



**ASSESSMENT OF DISTRICT
 STUDENT HEALTH SERVICES**

PERSON COMPLETING FORM	TITLE	CONTACT NUMBER
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Answer all questions and do not leave any blank. Use a "0" to indicate none.

SECTION 1 - SCHOOL DISTRICT

1. District Name: _____ Nurse: _____

2. District Class: Class I _____ or Class II _____

3. Number of students: _____

4. Number of schools: _____

5. Greatest distance between any two schools/buildings (round to the nearest mile): _____

6. How does your district fund nursing services? Check all that apply.

_____ Basic education _____ Grants _____ SNC
 _____ Migrant _____ Special education _____ Levies
 _____ Medicaid Administrative Match
 _____ 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 service were **given** by the SNC program this year?
 _____ hrs/wk _____ No SNC service

2. Is your district purchasing or contracting any **additional hours** through the SNC? Yes No
 How many hours per week? _____ hrs/wk

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3. How many licensed nursing hours (including any contract, agency, or SNC 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 that have certifications.

- a. Washington Educational Staff Associate (ESA) Certification _____
- b. National Certification for School Nursing (NCSN) _____

7. Did the regional SNC Nurse Administrator provide services for your district in any of the following areas?

Check each service

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

8. Answer the following questions about your district. Check if your district provides:

- a. Medication training and ongoing RN supervision?
- b. Medical treatment training and ongoing RN supervision?
- c. Screening programs?
- d. Compliance with immunization laws including exclusion?

If you checked a, b, and/or c above, please indicate the quantity below:

Medications	Treatments	Referrals	
		Vision	Hearing

9. Does your district have written and approved **policies, procedures, and/or forms** for school health services based on current laws, regulations, and accepted standards? (If yes, please indicate below by marking an X.)

Health Services	Policy	Procedure		SNC Contribution for This Year Check if Yes
a. Accommodating Students with Diabetes				
b. Asthma				
c. Catheterization				
d. Child Abuse, Neglect, and Exploitation Prevention				
e. Confidential Communications				
f. Emergency Treatment				
g. Employee Job Description (provision of health services by nonlicensed staff)				
h. Infection Control Program (ICP)				
i. Infectious Disease				
j. Life-Threatening Health Conditions				
k. Life-Threatening Allergies				
l. Medication Administration				
m. Medication Errors				
n. Nutrition and Physical Fitness/Wellness				
o. Student Health/Health Screening				
p. Student Immunization				
q. Student Records				
r. Concussion				

SECTION 3 - STUDENT DATA

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

Chronic Health Conditions	Known Cases	Life Threatening per Law RCW 28A.210.320	Number of ECPs		Number of IHPs	
			Complete	Incomplete	Complete	Incomplete
a. ADHD/ADD						
b. Allergies (severe)						
c. Asthma						
d. Cardiac						
e. Diabetes Mellitus						
f. Endocrine: Non-DM						
g. Gastrointestinal						
h. Hematological						
i. Neuromuscular						
j. Oncological						
k. Orthopedic						
l. Pregnancy						
m. Psychiatric: Non ADD						
n. Seizures						
o. Urinary						
p. Vision/Hearing Deficits						
q. Others: (list)						
Total						

2. Indicate the number of students in each severity level as described in the Staff Model

Level A:
Nursing Dependent _____

Level B:
Medically Fragile _____

Level C:
Medically Complex _____

Level D:
Health Concerns _____

3. Please complete the table below in order to 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. The shaded columns will auto-format using the electronic forms.

A	B	C	D	E	F	G	H	I
Enter the total number of buildings (or groups of buildings (campuses) in close proximity) for the district	Total number of students in the district	Enter the total number of level Bs for the district B = Medically Fragile	Enter the total number of level Cs for the district. C = Medically Complex	Enter the number of RN hours required based upon a 1:1500 nurse to student ratio	Enter the total number of RN hours required based upon the number of level Bs and Cs	Total number of RN hours needed for the district based upon columns E and F and your nursing judgment	Total number of RN hours (excluding 1:1 hours) currently assigned	Difference of RN hours of need based upon OSPI/DOH staff model
	From Section 1.3	From Section 3	From Section 3	B x 40/1500	See below*	See below**	From Section 2: Section 2.1 minus Section 2.3 Total = ___	G - H

* Enter the total number of buildings within your district. If campus buildings have a small student population and are in very close proximity (walking distance within 2–3 minutes) you may count them as one building. Please remember to use your nursing judgment. Do not consider current hours in building.

** Based upon 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.

4. How are you measuring nursing interventions and related student outcomes?

5. 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)

6. Data Collection

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

Yes	No

b. Name of program: _____

c. If yes, check the components of the program you are currently using:

- | | |
|---|---|
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Daily Log |
| <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 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: _____

7. Unmet Needs (to be completed with school administrator)

NAME OF ADMINISTRATOR

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:

- a. Direct nursing service time.
- b. Oral medications policy, training, and supervision.
- c. ECP/IHP development, training, and supervision.
- d. Mandated screening programs.
- e. Compliance with immunization regulations.
- f. Student health services management software program.
- g. Health education.
- h. Health counseling.
- i. Communicable disease control.
- j. Policy/procedure development.
- k. Other (specify): _____

High	Med	Low	No

SECTION 4 - SCHOOL NURSE DATA

1. School Nurse Corps Funded RN Contribution (to be reviewed with school administrator)

Has School Nurse Corps funded RN time contributed to increased 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. Nursing contribution to individualized educational plans (IEPs)?		
h. Identification of school safety and environmental health needs?		
i. Increased protection from liability?		
j. Increased compliance with school and health regulations?		
k. Computerized health data installation, collection, or training?		

Section 5 - OTHER INFORMATION

Please attach any data or anecdotal information you are willing to share. _____

Return to ESD SNC Nurse Administrator.