

# Office of Coordinated School Health Annual Data and Compliance Report 2007



## **SCHOOL HEALTH, WELLNESS, MEDICATIONS and PROCEDURES TENNESSEE PUBLIC AND NON-PUBLIC SCHOOLS**

**TCA § 49-5-415**

**TCA § 49 -1-1001 et seq**

**TCA § 49-6-5004**

**TCA § 49-3-359 (c) (2)**

**TCA § 49-5-414**

**TCA § 49-6-2307**



## **Tennessee Department of Education**

**Office of Coordinated School Health  
Annual Data and Compliance Report 2007**

**HEALTH CARE PROCEDURES/MEDICATIONS  
and  
PROFESSIONALS IN TENNESSEE PUBLIC AND NON-PUBLIC  
SCHOOLS\***

*Return survey by June 30<sup>th</sup>, 2007*

\*Note to Residential Hospitals and Mental Health Facilities that Operate Schools and also Maintain a Separate Medical Clinic to Serve Student Health Care Needs Must Only Sign This Report, Complete the Top Section on the First Page of This Report, and Indicate "Exempt" Status.

Name of school system \_\_\_\_\_

Or name of individual school \_\_\_\_\_

Number of schools in school system: \_\_\_\_\_ Total average daily student enrollment \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

**Required Review of this Report:**

List the (1) superintendent or head of school/system, the (2) supervisor or individual responsible for school health programs in the system or school.

<u>Name</u>	<u>Title</u>	<u>Business Address</u>	<u>Telephone</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Signature of superintendent or system/director verifying that the information in this report is accurate (required signature):

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of person completing this report (required signature):

\_\_\_\_\_ Date: \_\_\_\_\_

**Medications Self-Administered\***

<b>Type of Medicines Self-Administered at School During the School Year Under Supervision of School Personnel</b>	<b>*Number of Students <u>Self-Administering</u> these Medications at School</b>
<b>Inhalants</b>	
<b>Insulin</b>	
<b>Topical</b>	
<b>Behavioral</b>	
<b>Antibiotic</b>	
<b>Seizure control/prevention</b>	
<b>Prescription</b>	
<b>Non-Prescription</b>	
<b>Other</b>	

**Medications Administered by a Health Care Professional\***

<b>Type of Medicines</b>	<b>*Number of Students Receiving Medication <u>Administered by Licensed Health Care Professional</u> at School During School Year</b>
<b>Insulin</b>	
<b>Insulin Pump assistance</b>	
<b>Aerosol</b>	
<b>Topical</b>	
<b>Behavioral</b>	
<b>Antibiotic</b>	
<b>Seizure</b>	
<b>G Tube (any medicines)</b>	
<b>Other</b>	

## Health Care Procedures Performed by a Health Care Professional

Procedure Performed by Licensed Health Care Professional	<u>Number of Students</u> Receiving Procedure on a Daily or Routine Basis at School from Licensed Health Care Professional
C.I.C.	
G/T tube feeding	
Trach care	
Injections	
Blood glucose monitoring	
Nebulizer treatment	
Carb counting	
Other	

### Medications Storage

All medications, **except** those designated by an Individual Healthcare Plan, must be maintained in a secure location under the supervision of a school nurse &/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 School (Check all that apply)

Locked Cabinet	
Locked Desk Drawer	
Locked Storage Closet or Cabinet	
Other Secured Location (specify)	

#### Medications Handling and Record Keeping \*

*Total Number of Personnel in System or School / <u>Trained Annually</u> and Assigned to Handle Medications and Record Keeping	
Principals	
Assistant Principals	
Teachers	
School Counselors	
Secretaries	
Nurses	
Nurse Assistants	
Other (specify)	

Name HealthCare professional (employed or contracted) in school system or school responsible for training and/or supervising the school personnel indicated above in the proper handling of medications and record keeping procedures:

**Identify the Physician that signs your Protocols**

# 1. Name and Title: (Please print) \_\_\_\_\_  
 Health Care Degree: \_\_\_\_\_ License \_\_\_\_\_

**Other Healthcare Professional that signs your Protocols**

# 2. Name and title: (Please print) \_\_\_\_\_  
 Contact information: \_\_\_\_\_

**Number and Type of School Nurses Working in the School System or School**

	<b>Total FTE's* Employed by School or System</b>	<b>Total FTE's* Contracted by School or System</b>
<b>Registered Nurses</b> School Nurses** Special Ed Nurses ***	_____ _____	_____ _____
<b>Licensed Practical Nurses</b> School Nurses ** Special Ed Nurses	_____ _____	_____ _____

\*FTE = **Full Time Equivalent** (use whole numbers with decimals to show totals for each)  
 \*\* BEP funds specified, other local, or federal sources used to employ or contract  
 \*\*\* Special Education funds used to employ or contract

List name of agency (including address and telephone) contracted by the school system or school if the school nurses indicated above are not directly employed by the system:

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List the name, health care degree/license, assigned school(s), CPR/PALS, plus business address, telephone, and email address for each nurse employed or contracted to provide health care in school. This is required information. Attach additional pages as needed.

<u>Name</u>	<u>Health Care Degree/License#</u>	<u># of schools Assigned</u>	<u>CPR/PALS Training Current</u>	<u>Business Address Telephone/Email</u>

**TCA 49-5-414**

1. Provide the total number of full-time employees who are currently certified in CPR.

\_\_\_\_\_

2. Did your school system provide CPR training as a Professional Development opportunity this past school year (2006-2007)?

Yes \_\_\_\_ No \_\_\_\_

3. List the number of staff in your LEA who participated in Professional Development for CPR.

\_\_\_\_\_

4. Identify cost responsibility for training and re-certification in CPR.

Staff incurs cost \_\_\_\_ LEA incurs cost \_\_\_\_\_

If LEA pays, which program covers the cost?

School Safety \_\_\_\_\_ Safe and Drug-Free Schools \_\_\_\_\_  
General fund \_\_\_\_\_ Other \_\_\_\_\_

5. List number of schools that provided CPR training to students (Public Chapter 866).

\_\_\_\_\_

6. The Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting, (TCA 49-5-415) were provided to each principal and school nurse. **(All nurses should receive staff development annually due to frequent revisions).**

Yes \_\_\_\_ No \_\_\_\_

7. Required: a) Quality Nursing Interventions in the School Setting by Janice Hootman b) Pediatrics Education for Diabetes manual from the PADRE Foundation referenced in the *Guidelines* has been made available to all nurses and their supervisors.

Yes \_\_\_\_ No \_\_\_\_

**Number of Nurses to Students Ratio**

Does your system meet the requirement for number of nurses per students ratio of 1:3,000?  
(Do not count nurses who are contracted or hired to provide procedures or treatments only.)

Yes \_\_\_\_ No \_\_\_\_

## Health Screening Programs for Students during School Year

Type of Health Screening	Grade Level(s) Conducted	Number of Referral(s) made
Vision		
Hearing		
Dental		
Body Mass Index		
Blood Pressure		
Scoliosis		
Other		

### Number of Students in School System with Diagnosis of Chronic Illness or Disability

Chronic Illness or Disability Diagnosis	Total Number of Students During School Year
Diabetes	
Asthma	
ADHD/ADD	
Other	

**It is recommended that nurses participate in all Individual Healthcare Planning (IHP)**

### Please check appropriate response

- a. An Individual Health Plan (IHP) is developed for all students with chronic or long-term illnesses (i.e. Asthma, Diabetes, Seizures, Sickle Cell Anemia, Cardiac Conditions, and Severe Allergic Reactions) (School Nurse is involved where available) Yes \_\_\_\_ No \_\_\_\_
- b. Does your system/school provide daily physical education for students? Yes \_\_\_\_ No \_\_\_\_
- c. Does your system/school provide 90 minutes of physical activity per week for all students? (Chapter 1001, Public Acts, 2006 House Bill 3750) Yes \_\_\_\_ No \_\_\_\_  
(supervised recess, walking, class or group physical activity, integration into curriculum )
- d. Is your system in compliance with TCA 49-6-2307 (foods vended, served ala carte, sold or offered for sale)? Yes \_\_\_\_ No \_\_\_\_
- e. Annual staff training on HIV and Blood borne Pathogens has been provided. Yes \_\_\_\_ No \_\_\_\_
- f. A policy permitting emergency administration of Glucagon by school personnel has been developed. Yes \_\_\_\_ No \_\_\_\_
- g. List the total number of times Glucagon has been administered in your school system during 2007-2008 school years. \_\_\_\_\_

**Coordinated School Health Improvement Act of 2000 (TCA 49-5-1001 et seq)**  
<http://www.michie.com/tennessee/lpext.dll?f=templates&fn=main-h.htm&cp=>

Coordinated School Health	Yes or No	Number Schools Involved	System wide Yes or No
A Coordinated School Health initiative, as mandated by TCA 49-1-1002, PC 1001, has been implemented in our school system.			
The Coordinated School Health Model has been reviewed and discussed at least annually during professional development/in-service. <a href="http://www2.edc.org/MakingHealthAcademic">http://www2.edc.org/MakingHealthAcademic</a>			
School Health Advisory Council is in place. (system level)			
<u>School Health Index</u> is used as a self-assessment and planning guide. <a href="http://www.cdc.gov/nccdphp/dash/SHI/">http://www.cdc.gov/nccdphp/dash/SHI/</a>			
School Health/Wellness Team or Committee has been formed and is meeting regularly. (school level) <a href="http://www.schoolhealth.org/schcoun.html">http://www.schoolhealth.org/schcoun.html</a>			
USDA Wellness Policy has been implemented. **Section 204 Public Law 108-265 Local Wellness Policy			
Staff Wellness Program(s) have been developed and implemented. <a href="http://www.cdc.gov/nccdphp/dnpa/">http://www.cdc.gov/nccdphp/dnpa/</a>			
School Safety and Emergency Plans have been reviewed and are updated at least annually. <a href="http://www.state.tn.us/education/sp/sp-drugs.htm">http://www.state.tn.us/education/sp/sp-drugs.htm</a>			
An increasing Physical Activity initiative has been implemented. <a href="http://www.cdc.gov/nccdphp/dash/about/healthyyouth.htm">http://www.cdc.gov/nccdphp/dash/about/healthyyouth.htm</a>			
An increasing Healthy Eating Habits initiative has been implemented. <a href="http://www.cdc.gov/nccdphp/dash/about/healthyyouth.htm">http://www.cdc.gov/nccdphp/dash/about/healthyyouth.htm</a>			

An Alcohol and Drug Abuse Prevention initiative has been implemented.			
A HIV/AIDS/Family Life/Teen Pregnancy Prevention initiative has been implemented.			
A Violence (bullying and suicide prevention are examples) Prevention initiative has been implemented.			
A plan to identify uninsured students and to provide access to CoverKids has been implemented.			
An initiative to partner with the Governor's Project Diabetes has been implemented.			
School Health Index, Youth Risk Behavior Survey, and local health data are incorporated as non-academic data for school improvement planning and the TCSP.			
EPA <i>Indoor Air Quality: Tools for Schools Kit</i> has been used to assess and plan at school level. <a href="http://www.state.tn.us/education/030804newsltr.htm">http://www.state.tn.us/education/030804newsltr.htm</a>			

\* The key indicators above are selected and represent examples of what a school and/or school system incorporates into their on-going structure and operational processes when using the CSH Model.

\*\* Not later than the first day of school after June 30, 2006 each LEA that participates in the National School Lunch Act or the Child Nutrition Act of 1966 shall establish a local school wellness policy.

◆ Please list your recommendations for school health in Tennessee.

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Add pages if needed

◆ Briefly describe how the school/school system utilizes CSH as part of the school improvement planning and professional development efforts of the school system.

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# RETURN BY JUNE 30<sup>TH</sup>, 2007

## Return to:

**TN Department of Education  
Attention: Patty Adair  
Office of School Health  
5<sup>th</sup> Floor, Andrew Johnson Tower  
710 James Robertson Parkway  
Nashville, Tennessee 37243**

## State School Nurse Consultant

**Please save and utilize as a resource this important contact information:**

**School Nurse Consultant  
TN. Department of Health  
Cordell Hull Building 5<sup>th</sup> floor  
5<sup>th</sup> Ave., North  
Nashville, Tennessee 37243  
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 a 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.
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.