

New Mexico School Health Services Report

Definitions and Clarifications

General Information:

These definitions and clarification notes are guidelines to assist the school nurse in completing the School Health Services Report required annually by Public Education Department (PED).

A report is required of each School District. However, Charter Schools should report individually and separately from the School District in which they are located; each Charter School should submit a report independently.

Parts of the School Health Services Report require counts gathered on a daily basis and most easily tracked through periodic reports for use when compiling the annual report unless an electronic data collection system is used. The PED reporting tool can be used to collect and enter data periodically or simply to submit the end-of-year report. When the reporting tool is opened originally the user will be asked to provide a password that will allow re-entry into the reporting tool as many times as the user chooses to enter and save new/additional data. When information is saved, totals are automatically calculated. Copies of the report may be printed at any time throughout the data entry process.

A district may choose to collect more data than is required for the PED report; however, only information requested should be included when reporting to PED. Tools that might be helpful to continuously gather data are included in Section XVI of the NM School Health Manual at www.nmschoolhealthmanual.org.

Contact Information:

The contact person listed on the reporting tool should be the person to be contacted regarding any questions about the report information, not necessarily the person submitting the report who may be administrative support staff.

Nursing Staff Data:

Include the number of PED-licensed School Nurses providing services at the **end of the school year** in full time equivalents (FTE). For example, if a person is hired half time to be the lead nurse or nurse administrator, enter 0.5 here and 0.5 under RN assigned to general population if she/he spends the rest of the time as a school nurse.

- RN Assigned to General Population – Indicate those who provide care to the general student population in FTEs. Include those nurses who provide care to both general population and special education population.
- RN Assigned to Special Education – Indicate those who provide care **only** to special education students in FTEs.
- Nurse Administrator – Indicate number of administrators in FTEs.
- Certified Nurse Practitioner (CNP) – Indicate the number in FTEs of certified nurse practitioners providing care to the general student population. Do not include those working in a school-based health center.

Assistive Personnel:

Include in FTEs those individuals who spend a part or all of their time working with school nurses.

- PED Licensed LPN – Indicate in FTEs those who are licensed as a LPN by PED.
- PED Licensed Health Assistant – Indicate in FTEs those health assistants who are licensed by PED.
- PED Unlicensed Health Assistant – Indicate in FTEs those who perform as health assistants but who are not licensed by PED.
- Volunteer Diabetes Care Givers – Include in this count the number of individuals who perform diabetes care tasks under the direction of the school nurse. Include any school staff, family members or community members who are designated to provide diabetes care, e.g. glucose monitoring, ketone checks, medication administration. These care givers would be trained at Level 3 of the diabetes curriculum created for use in New Mexico schools. **Note: Include actual number of volunteers, NOT prorated into FTEs.**

Students with Medical Diagnoses:

Medical-diagnoses refers to documentation of a diagnosis from a medical provider. Many parents will say their child has asthma or allergies, etc., but the child may never have been diagnosed by a medical provider.

Note: Choose the category(ies) that most accurately reflect(s) the child’s health condition. This allows the child who has multiple diagnoses to be recorded in all those areas applicable. Count students who were enrolled at any time during the current school year even if they have withdrawn or dropped out.

For example, if a student has a cardiovascular disorder but also has asthma and diabetes, s/he would be counted in all three categories. Students with transplants should be included in the organ system that best fits. Count the student only once if she becomes pregnant more than once during the school year. Use the “Other” category for all diagnoses that cannot be included in one of the listed categories.

This category includes but is not limited to the following.

ADD/ADHD: attention deficit disorder, attention deficit hyperactive disorder

Allergic Disorders: seasonal, perennial, food, chemical or animal allergies

Asthma: reactive airway disease (RAD), recurrent wheezing

Cancer: leukemia, any other forms of cancer

Cardiovascular: murmurs, cardiac insufficiency, pacemakers, hypertension

Congenital/Genetic: Down syndrome, fragile X syndrome, Turner syndrome

Dental/Oral: braces, temporomandibular joint (TMJ) disorder, cleft palate,

Dermatologic: eczema, psoriasis, acne

Diabetes: Type 1, Type 2

Eating Disorders: anorexia, bulimia

Endocrine, other than diabetes: thyroid or parathyroid disease

ENT: pressure equalizer (PE) tubes, frequent otitis media, deafness, tracheostomy

Eye: amblyopia and other eye diseases/conditions

GI: ulcers, irritable bowel syndrome, Crohn’s disease, encopresis

GU: frequent urinary tract infections, voiding dysfunction, renal disease

Hematology: hemophilia, anemia

Musculo-Skeletal: muscular dystrophy, scoliosis, skeletal dysplasia, rickets

Neurological: migraines, headaches, seizures, spina bifida, cerebral palsy

Psychiatric: depression, bi-polar, obsessive compulsive disorder, autism spectrum disorder, suicide ideation

Respiratory other than Asthma: chronic bronchitis

Other: any diagnosis not included in one of the listed categories

Students Requiring Medically Complex Procedures:

The students receiving complex procedures ordered by a medical provider should be counted for each different type of procedure one time per school year, e.g. a student who requires suctioning and is on a ventilator should be counted once under suctioning and once under ventilator.

Note: This count is NOT the number of times a procedure may be performed but the number of students. Include students who were enrolled at any time during the current school year even if they have been withdrawn or dropped out.

Examples of the “Other” category include: Range of motion exercises, diapering, feeding assistance, etc.

Students with Prescription Medications at School:

This count represents the students with prescription medication at school ordered by a medical provider with a school district medication authorization form on file. If a student is receiving ADHD medication as well as anti-convulsants, s/he would be counted once in each category.

Note: This count is not the number of doses administered. Include students who were enrolled at any time during the current school year even if they have withdrawn or dropped out.

Under “Other (specify)” include herbal/vitamin supplements (ordered by health care provider), digestive aids, all other prescription medications that do not fit in any other reportable category.

Student Deaths Occurring During the School Year:

This count is the number of enrolled student deaths for any reason occurring during the school year, both on campus and off campus.

Student Visits to Health Office:

The number of student health office visits and the referrals made to healthcare providers, counselors, behavioral health, CYFD, etc. and the disposition of each visit is counted in this section. For each visit entered here under the appropriate category a selection is also required under “Disposition of Students Visiting Health Office.”

Note: Choose the most appropriate category for each visit; do not count a single student visit more than once. This count does NOT include telephone calls, letters, etc. The total number of visits to the health office should equal the total number of dispositions of visits.

Acute Illnesses

All initial visits for acute illness are recorded in this category and may include acute exacerbations of chronic conditions such as an asthma attack, seizures, and anaphylactic reactions. These are students who present symptomatic at school.

Examples: sore throat, headache, cough, stomachache, rhinitis, earache, nausea, vomiting, rash, spontaneous nosebleed, acute asthma attack, hypo/hyper glycemia, seizure, dizziness.

Follow-up Care of Any Illness

This category includes return visits for the same illness during the same day or administration of short term medications or treatments as a result of initial illness. It also includes follow-up visits for illnesses commencing outside of school.

Examples: A child is seen and referred for evaluation for strep throat. The visit is recorded under acute illness. S/he returns with antibiotics for 10 days. The administration of the antibiotics and/or other short-term medications falls under follow-up care.

Injuries Occurring at School (Initial)

This category reflects assessment of injuries incurred during school time, on the playground, field trips, etc. Activation of EMS for serious, life-threatening injuries would be recorded here and under "Referred for Immediate Follow-up" in the "Disposition of Students Visiting Health Office" category.

Note: This does not include evaluation of injuries occurring at home, at after-school sports practice or on the weekend. Injuries reported here are those evaluated by the school nurse or health assistant in the health office as well as anywhere on school property during school hours.

Examples: cuts, lacerations, abrasions, contusions, burns, sprains, strains, possible fractures, dislocations, jammed fingers, eye injuries, head injuries, back injuries, nosebleed from trauma.

Follow-up Care of Any Injury

Injuries that occur outside of school hours but are evaluated by the school nurse or health assistant are recorded in follow-up care of any injury. This would include follow-up visits after a primary school injury including wound care or ice-pack treatment.

Examples: parental request to assess injury that occurred at home or on the way to school, additional ice-pack treatment or dressing change in the same day of injury, re-evaluation of injury, crutch use.

Care for Chronic Conditions

Capture here the visits to the health office for routine care of students with medically-diagnosed health conditions.

Examples: long-term medication administration, routine peak flow measurements, glucose monitoring, routine blood pressure monitoring, any medically complex procedures.

Crisis Intervention and Mental Health

In this category include visits primarily for emotional and mental health issues and crises.

Examples: suicide ideation, uncontrolled anger or crying, depression, hyperventilating.

Suspected Child Abuse/Neglect

Guidelines for identifying possible child abuse/neglect can be found in the NM School Health Manual, Section III.

Note: Reporting to CYFD of any suspected child abuse/neglect by nurses and certain others acting in official capacities is required under the NM Children's Code.

Examples: physical abuse symptoms, sexual abuse symptoms, behavioral indicators, evidence of continual neglect .

Reproductive Health Counseling

Include individual student visits seeking information regarding any issue associated with the reproductive system.

Examples: pregnancy, menstrual cramps, birth control, condoms, sexually transmitted diseases, erections, growth and development, feminine hygiene issues.

General Health Counseling

From hygiene to self-care, this category is for capture of any school health office visit by a student for health counseling in areas other than reproductive health counseling.

Note: Record the visit in this category if counseling on any general health issue is the only reason for the visit or best describes the visit even if the student also presents for an illness. Count the number of student visits, NOT different areas of counseling.

Examples: questions about diseases, hygiene, nutrition, healthy life-style choices, sun safety, dental hygiene, care of contact lenses.

Immunization Administration

This count is the number of students who received immunizations and includes those immunized at clinics sponsored by the school district and held on school property during school hours.

Note: This count is NOT the number of immunizations administered.

Examples: routine childhood vaccination, flu vaccination.

Other (specify)

Any other visits that do not fit in one of the above categories are recorded here.

Example: change of clothes, hand-washing, glasses repair, dental flossing issues, lost tooth, hunger, clothing repair, immunization requirements/exemptions, chapped lips treatment, safety pin needs.

Emergency Medication Administered

Enter here the number of incidences requiring emergency medication administered for each of the four categories listed in response to an emergency situation at school or during a school-sponsored function.

Disposition of Students Visiting Health Office:

For each entry in the Student Visit to Health Office category, select the **one** best disposition of the individual visit and enter in this category. Do not enter the visit in multiple categories.

This category reflects the outcome/result of each visit to the school nurse's office. When selecting a disposition for a visit, the school nurse should select the most appropriate choice that reflects the outcome when the student leaves the nurse's office.

The category for "# released to go home at parent request" should be utilized in those instances when in the school nurse's opinion the student should be returned to class but the parent/guardian asks that the student be released to leave school.

Example: If a student is given an immediate referral to the SBHC for symptoms of an ear infection, is subsequently evaluated in the SBHC and then returns to class, the disposition of this visit for the school nurse is "Sent to SBHC," not "Remained at School."

Note: The total number of entries in this category should equal the total number of entries in the "Student Visits to Health Office" category.

Student Screenings:

All formal student screenings and referrals are included in this category. Vision, hearing, dental, blood pressure, pediculosis, and height/weight are common screenings. The category for

height/weight/BMI does not have to include the calculation of BMI but must include at least height and weight. Screening of special education students should be captured under “special education.”

Note: If screening is not performed in any particular category, simply enter “0.” Do not count special education students in individual categories; include them only once under “special education” no matter how many separate screenings are completed. Do not include any staff screenings in this category.

Miscellaneous:

Include here the number of health education presentations for students made on school property during school hours. Count the number of home visits completed by the school nurse for any reason during the school year.

Staff Encounters:

The staff immunization count is the number who received immunizations, not the number of vaccines administered. Referrals for additional medical care for any condition should be captured in this section under the referral category. Any encounter that is not for immunizations nor results in a referral for additional medical care should be included in “Other Medical Encounters” e.g. emergencies, medication issues, injuries, individual advice/education, counseling, monitoring health conditions such as hypertension and diabetes. Any health education presentation/training provided specifically for the school staff should be entered in that category.