2018 School Nurse Survey - Worksheet

This survey is being conducted by the Indiana Department of Education (IDOE). The goals of the survey are: 1) to identify key health and safety issues that are affecting our students (by region and grade level); 2) to identify the most significant health issues in order to plan educational training for school nurses; and 3) to provide data that represents current practices in school health and school nursing in Indiana. Please complete ONE survey for EACH school building. Do not complete one survey for multiple buildings or as a school corporation. If you are a nurse who supervises others in various buildings or you cover more than one building in your nursing practice, please complete ONE survey for EACH school building. If you work in a building jointly with another nurse, please collaborate, combine your information, and complete only ONE survey for both of you.

Below is a copy of the survey for you to use as a worksheet. It is recommended that you print and use this document as a place to store your data as you collect it throughout the school year. Some of the questions you will know now, others you will not know until the end of the school year. For those items that you will need to track throughout the school year, tick boxes have been included in the worksheet so that you can make a tick mark in the box and then add them up at the end of the year to complete the question – i.e. the number of times 911 was called for this school year. Several of the other questions may vary from time to time as students enroll or withdraw, so you can use the number at a given point in time – i.e. collect the data as of the end of the first semester and use that number for the school year – such as the number of students with diabetes.

The electronic link to submit your survey data will open May 1, 2018.

Even if you are not able to complete every question, please enter as much data as you can and please answer as many questions as possible.

Thank you again for your time and effort in collecting and submitting this data. I fully realize how busy school nurses are and I truly appreciate your participation in this very important project.

Best Regards,

Jolene Bracale, MSN, RN
Indiana Department of Education

Please mark the District that your school resides in based on the above map.

District 1 District 2 District 3 District 4 District 5 District 6 District 7 District 8 District 9 District 10

Please select from the options below the response which best describes the school you are completing this survey for.

Charter School Private School Public School

Please enter the number of students enrolled in the grades listed below during the current academic year for the school you are completing this survey for.

	Students
Preschool	
Kindergarten to 4th grade	
5th & 6th grade	
7th to 8th grade	
9th to 12th grade	

Please indicate below if your school has a written, board-approved policy for the following listed below.

	Yes	No
Monitoring for Communicable Diseases (e.g. exclusion for fever)	◌	◌
Maintenance of Student Health Records	◌	◌
Medication Administration	◌	◌
Procedures for Emergency Care	◌	◌
Reporting of Student Injuries (e.g. accident reports)	◌	◌
Management of Student Chronic Diseases (e.g. individual health plans)	◌	◌

On average, how many students in your school have the following listed below? (Please consider the average for the current academic school year.)

Tick Box = # of students on Short Term Medication (less than 3 weeks) throughout the school year:

	Preschool	Kindergarten to 4th grade	5th & 6th grade	7th & 8th grade	9th to 12th grade
# of students on a medication less than three weeks					
# of students on medications longer than three weeks					
# of students prescribed and having an Epi auto injector available					
# of students prescribed and having an asthma inhaler available					
# of students prescribed and having Diastat available					
# of students prescribed and having Glucagon available					
# of students prescribed and having Versed available					
# of students known to self-carry an asthma inhaler					
# of students known to self-carry an Epi auto injector					
# of students known to self-carry medications for diabetes					

Does your school stock any of the following emergency medications?

	Yes	No
Stock Albuterol		
Stock Epinephrine		
Stock Naloxone		

Tick Box = # of times emergency stock albuterol given throughout the school year:

Tick Box = # of times epinephrine given throughout the school year:

Tick Box = # of times naloxone given throughout the school year:

During the past academic school year, how many times has someone in your school administered one of these stock emergency medications? (Please include those administered, in a life-threatening emergency situation, on school grounds by school personnel or self-administered for a student, staff member, or visitor.)

	Preschool	Kindergarten to 4th grade	5th & 6th grade	7th & 8th grade	9th to 12th grade
# of Times Emergency Albuterol Given					
# of Times Epinephrine Given					
# of Times Naloxone Given					

Tick Box = # of times 911 called throughout the school year:

During the past academic school year, how many times has 911 been called to come to your school?

Please indicate below the healthcare-related procedures that you have performed at least once during this current school year.

☐ Bladder care/catheterization ☐ Central venous line care ☐ Colostomy/urostomy care ☐ CPR/AED administration ☐ Diastat administration ☐ Glucagon administration ☐ Insulin administration ☐ Nebulizer treatment ☐ Oxygen administration ☐ Shunt care ☐ Tracheostomy care/cleaning ☐ Tube feeding

From the list below, please select the top three roles of the school nurse that you feel make the most significant contribution to the academic success of students in your school. Please use the text box to record your first, second and third top roles by placing a 1, 2, or 3 in the appropriate box.

	Top Three Roles
Attending student case conferences	
Caring for the ill or injured	
Conducting state required screenings	
Discussing health issues with parents	
Managing students with chronic health conditions	
Monitoring the immunization status of students	
Teaching students to self-manage their chronic health conditions	
Training and education of staff regarding student health conditions	
Training and managing health care assistants	
Writing Individual Health Plans	
Working with other agencies	

Please indicate to the best of your knowledge the approximate number of students having the following conditions listed below in this school this academic school year.

	Preschool	Kindergarten to 4th grade	5th & 6th grade	7th & 8th grade	9th to 12th grade
ADD					
Addison's Disease					
Asthma					
Eating Disorder (bulimia/anorexia)					
Blood Disorders/Bleeding Disorder					
Cancer					
Cardiac Conditions/Hypertension					
Cerebral Palsy					
Chromosomal Conditions					
Cystic Fibrosis					
Diabetes - Type 1					
Diabetes - Type 2					
Environmental Allergies					
Fetal Alcohol Syndrome					
Gastrointestinal Disorders					
Hearing Disorders					
Mental Health Disorders					
Metabolic Conditions (hypo/hyperthyroidism)					
Migraines					
Multiple Sclerosis					
Muscular Dystrophy					

Orthopedic Disability					
Neurologic Condition (traumatic brain injury)					
Neuromuscular Condition					
Renal Condition					
Rheumatic Arthritis or other Rheumatic Condition					
Seizures					
Severe Food Allergy					
Sickle Cell Trait/Anemia					
Spina Bifida					
Substance Abuse					
Visually Impaired (requiring school accommodations)					

From the list below, please indicate the significance of each health related issue in your school listed below from your perspective.

	Not Significant	Significant	Highly Significant
Asthma	○	○	○
Autism related disorders	○	○	○
Bullying	○	○	○
Dermatology related issues	○	○	○
Diabetes - Type 1	○	○	○
Diabetes - Type 2	○	○	○
Environmental Allergies	○	○	○
Food allergies	○	○	○
Headaches/migraines	○	○	○

Homelessness	○	○	○
Injuries	○	○	○
Mental Health Issues	○	○	○
Neglect/abuse	○	○	○
Neurologic Condition (traumatic brain injury)	○	○	○
Poverty	○	○	○
Seizures	○	○	○
Suicide	○	○	○
Teenage pregnancy	○	○	○
Violence in school	○	○	○
Violence outside of school	○	○	○

Please indicate the primary person providing direct student care in the school you are completing this survey for.

- ☐ Unlicensed Assistive Personnel (i.e. – secretary, instructional assistant)
- ☐ Health Aide
- ☐ LPN
- ☐ RN – Associate's Degree in Nursing
- ☐ RN – Diploma Degree
- ☐ RN – Bachelor's Degree in Nursing
- ☐ RN – Master's Degree in Nursing
- ☐ RN – Advanced Practice Degree in Nursing

Please indicate the following about the primary person listed above who provides direct student care in this school.

- ○ Is a registered nurse
- ○ Is supervised by a registered nurse
- ○ Is supervised by a person who is not a registered nurse

Please indicate which best describes the primary person listed above who provides direct student care in this school.

- Full time in this building only
- Part time in this building only
- Full time, but moves between 1 or more buildings
- Part time, but moves between 1 or more buildings

Other (please specify)

If the person giving direct student care for this school is a RN, please indicate the number of buildings this RN is responsible for (including the buildings the RN gives direct care for and supervises)?

Please calculate the number of Full Time Employees (FTE) this school has as a percentage based on the hours of a full time teacher. Use the following formula to calculate this percentage: Hours person giving direct care in this school works/hours teacher works. Example - if the health person works 8-4 and the teacher's hours are 8-4, then the health person is considered 1.0 FTE (8 hours/8 hours = 1.0 FTE). If the health person works 10-2, and the teachers' hours are 8-4, then the health person would be considered a .5 FTE (4 hours/8hours = .5 FTE). If two RN's job share a position and each work 4 hours, this would still constitute 1.0 FTE. If the school has one RN that works 4 hours and one health person that works 8 hours, then this would be .5 RN FTE and 1.0 health aide FTE for the school you are completing this survey for. Please do not count substitute health personnel or those caring for only one student as 1:1 case load. Count only those health personnel who provide care for the total student population of this school.

FTE Percentage of RN's for this school

FTE Percentage of LPN's for this school

FTE Percentage of Health Aides (all non-RN and non-LPN school or contracted personnel who are primarily responsible for giving direct student care in this school)

Total number of students enrolled in the school you are completing this survey for (including all grade levels)

[ ]

What organization has primary responsibility for the school nurse services for this building? (i.e. – who is the employer?)

- [ ] Health department
- [ ] Local hospital, health care system or provider
- [ ] School corporation
- [ ] Combination of above
- [ ] Other (specify below)

Other (please specify)

[ ]

Click the RED Submit button below when you are ready to send this information to the Indiana Department of Education. Click the BLUE Back button if you would like to go back and change any information. Use the BLUE Next button on the bottom of each page to get back to this point to submit your information.

Submit