schools using what format?

- Handwritten records
- School Information System that has a health module (e.g. Powerschool, Web2School)
- School health electronic system (e.g. SNAP, SchoolDoc, CareDox). Please specify what system you are using:

Did the district collect information about Health Office visits and ending dispositions (returned to class, sent home, or called 911)?

- Yes
- No

Please enter the number of health office visits resulting in student **returning to class or staying in school**:

Seen face to face by RN

Seen face to face by LPN

Seen face to face by Health Aide

Total

Please enter the number of health office visits resulting in student **being sent home**:

Include students sent home with recommendations to see a health care provider.

Seen face to face by RN

Seen face to face by LPN

Seen face to face by Health Aide

Total

Please enter the number of health office visits resulting in a **911 call** and transport:

Seen face to face by RN

0

Seen face to face by LPN

0

Seen face to face by Health Aide

0

Total

0

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