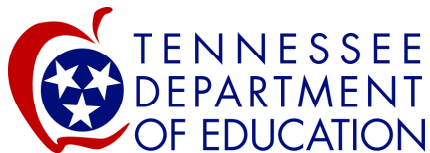


# Coordinated School Health Annual Data and Compliance Report 2008 – 2009



## SCHOOL HEALTH, WELLNESS, MEDICATIONS & PROCEDURES TENNESSE PUBLIC & NON-PUBLIC SCHOOLS

TCA §49-6-1022  
TCA §49-5-414  
TCA §49-5-415  
TCA §49-6-5004  
TCA §49-6-2307  
TCA §49-6-1021  
TCA §49-6-3004  
TCA §49-6-5004  
TCA §49-6-1404  
TCA §49-6-1208  
TCA §49-6-1302  
TCA §49-1-1001 et seq  
TCA §49-3-359 (c) (2)  
TCA §49-5-415



Tennessee Department of Education  
Office of Coordinated School Health

## ANNUAL DATA AND COMPLIANCE REPORT 2008 - 2009

HEALTH CARE PROCEDURES/MEDICATIONS  
&  
PROFESSIONALS IN TENNESSEE PUBLIC  
AND NON-PUBLIC SCHOOLS

*Print and return report by **June 30, 2009***

**MAIL TO:**

Office of Coordinated School Health  
Attention: Jerry Swaim  
710 James Robertson Parkway  
6<sup>th</sup> floor – Andrew Johnson Tower  
Nashville, TN 37243

In addition, send an electronic copy of the report to  
[jerry.swaim@tn.gov](mailto:jerry.swaim@tn.gov)

Name of LEA or individual school (if applicable):	
Number of schools in LEA:	
Total average daily student enrollment:	

## REQUIRED REVIEW OF THIS REPORT:

The Director of Schools/Superintendent, the individual responsible for school health services in the school system and the Coordinated School Health Coordinator are required to review this report.

Please fill in the areas below and sign, certifying that this report has been reviewed.

Superintendent/Director of Schools:	
Email:	
Health Services Supervisor:	
Email:	
Coordinated School Health Coordinator:	
Email:	

I certify that I have reviewed and read this report and that the information contained herein is accurate and complete.	
Superintendent/Director of Schools ( <i>signature</i> ):	Date:
Health Services Supervisor ( <i>signature</i> ):	Date:
Coordinated School Health Coordinator ( <i>signature</i> ):	Date:

### MEDICATIONS (self-administered)

TYPES OF MEDICATIONS	NUMBER OF STUDENTS SELF-ADMINISTERING THESE MEDICATIONS AT SCHOOL UNDER THE SUPERVISION OF SCHOOL PERSONNEL
Inhalants:	
Insulin:	
Topical:	
Behavioral:	
Antibiotic:	
Seizure control/prevention:	
Other:	

### MEDICATIONS ADMINISTERED BY A HEALTH CARE PROFESSIONAL

TYPES OF MEDICATIONS	NUMBER OF STUDENTS RECEIVING MEDICATION ADMINISTERED BY A LICENSED HEALTH CARE PROFESSIONAL DURING THE SCHOOL YEAR
Insulin:	
Insulin pump assistance:	
Aerosol:	
Topical:	
Behavioral:	
Antibiotic:	
Diastat:	
Seizure/other	
G tube (any medicines):	
Other:	
If additional cells are needed, click in the last cell and hit <tab>	

**ROUTINE HEALTH CARE PROCEDURES PERFORMED BY A  
LICENSED HEALTH CARE PROFESSIONAL**

<b>ROUTINE PROCEDURE PERFORMED</b>	<b>NUMBER OF STUDENTS RECEIVING ROUTINE PROCEDURES AT SCHOOL FROM A LICENSED HEALTH CARE PROFESSIONAL:</b>
C.I.C. clean catheterization:	
G/T tube feeding:	
Tracheotomy care:	
Injections:	
Blood glucose monitoring:	
Nebulizer treatment:	
Carb counting:	
Other:	

**RESCUE MEDICATION SURVEY**

*Seizure/Diastat    Diabetes/Glucagon    Allergy/EpiPen*

<b>SEIZURE/DIASTAT</b>	<b>ANSWERS</b>
1. How many students in your LEA with a seizure disorder diagnosis have the drug Diastat available at school?	
2. Does your policy allow the nurse to administer the first dose of Diastat at school?	
3. Enter the number of students with an order to administer Diastat who have a full-time Nurse assigned to the school:	
4. Enter the number of students with an order to administer Diastat who do not have a full-time Nurse assigned to the school:	
5. Is the nurse assigned to the school full-time for this student only?	
6. How many total doses of Diastat were administered in your LEA this year?	
7. How many students have received this medication more than once per year?	
8. When Diastat is administered, is 911 called immediately as your standard protocol?	
9. Was Diastat administered by a Nurse at school?	
10. Was Diastat administered by a non-Nurse at school?	
11. If so, how many times?	
12. Did the parents/guardians administer Diastat at school?	
13. If a student who has Diastat at school has a seizure and no Nurse is available to administer the medication, is 911 called as your standard procedure?	
14. How many students in your LEA have Diastat available at school to be administered by 911 personnel when they respond?	

<b>DIABETES/GLUCAGON</b>				
1. How many students in the following grade levels have diabetes?				
Pre-school:		Kindergarten:		Grades 1-5:
Grades 6-8:		Grades 9-12:		Special ed:
2. Total number Type 1:		2a. Total number Type 2:		
3. Total number pumps:		3a. Total number non-pumps:		
4. How many students have Glucagon ordered as an emergency treatment for low blood glucose?				
5. Does your LEA have a policy that allows trained volunteers to administer Glucagon?				
6. How many students have Glucagon available at school?				
7. How many students with diabetes have a full-time Nurse assigned to the school?				
8. How many students with diabetes have a part-time Nurse assigned to the school?				
9. How many students with diabetes are managed by the school staff based on IHP?				
10. How many times has Glucagon been administered at school?				
11. How many students have required Glucagon more than once this school year?				
12. How many times has the same student required this medication?				

<b>SEVERE ALLERGIES/EPIPENS</b>				<b>ANSWERS</b>
1. How many students have Epi-Pens available at schools?				
2. How many students required administration of the Epi-Pen this year?				
3. How many teachers and staff are trained to administer an Epi-pen if needed?				
4. Who provides the training?				
5. How many students in your LEA are allergic to the following:				
Nuts:		Food/dye:		Insects:
Environmental:		Other:		Other:

### **EMERGENCY PROCEDURES – NUMBER OF STUDENTS**

<b>EMERGENCY PROCEDURES PERFORMED</b>	<b>NUMBER OF STUDENTS RECEIVING EMERGENCY PROCEDURE FROM A LICENSED HEALTH CARE PROFESSIONAL</b>
Glucagon administered:	
Seizure control (i.e. Diastat) administered:	
Asthma medication:	
Epi-pen administered:	
Other:	

## EMERGENCY PROCEDURES – TOTAL NUMBER PROVIDED

EMERGENCY PROCEDURES PERFORMED	TOTAL NUMBER OF EMERGENCY PROCEDURES PERFORMED BY A LICENSED HEALTH CARE PROFESSIONAL DURING 2008-2009:
Glucagon administered:	
Seizure control (i.e. Diastat) administered:	
Asthma medication administered:	
Epi-pen administered:	
Other:	

## MEDICATIONS STORAGE & RECORD KEEPING

All medications, **except** those designated by an Individual Healthcare Plan, must be maintained in a secure location under the supervision of a school nurse and/or other school personnel who have been oriented/trained and assigned to handle medications and record keeping per state guidelines.

INDICATE TYPE OF SECURED STORAGE USED FOR MEDICATIONS IN THE SCHOOLS <i>(check all that apply)</i>	
Locked cabinet:	
Locked desk drawer:	
Locked storage closet or cabinet:	
Other secured location ( <i>specify</i> ):	
<i>If additional lines are needed, click in the last cell and hit &lt;tab&gt;</i>	

## MEDICATIONS RESPONSIBILITY AND RECORD KEEPING

<b>TOTAL NUMBER OF PERSONNEL IN LEA TRAINED ANNUALLY AND ASSIGNED RESPONSIBILITY FOR MEDICATIONS AND RECORDS KEEPING</b>	
Principals:	
Assistant Principals:	
Teachers:	
School Counselors:	
Secretaries:	
Nurses:	
Nurse Assistants:	
Other (specify):	

## HEALTH CARE PROFESSIONALS

<b>HEALTH CARE PROFESSIONALS WHO SIGN YOUR PROTOCOLS</b>	
Physician name:	
Health care degree:	
Other professional:	
Title:	
email:	
Office phone number:	
	<a href="#">If additional space is needed, click here, then hit &lt;tab&gt;</a>

## NURSES

Please pay particular attention to the data in this area. We need an accurate count.  
Please identify the types and number of **full-time** nurses working in your LEA.

<b>NUMBER OF NURSES EMPLOYED FULL-TIME BY YOUR LEA (FTE's)</b>			
	Employed by LEA	Contracted by LEA	Funded by Another Source
**Registered Nurses-School Nurses			
***Registered Nurses-Special Ed. only			
**Licensed Practical Nurses-School Nurses			
***Licensed Practical Nurses-Special Ed. only			
<i>FTE=full-time equivalent (use whole numbers with decimals to show totals for each)</i>			
**BEP funds specified, other local, or federal sources used to employ or contract			
***Special Education funds used to employ or contract			

<b>If the school nurses indicated above are not directly employed by the LEA, please list the name and contact information of the contractor or agency that provides the nurses. (Example: PTA, local hospital, community agency)</b>	
Name of contractor/agency:	
Contact person:	
Email:	
<a href="#">If additional lines are needed, click here and hit &lt;tab&gt;.</a>	

## ADDITIONAL NURSE INFORMATION

Please list the required information below regarding your school nurses for each nurse employed or contracted to provide health care in your LEA or individual school. This is required information.	
Name of Nurse:	
Health care degree:	
Number of assigned schools:	
CPR/PALS training current?:	
Email:	
	<a href="#">for additional cells, click here, then hit &lt;tab&gt;</a>

### CPR and NURSES

The following information is required by Tennessee Code Annotated §49-5-414.  
Provide the following information:

	ANSWERS
1. Enter the number of full-time employees who are currently certified in cardio-pulmonary resuscitation (CPR):	
2. Did your LEA provide CPR training opportunity this past school year (2008-2009)?	
3. Identify cost responsibility for training and re-certification in CPR ( <i>enter either "staff incurs cost" or "LEA incurs cost"</i> ):	
4. If the LEA pays, which program covers the cost? ( <i>enter one of the following: School Safety, General Fund, Safe and Drug-free schools, other</i> ):	
5. Enter the number of schools that provided CPR training to students (TCA §49-5-414).	
6. Enter the number of students who were trained in CPR.	
7. Professional development was provided principals and school nurses concerning "Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting" (TCA §49-5-415). <i>All nurses should receive professional development annually due to frequent revisions.</i>	
8. Have the following documents been made available to all nurses and their supervisors: "Quality Nursing Interventions in the School Setting" by Janice Hootman and "Pediatrics Education for Diabetes" manual	

from the PADRE Foundation?	
9. Does your LEA currently meet the requirement of nurses-per-student (ratio 1:3,000)? <i>(Do not count nurses who are contracted/ hired to provide specific procedures or treatments only)</i>	

## HEALTH SCREENING FOR STUDENTS DURING THE SCHOOL YEAR

Please refer to the Health Screening Guidelines:

<http://tennessee.gov/education/schoolhealth/healthservices/doc/HealthScreeningGuidelines.pdf>

**NOTE: Minimal grades for screening include **K, 2, 4, 6, 8** and **one grade** in high school.**

**The high school grade must be the same grade each year.**

SCREENING	GRADE LEVELS CONDUCTED	NUMBER OF STUDENTS SCREENED	NUMBER OF REFERRALS
<b>Vision:</b>			
<b>Hearing:</b>			
<b>Dental (optional)</b>			
<b>Body Mass Index (BMI)</b>			
<b>Blood Pressure (BP)</b>			
<b>Scoliosis (6<sup>th</sup> gr. only) optional:</b>			

<b>NUMBER OF STUDENTS IN LEA WITH DIAGNOSIS OF CHRONIC ILLNESS OR DISABILITY</b>	
<b>CHRONIC ILLNESS OR DISABILITY DIAGNOSIS</b>	<b>TOTAL NUMBER OF STUDENTS DURING SCHOOL YEAR</b>
Asthma:	
ADHD/ADD:	
Diabetes:	
Seizure Disorder:	
Severe Allergy:	
Other:	
<p><b>It is highly recommended that Registered Nurses participate in all Individual Healthcare Planning (IHP) for diabetes, asthma and other chronic conditions.</b></p>	

### **GENERAL COMPLIANCE QUESTIONS**

<b>PLEASE PROVIDE A RESPONSE FOR EACH ITEM BELOW:</b>	<b>YES</b>	<b>NO</b>
a. Is an Individual Health Plan (IHP) developed for all students with chronic or long-term illnesses ( <i>i.e. asthma, diabetes, seizures, sickle cell anemia, cardiac conditions and severe allergic reactions</i> )?		
b. Does your LEA provide daily physical education for students with a certified physical education teacher?		
c. Does your LEA provide 90 minutes of physical activity per week ( <i>TCA §49-6-102</i> ) for all students? ( <i>i.e., supervised recess, walking, class or group physical activity, integration into curriculum</i> )		
d. Is your LEA in compliance with TCA §49-6-2307 ( <i>foods vended, served a la carte, sold or offered for sale</i> )?		
e. Does your LEA provide annual staff training on HIV and blood-borne pathogens?		

f. Does your LEA provide annual staff training on suicide prevention?		
g. Is there a nurse present all day in schools where a student might need Glucagon administered in an emergency situation?		
h. Has your LEA developed a policy permitting emergency administration of Glucagon by school personnel?		
i. Is there a nurse present all day in schools where a student might need Diastat administered during an emergency situation?		
j. Is there a nurse present all day in schools where a student might need asthma medication administered during an emergency situation?		
k. Does your system offer a tobacco education program? (i.e., Michigan Model, TAP/TEG, NOT, Tar Wars)		
l. How many nurses have received the American Lung Association's "Open Airways" training?		

### SCHOOL BASED HEALTH CLINICS

	Yes	No
Does your system have a school based clinic*?		
If Yes, please complete the following:		Number
How many schools have a school-based clinic that provides physicals?		
How many students received an EPSDT exam?		
How many schools have a school-based clinic that uses tele-medicine to provide services?		
How many students were served in your school-based clinics this school year?		
How many school-based clinics provide services for school staff?		
<b>Name of School With Clinic</b>	<b>Date Established</b>	<b>Funding Source</b>
		for additional cells, click here, then hit <tab>

\*A school-based clinic provides medical services to students.  
It is not considered a visit to the nurses' office.

## FOR MORE INFORMATION CONTACT:

Tennessee Department of Education  
Office of Coordinated School Health  
615.532.6300

or

Tennessee Department of Health  
State School Nurse Consultant  
615.253.2910

### Current Revisions to Tennessee Code Annotated

1. Tennessee Code Annotated Section 49-5-415 was amended to permit possession and self-administration a prescribed, metered dosage, asthma-reliever inhaler by any asthmatic student if certain criteria are followed including the development of an Individual HealthCare Plan. (Public Chapter 493)
2. Tennessee Code Annotated Section 49-5-415 was amended to permit school personnel to volunteer to assist with the care of students with diabetes, excluding the administration of insulin. (Public Chapter 734)
3. Tennessee Code Annotated Section 49-5-414 and Section 49-3-359 (c ) (2) were amended so each public school nurse employed or contracted by an LEA will maintain current CPR certification consistent with the guidelines of the American Heart Association. Additionally the law requires the Department of Education to survey schools for number of CPR certified personnel and students and to survey for the method of payment for CPR training for employees. Schools may provide CPR training as professional development. (Public Chapter 886)
4. Tennessee Code Annotated Section 49-6-5004 authorizes health care professionals to indicate the need for dental or vision screening on any report or form used in relationship to reporting immunization status for a child. Health care professionals shall provide a copy of such report or form to the parents or guardians indicating the need to seek appropriate follow up. (Public Chapter 707)
5. Tennessee Code Annotated Section 49-1-1001 was amended (PC 554) to expand Coordinated School Health authorization and funding to all LEA's in Tennessee, established a State Coordinator and Physical Education Specialist position within the Tennessee Department of Education, and mandates that all students K-12 receive 90 minutes of physical activity per week. TCA 49-6-1021.
6. The Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting (TCA 49-5-415) was updated to include new allergy guidelines.
7. Tennessee Code Annotated 49-6-3004 was amended to require at least 2 hours of professional development training on suicide prevention education for all teachers and principals each school year.
8. Tennessee Code Annotated 49-5-415 includes guidelines for Glucagon administration.